BOARD MEETING AGENDA

Hilton San Diego Mission Valley
901 Camino del Rio South
San Diego, CA 92108
(619) 543-9000

November 6-7, 2013

Wednesday, November 6, 2013 – 9:00 am

1.0 Call to Order – Board President

Members: Raymond Mallel, President
          Michael D. Jackson, MSN, RN, Vice President
          Cynthia Klein, RN,
          Erin Niemela
          Trande Phillips, RN
          Jeanette Dong
          Joshua Groban
          Beverly Hayden-Pugh, MA, RN

Executive Officer: Louise Bailey, M.Ed., RN

2.0 Public Comment for Items Not on the Agenda

3.0 Review and Approve Minutes:
   ➢ September 11-12, 2013 Meeting Minutes

4.0 Report on Board Members’ Activities

5.0 Board and Department Activities
   5.1 Executive Officer Report

6.0 Report of the Administrative Committee
   Raymond Mallel, President, Chairperson
   6.1 BreEZe Update
   6.2 American Nurses Association v. Tom Torlakson, American Diabetes Association – Effect on school nurses’ responsibilities to train or supervise unlicensed school personnel to administer prescription medications in accordance with a student’s physician’s written statement and with parental consent
   6.3 Multi State Licensure “Compact”
7.0 **Report of the Education/Licensing Committee**
Michael Jackson, MSN, RN, Chairperson

7.1 **Ratify Minor Curriculum Revisions**
- Holy Names University (LVN-RN) Baccalaureate Degree Nursing Program
- Cerritos College Associate Degree Nursing Program
- Chabot College Associate Degree Nursing Program
- Golden West College Associate Degree Nursing Program

Acknowledgment of Receipt of Program Progress Report:
- American University of Health Sciences Baccalaureate Degree Nursing Program
- Azusa Pacific University Baccalaureate Degree Nursing Program
- East Los Angeles College Associate Degree Nursing Program
- Merritt College Associate Degree Nursing Program
- Shepherd University Associate Degree Nursing Program

7.2 **Education/Licensing Committee Recommendations**

A. **Continue Approval of Prelicensure Nursing Program**
- California State University, San Bernardino, Baccalaureate Degree Nursing Program (San Bernardino and Palm Desert campuses)
- University of Phoenix at Modesto (LVN-RN) Baccalaureate Degree Nursing Program
- West Coast University, Los Angeles, Baccalaureate Degree Nursing Program
- West Coast University, Orange County, Baccalaureate Degree Nursing Program
- College of the Siskiyous Associate Degree Nursing Program
- Copper Mountain College Associate Degree Nursing Program
- Saddleback College Associate Degree Nursing Program

B. **Continue Approval of Advanced Practice Nursing Program**
- United States University Nurse Practitioner Program

C. **Approve Major Curriculum Revision**
- San Diego State University Baccalaureate Degree Nursing Program
- Simpson University Baccalaureate Degree Nursing Program
- West Coast University Baccalaureate Degree Nursing Programs (Inland Empire, Los Angeles and Orange County)
- CNI College Associate Degree Nursing Program
- Imperial Valley College Associate Degree Nursing Program
- Palomar College Associate Degree Nursing Program
- San Joaquin Valley College Associate Degree Nursing Program

7.3 **United States University Entry Level Master’s Degree and Accelerated Baccalaureate Degree Nursing Programs Progress Report**

7.4 **ITT Technical Institute Rancho Cordova, Breckinridge School of Nursing Associate Degree Nursing Program Progress Report**

7.5 **San Joaquin Valley College Associate Degree Nursing Program**

7.6 **Licensing Examination Pass Rate Standard (EDP-I-29 REV 8/13, 09/11; Approved 2/09)**
7.7 BRN 2012-13 Annual School Survey
7.8 NCLEX Pass Rate Update
7.9 Licensing Program Report

8.0 Report of the Legislative Committee
Erin Niemela, Chairperson

8.1 Adopt/Modify Positions on Bills of Interest to the Board, and any other Bills of Interest to the Board introduced during the 2013-2014 Legislative Session

<table>
<thead>
<tr>
<th>Assembly Bills</th>
<th>Senate Bills</th>
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<tbody>
<tr>
<td>AB 154</td>
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9.0 Report of the Diversion/Discipline Committee
Cynthia Klein, RN, Chairperson

9.1 Complaint Intake and Investigations Update
9.2 Discipline and Probation Update
9.3 Enforcement Statistics
9.4 Diversion Program Update and Statistics
9.5 Information Only: Status “Uniform Standards Regarding Substance-Abusing Healing Arts Licensees”– Business and Professions Code, Section 315

10.0 Report of the Nursing Practice Committee
Trande Phillips, RN, Chairperson

10.1 Information Only: Advanced Practice Registered Nurse (APRN) BRN Staff Workgroup Update

11.0 Public Comment for Items Not on the Agenda
12.0 Closed Session

Disciplinary Matters
The Board will convene in closed session pursuant to Government Code Section 11126(c) (3) to deliberate on disciplinary matters including stipulations and proposed decisions.

Thursday, November 7, 2013 – 9:00 am

13.0 Call to Order – Board President

Members: Raymond Mallel, President
         Michael D. Jackson, MSN, RN, Vice President
         Cynthia Klein, RN, Vice President
         Erin Niemela
         Trande Phillips, RN
         Jeanette Dong
         Joshua Groban
         Beverly Hayden-Pugh, MA, RN

Executive Officer: Louise Bailey, M.Ed., RN

14.0 Public Comment for Items Not on the Agenda

15.0 Disciplinary Matters

Reinstatements            Termination of Probation
Tracie Bradley            Kathryn Canada
Ronald Cruz               Stacy Holt
Kendra Grillet
Charisse Magsaysay
Suzanne Maikranz
Teresa Mullin
Rebecca Muniz
Wilma Walker

16.0 Closed Session

Disciplinary Matters
The Board will convene in closed session pursuant to Government Code Section 11126(c) (3) to deliberate on the above matters and other disciplinary matters including stipulations and proposed decisions.
NOTICE:
All times are approximate and subject to change. Items may be taken out of order to maintain a quorum, accommodate a speaker, or for convenience. The meeting may be canceled without notice. For verification of the meeting, call (916) 574-7600 or access the Board’s Web Site at http://www.rn.ca.gov. Action may be taken on any item listed on this agenda, including information only items.

Public comments will be taken on agenda items at the time the item is heard. Total time allocated for public comment may be limited.

The meeting is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting the Administration Unit at (916) 574-7600 or email webmasterbrn@dca.ca.gov or send a written request to the Board of Registered Nursing Office at 1747 North Market Blvd., Suite 150, Sacramento, CA 95834. (Hearing impaired: California Relay Service: TDD phone # (800) 326-2297). Providing your request at least five (5) business days before the meeting will help to ensure the availability of the requested accommodation.
STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
BOARD OF REGISTERED NURSING MINUTES

DRAFT

DATE: September 11-12, 2013

LOCATION: Hilton Oakland Airport Hotel
1 Hegenberger Road
Oakland, CA 94621

PRESENT: Raymond Mallel, President
Michael D. Jackson, MSN, RN, Vice President
Cynthia Klein, RN
Trande Phillips, RN
Jeanette Dong
Joshua Groban
Beverly Hayden-Pugh, MS, RN

NOT PRESENT: Erin Niemela, September 11-12, 2013

ALSO PRESENT: Louise Bailey, M.Ed., RN, Executive Officer
Stacie Berumen, Assistant Executive Officer
Janette Wackerly, Supervising NEC
Miyo Minato, Supervising NEC
Katie Daugherty, NEC
Leslie Moody, NEC
Kay Weinkam, NEC
Don Chang, DCA Legal Counsel
Claire Yazigi, DCA Legal Counsel
Beth Scott, Discipline, Probation and Diversion Deputy Chief
Bobbi Pierce, Licensing Program Manager
Carol Stanford, Diversion Program Manager
Gina Skinner, Diversion Program Analyst
Kim Ott, Decisions and Appeals Analyst
Christy Cobb, Decisions and Appeals Analyst
Ronnie Whitaker, Legislative and Regulatory Analyst
Christina Sprigg, Administration and Licensing Deputy Chief
Rose Ramos, Administrative Assistant
Julie Campbell-Warnock, Research Program Specialist
Scarlett Treviso, Supervising Special Investigator
Joseph Pacheco, Supervising Special Investigator
Michael Cohn, Administrative Law Judge
Diann Sokoloff, Supervising Deputy Attorney General
Call to Order
Raymond Mallei, President, called the meeting to order at 9:01 a.m. and had the Board Members introduce themselves.

Public Comment for Items Not on the Agenda
Public comments:
Linda Davis-Alldritt, CSNO

Review and Approve Minutes:
June 12-13, 2013 Meeting Minutes
No public comment.
MSC: Jackson/Klein that the Board approves the Minutes from June 12-13.

Report on Board Members' Activities
No activities to report.

Board and Department Activities
No Board and Department Activities to report.

Executive Officer Report
Louise Bailey, Executive Officer presented this report.

Appointments
Beverly Hayden-Pugh was appointed to the Board of Registered Nursing by the Governor on August 20, 2013 and her term expires on June 1, 2015. She has been vice president and chief nursing officer at Children's Hospital Central California since 2003, where she was executive director from 2000 to 2003. She held multiple positions at the Valley Children's Hospital from 1983 to 2000, including executive director of the Medical Service Line from 1998 to 2000, administrative director for Specialty Clinics from 1994 to 1998, administrative director of Gastroenterology from 1992 to 1994, assistant director of the pediatric oncology and surgical unit from 1988 to 1992 and registered nurse from 1983 to 1988. Hayden-Pugh earned a Master of Arts degree in organizational behavior from the California School of Professional Psychology.
Secretary Anna Caballero's appointment was confirmed by the Senate Rules Committee on August 28, 2013. The Senate Rules Committee, chaired by Senate President Pro Tem Steinberg, unanimously confirmed the appointment of Business, Consumer Services and Housing Agency Secretary Anna Caballero. Appointed by Governor Edmund G. Brown, Jr. on June 25, 2013, Secretary Caballero was confirmed by a vote of 5-0. Caballero served as Secretary of the former State and Consumer Services Agency since 2011.

This action by the Committee advances the Secretary’s confirmation to the Senate floor for final approval. Gubernatorial appointees must be approved by a majority vote of the Senate within one year of assuming office.

Christine Lally has been appointed to serve as the Deputy Director of Board and Bureau Relations, Department of Consumer Affairs (DCA) effective July 8, 2013. Christine has been Assistant Secretary of Communications and Legislation at the California Technology Agency since 2011. She served as Deputy Secretary of Legislative Affairs at the California State and Consumer Services Agency in 2011, Deputy Director of Development at the California Museum for History, Women and the Arts from 2010 to 2011 and Director of Government Affairs and Constituency Outreach at the Office of Lieutenant Governor John Garamendi from 2007 to 2010. Lally was campaign manager for Garamendi for Lieutenant Governor from 2004 to 2007 and Assistant to the Appointments Secretary in the Office of Governor Gray Davis from 1999 to 2003.

5.2 Budget Update
Workload & Revenue – The number of RNs increased slightly by 2.3% from last year. For the third straight year, repeat exam applications are down from 10,504 to 8,322, a 21% decrease from the previous year. This is due to fewer International first time applicants. First time applicants remained consistent at 15,462 and RNs renewals went up slightly by 1%. The number of Nurse Practitioners that applied for a Drug Furnishing Number went up from 903 to 1,917 a 112% increase. All other categories remained fairly consistent.

Budget Change Proposal (BCP) – The BRN submitted four (4) Budget Change Proposals for FY 2014/2015. The Department reviewed them and they are currently at Agency for further review.

Plastic Card License – An Invitation for Bid for the BRN’s plastic card licenses was made available to contractors on August 8, 2013. The contract was again awarded to Softfile (Altec Systems) August 12, 2013.

National Council of State Boards of Nursing (NCSBN) - NCSBN discontinued collecting a membership fee from each state board of nursing for participation. Participation in NCSBN is now free.

5.3 Number of Active RNs by County to be Added to the BRN Website
Beginning in September, the total number of active RNs by county will be added to the BRN website and updated on a monthly basis along with the current monthly statistics. These statistics can be found at http://www.rn.ca.gov/about_us/stats.shtml and provides useful information to the public.
5.4 New Contract with UCSF for Continued Data Collection
The BRN recently entered into a new two-year contract with the University of California, San Francisco (UCSF) to continue conducting the biennial survey of Registered Nurses in California, the Annual School Survey, and to conduct a survey of newly licensed RNs to obtain information on their clinical simulation and clinical placement experiences while attending their nursing programs. The contract will be in effect until June 30, 2015.

5.5 Health Professions Education Foundation ADN and BSN Scholarship and Loan Repayment Program
The Health Professions Education Foundation (Foundation) established in 1987 and housed in the Office of Statewide Health Planning and Development (OSHPD) provides scholarships and a loan repayment program to Associate and Bachelor of Science Degree nursing students to recruit qualified nurses into medically underserved areas of California. These programs are funded in part through a $10 surcharge on all RN biennial renewal fees. The deadline date for applications for the 2013-2014 Fiscal Year is 11:59 pm on October 19, 2013. Applications are accepted once a year and are completed and submitted through a new online system CalREACH.

Additional information regarding requirements, how to complete an application and much more can be found at:
Foundation: www.healthprofessions.ca.gov
Facebook: www.facebook.com/CalHealthWorkforce
Twitter: www.twitter.com/HealthProfCAgov

5.6 Uniform Standards for Substance-Abusing Healing Arts Licensees (Uniform Standards)
As required by statute (Chapter 548, Statutes of 2008), the Department established the Substance Abuse Coordination Committee (SACC) to develop consistent and uniform standards and best practices in sixteen specific areas for use in dealing with substance abusing licensees. The SACC drafted and adopted Uniform Standards in April 2010 and the Uniform Standards were revised April 2011. In March 2011, the BRN promulgated regulations amending its Disciplinary Guidelines to incorporate specified uniform standards by reference, and making other modifications in the Disciplinary Guidelines. The rulemaking file was not finalized and the regulatory process deadline was March 2012. The Uniform Standards can be accessed at www.dca.ca.gov/about_dca/sacc/uniform_standards.pdf.

5.7 Recovery Happens Rally
Diversion Program staff attended the Recovery Happens Rally at the State Capitol on September 4, 2013. The rally is a statewide campaign intended to celebrate the lives of people who are recovering from alcohol and or substance use disorders. The rally provides a platform to inform Californians about the positive effects recovery/treatment programs have upon our communities. Approximately 5,000 people attended the rally.
5.8 Insulin Administration in California Public Schools
On August 12, 2013, the California Supreme Court rendered its opinion that “...California law permits trained, unlicensed school personnel to administer prescription medications, including insulin, in accordance with written statement of students’ treating physicians, with parental consent, and that persons who act under this authority do not violate the NPA.” The Court Opinion is being reviewed by Legal Counsel. The Opinion can be accessed at: www.courts.ca.gov/opinions/documents/S184583.PDF

5.9 Public Record Requests
The BRN continues to comply with public record requests and responds within the required timeframes that are set in Government Code Section 6250. For the period of June 4, 2013 through September 3, 2013, the BRN received and processed 15 public record requests.

5.10 Personnel

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<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Nancy Hoyt</td>
<td>Office Technician</td>
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<td>Rita Herdklotz</td>
<td>Office Technician</td>
<td>Licensing</td>
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<td>Natalya Yakuta</td>
<td>Seasonal Clerk</td>
<td>Licensing Support</td>
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<td>Jules Chao</td>
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<td>Akisha Anderson</td>
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<td>Marshall</td>
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<tr>
<td>Isabel Mendoza</td>
<td>Special Investigator</td>
<td>Southern California Investigations</td>
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<tr>
<td>Karen Sanders</td>
<td>Staff Services Analyst – Retired Almuitant</td>
<td>Discipline</td>
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<tr>
<td>Nancy DuVall</td>
<td>Management Services Technician – Retired Almuitant</td>
<td>Cite &amp; Fine</td>
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<thead>
<tr>
<th>Name</th>
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<th>Program</th>
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</thead>
<tbody>
<tr>
<td>Christyl Cobb</td>
<td>Staff Services Analyst</td>
<td>Decisions &amp; Appeals</td>
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### 6.0 Report of the Administrative Committee
Raymond Mallei, Chairperson

### 6.1 Awet Kidane, Chief Deputy Director – BreEZe Project
Awet Kidane made a BreEZe Project presentation.

### 6.2 Presentation by the Attorney General’s Office
Alfredo Terrazas, Senior Assistant Attorney General made an overview presentation of the Attorney General’s role for Board of Registered Nursing cases.

### 6.3 Strategic Plan Orientation – SOLID Planning Solutions
Dennis Zanchi from SOLID made a presentation on Strategic Plan Orientation.

### 6.4 2013 Report of RN Education in California
The Board of Registered Nursing (BRN) commissioned the University of California San Francisco (UCSF), Center for the Health Professions to complete a survey of California RNs to learn about their post-licensure educational experience and future plans. This survey was conducted to gain data in light of the Institute of Medicine’s (IOM) Committee on the Future of Nursing recommendation that more RNs obtain doctoral degrees, and that 80% of RNs have at least a bachelor’s degree. In addition there has been a push from many directions, including legislation, for RNs to obtain higher levels of education. The purpose of the survey was to learn information about RN’s educational experiences since licensure and/or their plans for additional education. The data can be helpful for future decision making for educational programs, policy development, preparation of future RN faculty, and measuring the progress in accomplishing this IOM recommendation in California.

A report was drafted and Dr. Joanne Spetz from UCSF was in attendance at the Board meeting and provided a presentation of some of the highlights of the data.

### 6.5 2012/2013 Report on Diversity of RNs in California
The BRN commissioned the UCSF, Center for the Health Professions to complete an analysis of existing data to summarize the ethnic diversity of California RNs and their ability to provide culturally competent care, now and in the future, to the ethnically diverse population in California. The analysis focuses on the trends in the diversity of California RNs, statewide and by region, and compares this diversity to that of the
population as a whole. Data from BRN Surveys, Office of Statewide Health Planning and Development, Census Data, and other sources was used. A report which is currently available on the BRN website at http://www.rn.ca.gov/forms/pubs.shtml was completed in May 2012 and an update using data from the 2012 Survey for RNs is currently being completed.

Renae Waneka, MPH, UCSF made a presentation on Diversity of RNs in California.

7.0 Report of the Education/Licensing Committee
Michael Jackson, MSN, RN, Chairperson

7.1 Ratify Minor Curriculum Revisions
Leslie Moody, NEC presented this report.

According to Board policy, Nursing Education Consultants may approve minor curriculum changes that do not significantly alter philosophy, objectives, or content. Approvals must be reported to the Education/Licensing Committee and the Board.

Minor Curriculum revisions include the following categories:
- Curriculum changes
- Work Study programs
- Preceptor programs
- Public Health Nurse (PHN) certificate programs
- Progress reports that are not related to continuing approval
- Approved Nurse Practitioner program adding a category of specialization

The following programs have submitted minor curriculum revisions that have been approved by the NECs:

- California Baptist University Baccalaureate Degree and Entry Level Master’s Degree Nursing Programs
- California State University, Chico, Baccalaureate Degree Nursing Program
- California State University, Fresno, Entry Level Master’s Degree Nursing Program
- California State University, Stanislaus, Baccalaureate Degree Nursing Program
- Mount St. Mary’s College Baccalaureate Degree Nursing Program
- United States University Accelerated Baccalaureate Degree and Entry Level Master’s Degree Nursing Programs
- University of California, Irvine, Baccalaureate Degree Nursing Program
- University of San Francisco Baccalaureate Degree Nursing Program
- College of the Desert Associate Degree Nursing Program
- College of the Sequoias Associate Degree Nursing Program
- Moorpark College Associate Degree Nursing Program
- Mount San Antonio College Associate Degree Nursing Program
- Ohlone College Associate Degree Nursing Program
- Sacramento City College Associate Degree Nursing Program
- Santa Rosa Junior College Associate Degree Nursing Program
- Solano Community College Associate Degree Nursing Program
- Unitek College Associate Degree (LVN to RN) Nursing Program
Acknowledges Receipt of Program Progress Reports:
- Ventura College Associate Degree Nursing Program
- Victor Valley College Associate Degree Nursing Program
- Yuba College Associate Degree Nursing Program
- University of San Diego Hahn School of Nursing Nurse Practitioner Program
- University of San Francisco Nurse Practitioner Program

No public comment.

MSC: Jackson/Klein to accept the minor curriculum revisions and acknowledge receipt of program progress reports. 7/0/0

7.2 Education/Licensing Committee Recommendations

The Education/Licensing Committee met on August 7, 2013 and makes the following recommendations:

A. Continue Approval of Prelicensure Nursing Programs
   - Biola University Baccalaureate Degree Nursing Program
   - Concordia University, Irvine, Baccalaureate Degree Nursing Program
   - Mount St. Mary’s College Baccalaureate Degree Nursing Program
   - University of California, San Francisco, Entry Level Master’s Degree Nursing Program
   - Los Angeles County College of Nursing and Allied Health Associate Degree Nursing Program
   - Merced College Associate Degree Nursing Program
   - Shasta College Associate Degree Nursing Program
   - West Hills College Lemoore Associate Degree Nursing Program
   - Yuba College Associate Degree Nursing Program

B. Approve Major Curriculum Revision
   - National University Baccalaureate Degree Nursing Program

No public comment.

MSC: Jackson/Phillips motion to accept the ELC recommendations as submitted for continued approval of prelicensure nursing programs. 7/0/0

7.3 ITT Technical Institute Rancho Cordova, Breckinridge School of Nursing Associate Degree Nursing Program

Katie Daugherty, NEC presented this report.

Education/Licensing Committee recommendations are as follows:
- Place the program on Warning Status With Intent to Withdraw Approval pursuant to B&P Code 2788 and CCR 1423.
- Suspend new student enrollment indefinitely.
• Require the program to inform all existing students and any prospective students that the program is placed on Warning Status With Intent to Withdraw Approval.
• Program to provide a progress report to the Board office by December 1, 2013 reflecting full compliance with BRN regulations to be presented at the January 2014 Education/Licensing Committee meeting.
• Program representative to be present at all Education/Licensing Committee and Board meetings when program information is presented.
• Nursing Education Consultant to continue monitoring the program as needed.

Public comment received by:
Nicole Jackson, Student
Zona Freeman, RN

MSC: Jackson/Dong to accept ELC recommendations listed above. 7/0/0

7.4 Guidelines For Alternate/Secondary Program Locations
Katie Daugherty, NEC presented this report.

CCR 1432.(b)(3) requires existing approved prelicensure programs obtain board authorization prior to adding a new campus or location. “Guidelines for Alternate/Secondary Program Locations” was previously named “Guidelines for Extended Campus Programs.” The BRN Nursing Education Consultant group revised the guidelines to provide an updated and more thorough explanation of the requirements and approval process for offering a currently approved prelicensure program at an alternate/secondary location. As with the previous version, this document will be placed in the Director’s Handbook that is provided to all program directors and content will be reviewed with the program directors at the Annual BRN Update.

PURPOSE
Provide approved nursing programs meeting BPC 2786 (effective October 21, 2010) with instructions and requirements for obtaining BRN approval to offer the existing approved program at sites other than the approved location.

DEFINITION AND DESCRIPTION
An additional alternate/secondary program location is defined as a BRN approved physical location that allows the faculty assigned to the distant campus to participate as a member of the faculty group at the approved program’s primary campus location. Programs with additional alternate/secondary program locations will retain the NCLEX-RN school code assigned to the program’s primary campus location.

The nursing curriculum at the alternate/secondary location may replicate the one on the primary campus, or have a curriculum that combines and/or compresses the courses and content from the primary campus forming a variation of the curriculum, such as an accelerated baccalaureate track or entry level master’s track.
In order to offer any program option at alternate/secondary locations, the primary program must submit a major curriculum change and have the alternate/secondary location(s) approved by the BRN prior to implementation.

Each alternate/secondary program location must maintain the same standards and educational opportunities for students as those at the primary campus: theory courses and clinical experiences, program testing/evaluation, and remediation activities must be comparable to those delivered by the primary campus program. Alternate/secondary program locations must have sufficient program resources including start up and ongoing funding/ budgetary support, administrative and clerical support, faculty, clinical facilities, skills/simulation labs, equipment, and supplies to meet BRN regulations. This includes comparable support services such as counseling, tutoring, technology, and financial aid services for students. The policies and procedures at each alternate/secondary program location, including admission/selection, progression, dismissal, and readmission policies and procedures must be the same as those used by the primary campus.

Any minor or major curriculum changes for the alternate/secondary program locations must have primary campus and BRN approval prior to implementation.

**Director and Assistant Director**

The Program Director designated at the primary campus nursing program is responsible and accountable for the primary campus program and all alternate/secondary program locations. At least one Assistant Director with sufficient release time is assigned to be physically present at each alternate/secondary program location. The designated Assistant Director will manage program activities under the direction of the primary campus Director.

**Faculty**

Nursing program faculty assigned to the primary and alternate/secondary campus locations are considered to be one faculty and have the same individual and collective responsibility and accountability for instruction, evaluation of students, and ongoing planning, implementation, and evaluation of the curriculum and the program.

Faculty members must demonstrate that the entire faculty group participates collectively in the planning, implementation and evaluation of the curriculum.

**Program Completion**

Students completing the program through the alternate/secondary location(s) are graduates of the primary campus.

**APPROVAL**

1. BRN approval is required prior to implementation of any program option at any alternate/secondary location.
2. Any approved program that meets BPC 2786 (effective October 2010) may seek BRN approval to offer one or more of the existing approved degree options/tracks at an alternate/secondary location.
3. Existing approved programs offering only the LVN to RN Advanced Placement degree portion of an associate degree RN program are not eligible to seek approval for an alternate/secondary program location effective October 21, 2010.
4. Eligible BRN approved programs may only submit a request for approval of one alternate/secondary location at a time.
5. Alternate/secondary location student enrollment numbers and cycles and any subsequent enrollment changes must be approved by the BRN prior to implementation.
6. All program locations will be included in the program’s regular continuing approval visit review processes with the appropriate narrative and trended data/outcomes reflected in the program’s continuing approval self-study report.
7. BRN approved nursing programs not meeting these requirements must seek approval for a new pre-licensure nursing program even if the new program curriculum is the same as the currently approved primary campus RN program.

**STEPS FOR APPROVAL**

1. The program director must submit a written major curriculum revision proposal for addition of an alternate/secondary campus program location to the program’s assigned NEC. The assigned NEC will determine whether the major curriculum change meets regulations and demonstrates no adverse impact on other RN programs including clinical placements.

2. The following major curriculum change proposal and materials are to be submitted to the program’s NEC.
   a. A description of the nursing program option(s) to be offered at alternate/secondary location. In the description include the purpose and rationale for adding the alternate/secondary program location, the community to be served and demand for the program at each alternate/secondary location.
   b. The projected enrollments at the primary campus, and at each alternate/secondary location for a period of three years. Detailed statistics and a description of the current and projected applicant pool. Provide evidence that the projected enrollment patterns can be sustained at each proposed location.
   c. A detailed description of any changes in the program’s organizational structure as a result of any community partnerships or collaborative arrangements being proposed to administer, fund, and implement program at the proposed alternate/secondary location.
   d. A description of program operations at the primary campus, already approved alternate/secondary locations and those proposed for a new alternate/secondary location. Include a description of the day to day interface of the proposed alternate/secondary location with the primary campus. Provide a nursing organizational chart and the written job description for the assistant director at each alternate/secondary location and a statement on how faculty and students at each alternate/secondary location campus site will participate in required program activities.
   e. A detailed description of the proposed program resources for the alternate/secondary location including physical space such as classrooms, skills/simulation labs, program and faculty offices, resource/study spaces for students, conferencing, and library and support services. Provide a schematic of the proposed physical space to be used by the program. If construction or renovation of the newly proposed physical location is planned/required, include a schematic of the proposed physical space along with a timeline for completion as
the location will be visited by the BRN NEC prior to program start up at the alternate/secondary location.

f. A description of other learning and program resources to be available at the alternate/secondary location including faculty, program clerical support staff, counseling, financial aid, library, etc.

g. Budgetary provisions for establishing and maintaining the pre-licensure RN program at each alternate/secondary location.

h. Evidence of availability of clinical placements for students of the proposed alternate/secondary location.

i. Submit a grid showing all currently approved and proposed clinical sites; show where the 5 required areas of nursing are taught.

ii. Provide a description of the impact of adding the alternate/secondary location on already established nursing education programs and their existing clinical placements. Show evidence that current RN students, if any, will not be displaced.

iii. Provide a completed “Facility Verification Form” (EDP-I-01 Rev 3/10) and Clinical Site Facility Approval (EDP-P-08 Rev9/12) form for each proposed health care facility that has agreed to provide clinical placement for students. Verification information shall include the accommodations specifying shift and days. Provide assurance that the clinical agreements include all of the components of CCR 1427(c)(1)-(6).

iv. The assigned NEC will make site visits to each of the proposed sites as needed to validate appropriate clinical experiences.

3. Upon receipt of the proposal, the NEC will begin the review and will communicate with the Program Director as needed to ensure the proposal meets regulations, is feasible and contains adequate information for the Board to make an informed decision. Once the proposal is completed, the NEC will request that it is placed on the next occurring Education/Licensing Committee (ELC) meeting agenda. The Program Director is expected to attend the ELC meeting to respond to questions from the Committee. The ELC will make a recommendation to the full Board at the next occurring full Board meeting.

4. Following full board approval, the program Director will receive a written board action letter approving the proposed major curriculum change to add the alternate/secondary location.

**FUTURE CURRICULUM CHANGES**

Curriculum changes may affect one program location and/or option or select program locations and options such as a unique population or accelerated track/option at one of the program’s approved locations.

Any curriculum changes, minor or major, must be approved by the faculty of the whole, requiring involvement of faculty on all the program’s campuses, and by the BRN prior to implementation. BRN approved minor or major curriculum changes for each program option and location must be consistently implemented. The program’s assigned NEC is authorized to approve minor program curriculum changes.
REPORTING REQUIREMENTS FOR PROGRAMS WITH APPROVED
ALTERNATE/SECONDARY PROGRAM LOCATIONS
Each July 1, through the graduation of the first two cohorts at each alternate/secondary
program location, the program director will submit a written progress report to the
assigned NEC. The progress report will describe the program activities at each
alternate/secondary location including enrollment, attrition, retention, re-entry statistics,
comparability of program testing and applicable NCLEX-RN preparation/performance,
faculty and support services staffing.

Note: the program is expected to collect, track, and trend all program statistics in the
aggregate and by each specific location including admission/enrollment, dismissal, re-
entry, graduation, and NCLEX pass rates.

No public comment and no motion required.

7.5 NCLEX Pass Rate Update

The Board of Registered Nursing receives quarterly reports from the National Council of
State Boards of Nursing (NCSBN) about the NCLEX-RN test results by quarter and with
an annual perspective. The following tables show this information for the last 12 months
and by each quarter.

<table>
<thead>
<tr>
<th>JURISDICTION</th>
<th>TOTAL TAKING TEST</th>
<th>PERCENT PASSED %</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td>10,875</td>
<td>87.96</td>
</tr>
<tr>
<td>United States and Territories</td>
<td>152,243</td>
<td>87.03</td>
</tr>
</tbody>
</table>

CALIFORNIA NCLEX RESULTS – FIRST TIME CANDIDATES
By Quarters and Year July 1, 2012- June 30, 2013*

<table>
<thead>
<tr>
<th>Quarter</th>
<th># cand.</th>
<th>% pass</th>
<th># cand.</th>
<th>% pass</th>
<th># cand.</th>
<th>% pass</th>
<th># cand.</th>
<th>% pass</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/01/12- 9/30/12</td>
<td>3,482</td>
<td>89.57</td>
<td>1,309</td>
<td>84.19</td>
<td>3,748</td>
<td>90.90</td>
<td>2,336</td>
<td>82.96</td>
</tr>
</tbody>
</table>

*Includes (5), (5), (6) and (3) "re-entry" candidates. Effective April 1, 2013, the 2013
NCLEX-RN Test Plan and the higher Passing Standard of 0.00 logit was implemented
and remains effective through March 31, 2016. A logit is defined as a unit of
measurement to report relative differences between candidate ability estimates and exam
item difficulties.

The Nursing Education Consultants (NECs) monitor the NCLEX results of their assigned
programs. Current procedure provides that after each academic year (July 1-June 30), if
there is substandard performance (below 75% pass rate for first time candidates), the
NEC requests the program director submit a report outlining the program's action plan to
address this substandard performance. Should the substandard performance continue in
the second academic year, an interim visit is scheduled and a written report is submitted
to the Education/Licensing Committee. If there is no improvement in the next quarter, a
full approval visit is scheduled within six months. A report is made to the Education /Licensing Committee following the full approval visit.

No public comment and no motion required.
California Board of Registered Nursing

NCLEX-RN Pass Rates First Time Candidates
Comparison of National US Educated and CA Educated Pass Rates
By Degree Type

Academic Year July 1, 2012–June 30, 2013

<table>
<thead>
<tr>
<th>Academic Year</th>
<th>July-Sept</th>
<th>Oct-Dec</th>
<th>Jan-Mar</th>
<th>April-June</th>
<th>2012-2013 Cumulative Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>#Tested</td>
<td>% Pass</td>
<td>#Tested</td>
<td>% Pass</td>
<td>#Tested</td>
<td>% Pass</td>
</tr>
<tr>
<td>National US Educated- All degree types *</td>
<td>51,024 (88.7)</td>
<td>12,424 (84.4)</td>
<td>40,977 (90.3)</td>
<td>47,817 (83.0)</td>
<td>152,243 (87.0)</td>
</tr>
<tr>
<td>CA Educated- All degree types*</td>
<td>3,482 (89.5)</td>
<td>1,309 (84.1)</td>
<td>3,748 (90.9)</td>
<td>2,336 (82.9)</td>
<td>10,875 (87.9)</td>
</tr>
<tr>
<td>National-Associate Degree rates**</td>
<td>27,606 (87.8)</td>
<td>6,875 (82.1)</td>
<td>23,662 (89.3)</td>
<td>27,081 (80.9)</td>
<td>85,224 (85.6)</td>
</tr>
<tr>
<td>CA-Associate Degree rates**</td>
<td>2,086 (90.2)</td>
<td>523 (81.8)</td>
<td>2,226 (91.7)</td>
<td>1,174 (83.3)</td>
<td>6,009 (88.7)</td>
</tr>
<tr>
<td>National-BSN+ELM rates**/***</td>
<td>22,024 (89.7)</td>
<td>5,255 (87.2)</td>
<td>16,564 (91.7)</td>
<td>20,248 (85.8)</td>
<td>64,091 (88.8)</td>
</tr>
<tr>
<td>CA-BSN+ELM rates**/***</td>
<td>1,389 (88.4)</td>
<td>783 (85.5)</td>
<td>1,515 (89.6)</td>
<td>1,159 (82.6)</td>
<td>4,846 (86.9)</td>
</tr>
</tbody>
</table>

*National rate for All Degree types includes four categories of results: Diploma, AD, BSN+ELM, and Special Codes. Use of the Special Codes category may vary from state to state. In CA, the Special Codes category is most commonly used for re-entry candidates such as eight year retake candidates wishing to reinstate an expired license per CCR 1419.3(b). The CA aggregate rate for the All degree types includes AD, BSN+ELM, and Special Codes but no diploma program rates since there are no diploma programs in CA. CA rates by specific degree type exclude special code counts since these are not reported by specific degree type.

**National and CA rates reported by specific degree type include only the specific results for the AD or BSN+ELM categories.

***Historically, ELM programs have been included in the BSN degree category by NCSBN.

Note: This report includes any quarter to quarter corrections NCSBN has made in data.

Source: National Council of State Boards Pass Rate Reports
Licensing Program Report
Bobbi Pierce, Licensing Program Manager presented this report.

Program Update:
The Licensing Program has completed processing the majority of the applications for spring 2013 graduates. We are finding more nursing programs are not submitting Individual Candidate Roster Director Approval forms, but rather waiting until after graduation and sending a final, official transcript. This helps to ensure students have met all degree and nursing requirements and are eligible to test.

We are still experiencing difficulties with some nursing programs not notifying the Licensing Program when a student(s) has not completed the program. Example: Board receives a roster on May 16, 2013, indicating the student is completing requirements on May 17 2013. Based on the roster the student is deemed eligible for the examination. On August 14, 2013, a second roster is received for the same student indicating the student did not complete requirements until August 2, 2013. In this example the student did not schedule a testing appointment. In another case, the student was deemed eligible based on the roster; received an eligibility notice, scheduled a testing appointment and took the examination, knowing they had not completed the program.

Business and Professions Code section 115.5, requires the board to expedite the licensing process for an applicant whose spouse or partner is an active duty member of the armed forces and is being stationed in California. The Board has received seventy-four (74) applications requesting expedited service. Sixty (60) applicants have been permanently licensed as California Registered Nurses. The remaining fourteen (14) have incomplete applications. The processing time has remained between one and sixty days. The longer processing time is due to an applicant not residing in California and being required to submit a completed fingerprint card rather than completing the Live Scan process.

Statistics:
The licensing statistics for the last two (2) fiscal years and the first six weeks of the current fiscal year are attached.

The Licensing Program continues to see an increase in the number of applications for nurse practitioner furnishing numbers; due to the change in Business and Professions Code Section 2836.1, no longer requiring Nurse Practitioners to complete six-months of physician supervised furnishing experience prior to applying. Many of the applicants are certified nurse practitioners who never applied for a furnishing number.

Issues:
Cameroon:
In Cameroon, as in many other countries, diplomas are issued by the school but must be registered with the government to be considered authentic. In Cameroon the Ministry of Public Health is the responsible agency. We have been notified by the Ministry that fourteen (14) applicants have submitted diplomas to the Board of Registered Nursing that have not been properly registered.
Sierra Leone:
Because of difficulties when attempting to authenticate transcripts, licensing staff sent correspondence to the Health Ministry, but has received no responses. There was a recent article in the New York Times regarding a change in leadership within the Health Ministry. Many of the top officials have been removed. This may explain why there has been no communication.

China and Taiwan:
There are some nursing programs where students do not complete theoretical instruction and clinical practice concurrently. Applications from these two countries require more time to analyze to ensure the course work is concurrent.

Haiti:
Students from Africa, who completed a second level nursing program with English as the language of instruction; are then going to Haiti to complete a nursing program where the language of instruction is French. The students do not speak French.

Philippines:
The Board continues to receive “revised” clinical rotation schedules from the Philippines, for applicants previously found to not meet concurrency requirements. The latest documents show all of the clinical cases were completed concurrently with the theoretical instruction. Applicants, from many different nursing schools have informed the Board the schools made errors in the rotation schedules, but now the information is correct. Now the problem is which document provides an accurate overview of the applicant’s clinical cases.

General Issues:
Credits given for vocational nursing, nursing assistant and MD level programs to meet RN course work requirements.

Schools submitting transcripts for persons who did not attend the nursing program
Course credit(s), degrees and diplomas awarded when the applicant was in the country for a portion of a semester or quarter.

No public comment and no motion required.
# California Board of Registered Nursing Licensing Statistics

The table below provides statistics on applications and certifications received, pending, and issued for various nursing categories over the fiscal years 2011/12, 2012/13, and 2013/14 (July 1, 2013 to August 15, 2013). The statistics include:

- **Applications Received**
- **Applications Pending**
- **Licenses & Certs Issued**

### Fiscal Year 2011/12

<table>
<thead>
<tr>
<th>Descriptions</th>
<th>Apps Received</th>
<th><strong>Apps Pending</strong></th>
<th>Licenses &amp; Certs Issued</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Nurse - Examinations Endorsements &amp; Repeater</td>
<td>37,226</td>
<td>4,725</td>
<td>22,853</td>
</tr>
<tr>
<td>Clinical Nurse Specialists</td>
<td>246</td>
<td>101</td>
<td>200</td>
</tr>
<tr>
<td>Nurse Anesthetists</td>
<td>185</td>
<td>31</td>
<td>169</td>
</tr>
<tr>
<td>Nurse Midwives</td>
<td>74</td>
<td>21</td>
<td>58</td>
</tr>
<tr>
<td>Nurse Midwife Furnishing Number</td>
<td>37</td>
<td>4</td>
<td>37</td>
</tr>
<tr>
<td>Nurse Practitioners</td>
<td>1,273</td>
<td>248</td>
<td>1,161</td>
</tr>
<tr>
<td>Nurse Practitioner Furnishing Number</td>
<td>894</td>
<td>149</td>
<td>857</td>
</tr>
<tr>
<td>Psych/Mental Health Listing</td>
<td>8</td>
<td>10</td>
<td>2</td>
</tr>
<tr>
<td>Public Health Nurse</td>
<td>3,032</td>
<td>474</td>
<td>2,853</td>
</tr>
</tbody>
</table>

### Fiscal Year 2012/13

<table>
<thead>
<tr>
<th>Descriptions</th>
<th>Apps Received</th>
<th><strong>Apps Pending</strong></th>
<th>Licenses &amp; Certs Issued</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Nurse - Examinations Endorsements &amp; Repeater</td>
<td>34,571</td>
<td>10,668</td>
<td>21,842</td>
</tr>
<tr>
<td>Clinical Nurse Specialists</td>
<td>234</td>
<td>118</td>
<td>201</td>
</tr>
<tr>
<td>Nurse Anesthetists</td>
<td>181</td>
<td>60</td>
<td>176</td>
</tr>
<tr>
<td>Nurse Midwives</td>
<td>68</td>
<td>22</td>
<td>49</td>
</tr>
<tr>
<td>Nurse Midwife Furnishing Number</td>
<td>62</td>
<td>13</td>
<td>48</td>
</tr>
<tr>
<td>Nurse Practitioners</td>
<td>1,399</td>
<td>199</td>
<td>1,204</td>
</tr>
<tr>
<td>Nurse Practitioner Furnishing Number</td>
<td>1,902</td>
<td>174</td>
<td>1,634</td>
</tr>
<tr>
<td>Psych/Mental Health Listing</td>
<td>12</td>
<td>18</td>
<td>3</td>
</tr>
<tr>
<td>Public Health Nurse</td>
<td>3,403</td>
<td>840</td>
<td>3,148</td>
</tr>
</tbody>
</table>

### Fiscal Year 2013/14

<table>
<thead>
<tr>
<th>Descriptions</th>
<th>Apps Received</th>
<th><strong>Apps Pending</strong></th>
<th>Licenses &amp; Certs Issued</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Nurse - Examinations Endorsements &amp; Repeater</td>
<td>3,540</td>
<td>10,668</td>
<td>4,677</td>
</tr>
<tr>
<td>Clinical Nurse Specialists</td>
<td>13</td>
<td>118</td>
<td>31</td>
</tr>
<tr>
<td>Nurse Anesthetists</td>
<td>35</td>
<td>60</td>
<td>12</td>
</tr>
<tr>
<td>Nurse Midwives</td>
<td>6</td>
<td>22</td>
<td>13</td>
</tr>
<tr>
<td>Nurse Midwife Furnishing Number</td>
<td>9</td>
<td>13</td>
<td>15</td>
</tr>
<tr>
<td>Nurse Practitioners</td>
<td>100</td>
<td>199</td>
<td>332</td>
</tr>
<tr>
<td>Nurse Practitioner Furnishing Number</td>
<td>89</td>
<td>174</td>
<td>285</td>
</tr>
<tr>
<td>Psych/Mental Health Listing</td>
<td>1</td>
<td>19</td>
<td>0</td>
</tr>
<tr>
<td>Public Health Nurse</td>
<td>230</td>
<td>840</td>
<td>359</td>
</tr>
</tbody>
</table>

**Applications pending - Initial evaluation is complete; additional documentation required to complete file or applicant needs to register with testing vendor**
8.0 Report of the Legislative Committee
Erin Niemela, Chairperson

8.1 Adopt/Modify Positions on Bills of Interest to the Board, and any other Bills of Interest to the Board introduced during the 2013-2014 Legislative Session
Kay Weinkam, NEC presented this report.

SB 723 (Correa) Veterans

No public comment.

MSC: Jackson/Dong to continue with a Watch position. 6/0/1

AB 154 (Atkins) Abortion

Public comment made by Dr. Diana Taylor, NP UCSF School of Nursing

MSC: Dong/Jackson to continue with a Support position. 5/0/2

AB 186 (Maienschein) Professions and vocations: military spouses: temporary licenses

No public comment.

MSC: Mallei/Dong to continue with a Watch position. 6/0/1

AB 361 (Mitchell) Medi-Cal: health homes for Medi-Cal enrollees

No public comment.

MSC: Klein/Jackson to continue with a Support position. 6/0/1

AB 512 (Rendon) Healing arts: licensure exemption

No public comment.

Support position. No motion was given due to this bill being Chaptered.

AB 633 (Salas) Emergency medical services: civil liability

No public comment.

MSC: Mallei/Jackson to continue with a Watch position. 4/0/1; two members absent.

AB 790 (Gomez) Child abuse: reporting

No public comment.

MSC: Jackson/Mallei to continue with a Support position. 4/0/1; two members absent.
AB 1057 (Medina) Professions and vocations: licenses: military service

No public comment.

MSC: Mallei/Jackson that the Board Watch AB 1057. 5/0/1; one member absent.

SB 271 (Hernandez, E.) Associate Degree Nursing Scholarship Program

No public comment.

MSC: Jackson/Dong to continue with a Support position. 5/0/1; one member absent.

SB 352 (Pavley) Medical assistants – supervision

No public comment and no motion required. Bill has been Chaptered.

SB 430 (Wright) Pupil health: vision examination: binocular function

No public comment.

MSC: Jackson/Dong to continue with a Watch position. 5/0/1; one member absent.

SB 440 (Padilla) Public postsecondary education: Student Transfer Achievement Reform Act

No public comment.

MSC: Jackson/Klein to continue with a Support position. 6/0/1

SB 491 (Hernandez) Nurse practitioners

No public comment.

Information only – bill is inactive, no motion is required.

SB 718 (Yee) Hospitals: workplace violence prevention plans

Public comment made by Kelly Green, CNA.

Information only – bill is inactive, no motion is required.

SB 809 (DeSaulnier) Controlled substances: reporting

No public comment.

MSC: Jackson/Mallei to continue with a Watch position. 6/0/1
9.0 Report of the Diversion/Discipline Committee
Cynthia Klein, RN, Chairperson

9.1 Complaint Intake and Investigations Update
Stacie Berumen, Assistant Executive Officer presented this report.

PROGRAM UPDATES

COMPLAINT INTAKE:

Staff
DCA HR has approved our selection to fill our vacant Office Technician position. We have one full-time Staff Services Analyst dedicated 100% to BreEZe.

We hired one seasonal staff person who is working part time to assist with our technical support backlog.

Due to lack of competitive compensation, we have been unable to recruit an NEC to cover the entire Enforcement Division.

Program
Fingerprint Requirement – We continue to refer the 1,222 licensees who failed to provide proof of fingerprint submission for the retroactive fingerprint project. These licenses were inactivated and are currently being referred to Complaint Intake for issuance of a citation and fine for non-compliance.

California Code of Regulations Section 1419(b) states,

“For a license that expires on or after March 1, 2009, as a condition of renewal, an applicant for renewal not previously fingerprinted by the board, or for whom a record of the submission of fingerprints no longer exists, is required to furnish to the Department of Justice, as directed by the board, a full set of fingerprints for the purpose of conducting a criminal history record check and to undergo a state and federal level criminal offender record information search conducted through the Department of Justice. Failure to submit a full set of fingerprints to the Department of Justice on or before the date required for renewal of a license is grounds for discipline by the board…”

While we fingerprinted over 147,000 nurses licensed prior to 1990 there still remains a large number of nurses who do not meet the fingerprint requirements in CCR 1419(b). Approximately 75,398 nurses licensed between 1990-1998 submitted paper fingerprint cards but these cards are not part of the LiveScan process and the record of submission no longer exists. Approximately 97,041 nurses licensed by examination from 1998 – June 2008 were fingerprinted for review by the Department of Justice but must submit fingerprints for review by the FBI as it was not required prior to July 2008. Our BreEZe “Go Live” date is now scheduled for October 8th. We are experiencing backlogs in complaint processing since we are essentially down two full-time staff positions. We also anticipate a slow down once BreEZe goes live due to the increase in system response times and difficulty identifying correct records.
Statistics
For fiscal year 2012/13, we received our highest number of complaints to date 8,330 complaints. The average time to close a complaint not referred to discipline went from 164 days in July 2012 to 140 days.

INVESTIGATIONS:

Staff
The Southern Investigations Unit has finally filled the last open position and is now fully staffed.

Program
We continue to have issues obtaining documents, primarily from Kaiser North. In addition, we are now being told we must issue subpoenas in order to interview staff and managers. Failure of the facility to comply has and will continue to result in referrals to the Attorney General’s office to enforce compliance. This can cause major delays in case completion timeframes exceeding 4 months.

On May 17, 2013, Southern Investigative Staff met with Special Agent Marc Ruiz with the Office of Criminal Investigation, Food and Drug Enforcement Agency. Ruiz contacted BRN for assistance with a case involving a RN receiving large shipments of illegally imported medication from another country at her home. Ruiz is participating in the investigation.

On June 12, 2013, the Northern Investigation manager had a meet and greet with investigation staff at the California Emergency Medical Services Authority (EMSA). Contact information was exchanged and we discussed how the agencies can work together on mutual cases.

On June 18, 2013, Investigation management had a meet and greet at the CDPH Field Manager’s meeting in Sacramento. We gave them an overview of the BRN Investigations unit and how we process complaints. We discussed the types of complaints they should refer to us and the information that can help us complete our cases timely and more effectively. The exchange was mutually beneficial and has provided a conduit for contacts and resources.

On July 16, 2013, the Southern Investigators met with the Medical Board of California’s Operation Safe Medicine (OSM) staff in order to establish a working relationship. OSM joined the Southern Investigators and Stacie Berumen on August 6, 2013 to attend the BRN’s investigator staff meeting. Each group did a short presentation to “introduce” what each division does, how we can work together to protect public health, discussed current and overlapping cases, and records exchanges. OSM is based in the southern region focusing on medi spa cases but is also working on MBC’s prescription drug task force. The Northern BRN Investigative team participated by conference call.

The Southern Supervising Investigator and one Investigator were requested to attend the Improving Dementia Care Partnership Meeting on August 21, 2013. This was the third of four meetings focused on enforcement and education. The partnership is focused on high use of anti-psychotic medications in skilled nursing facilities and how to reduce use.
On August 22, 2013, a Southern Investigator attended the Prescription Drug Abuse Task Force (PDATF) meeting. The focus of this meeting was a prevention roundtable discussion. There is a national drug take back day scheduled on October 26, 2013. Drop off locations can be found at www.dea.gov.

A request was made by the Department of Social Services Community Care Licensing Division (CCLD) for a Southern Investigator to attend a meet and greet on August 28, 2013, as a result of both agencies conducting investigations at a facility involving one or more of our licensees.

Staff will continue to attend these meetings regularly as BRN investigators work closely with various law enforcement agencies and the networking has been extremely valuable.

**Statistics**
The following are internal monthly statistics for all BRN investigators not broken out on the performance measurement report.

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Total cases assigned</td>
<td>268</td>
<td>341</td>
<td>272</td>
<td>272</td>
<td>267</td>
<td>253</td>
</tr>
<tr>
<td>Total cases unassigned (pending)</td>
<td>135</td>
<td>136</td>
<td>123</td>
<td>117</td>
<td>72</td>
<td>104</td>
</tr>
<tr>
<td>Average days to case completion</td>
<td>293</td>
<td>311</td>
<td>261</td>
<td>272</td>
<td>238</td>
<td>292</td>
</tr>
<tr>
<td>Average cost per case</td>
<td>$4,223</td>
<td>$5,421</td>
<td>$3,215</td>
<td>$3,561</td>
<td>$3,028</td>
<td>$3,105</td>
</tr>
<tr>
<td>Cases closed</td>
<td>19</td>
<td>13</td>
<td>32</td>
<td>29</td>
<td>37</td>
<td>42</td>
</tr>
</tbody>
</table>

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<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total cases assigned</td>
<td>266</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total cases unassigned (pending)</td>
<td>83</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average days to case completion</td>
<td>275</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average cost per case</td>
<td>$3,211</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cases closed</td>
<td>35</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

As of July 30, 2013, there were 647 pending DOI investigations.

Please review the enforcement statistics reports in 9.3 for additional breakdown of information.

No public comment and no motion required.

**9.2 Discipline and Probation Update**
Beth Scott, Deputy Chief of Discipline, Probation and Diversion presented this report

**PROGRAM UPDATE**

**Staff**
The Probation Unit's senior monitor retired on June 27, 2013, and one probation monitor is devoted to the BreeZe project full time; leaving 2 vacant probation monitor positions.
Based on operational needs and to ensure public protection a discipline analyst was redirected to the probation unit to serve as a probation monitor. The caseload of the monitor assigned to the BreEZe project is absorbed by the manager.

A BRN special investigator has returned to her position as a discipline analyst filling the vacancy in the discipline unit. One discipline analyst continues to work on the BreEZe project full time; therefore, this workload is absorbed by the manager. The Discipline Unit is fully staffed with five case analysts, two legal support analysts, one cite and fine analyst and two OTs.

Two retired annuitants began working part-time in the discipline unit. The first on August 12, 2013 and the second on August 27, 2013.

**Program – Discipline**

The Chief of Enforcement for the Emergency Medical Service Authority (EMSA) contacted the BRN for assistance with enhancing their probation program. A meeting was held on July 8th to offer assistance and provide information to assist the EMSA.

The BRN Enforcement Program is aggressively recruiting for qualified registered nurses to review case materials, prepare written opinions, and possibly testify at administrative hearings as an expert witness. The BRN is in need of experts for many areas of expertise; however, we are especially lacking in Nurse Anesthetists; dialysis, and Botox/Med-Spa case experts.

The BRN implemented monthly telephone meetings with the Attorney General’s (AG) office liaisons. These meetings will be utilized to discuss enforcement issues and create a pro-active approach to problem solving to assist with the processing of BRN discipline cases.

The BRN recently met with the Supervising Deputy Attorneys General in the Sacramento office. This was a very productive meeting and will assist with the efficiency of discipline cases.

Discipline will continue to audit charges from the AG offices to determine if the BRN is being charged appropriately. Our BRN research analyst also reviews AG charges seeking out anomalies for review.

The total amount of open discipline cases are 1,942 with an average case load per analyst at 389. There are approximately 2,080 (total reflects discipline & probation) cases at the AG’s office.

The Legal Support Analyst started preparing default decisions for the Attorney General’s Offices in Sacramento, effective October 1, 2012, and the Los Angeles office, effective July 1, 2013. We will continue this pilot project adding the San Diego Attorney General’s Office in or about January 2014. The Legal Support Analyst has been working under the direction of DCA Legal Counsel to prepare default decisions for the Oakland and San Francisco AG Offices for approximately two years.

Our Legal Support Analysts and staff have been busy processing Decisions. Below reflects FY2013 (July 1, 2012 – June 30, 2013).
Below reflects FY2014 to present (July 1, 2013-August 20, 2013)

<table>
<thead>
<tr>
<th>Decisions Adopted by Board</th>
<th>1,122</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pending Processing by legal support staff</td>
<td>0</td>
</tr>
<tr>
<td>Accusations/ PTR served</td>
<td>1,176</td>
</tr>
</tbody>
</table>

From January 1, 2008 to August 6, 2013 the BRN took 3,353 disciplinary actions as follows:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Surrenders</td>
<td>707</td>
</tr>
<tr>
<td>Revocations</td>
<td>1,284</td>
</tr>
<tr>
<td>Revocations/stayed/probation</td>
<td>1,138</td>
</tr>
<tr>
<td>Public reprovals</td>
<td>224</td>
</tr>
</tbody>
</table>

Of the 3,353 disciplinary actions taken, 81 actions were for Nurse Practitioners and 11 actions were for Nurse Midwives.

Staff continues to increase its usage of citation and fine as a constructive method to inform licensees and applicants of violations which do not rise to the level of formal disciplinary action.

The BRN continues to issue citations for address change violations pursuant to the California Code of Regulations §1409.1. The BRN website was updated with a reminder of the address change requirement.

The BRN continues to issue citations for failure to comply with the fingerprint requirement pursuant to the California Code of Regulations §1419, §1419.1 and §1419.3

Citation information below reflects total citations for FY2013 (July 1, 2012 – August 20, 2013).

<table>
<thead>
<tr>
<th>Number of citations issued</th>
<th>754</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total fines ordered</td>
<td>$328,825.00</td>
</tr>
<tr>
<td>Fines paid (amounts include payments from fines issued in prior fiscal year)</td>
<td>$241,413.00</td>
</tr>
<tr>
<td>Citations pending issuance</td>
<td>2000+</td>
</tr>
</tbody>
</table>

Citation information below reflects total citations for FY2014 to present (July 1, 2013 – August 20, 2013).

<table>
<thead>
<tr>
<th>Number of citations issued</th>
<th>125</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total fines ordered</td>
<td>$63,800.00</td>
</tr>
<tr>
<td>Fines paid (amounts include payments from fines issued in prior fiscal year)</td>
<td>$36,123.00</td>
</tr>
<tr>
<td>Citations pending issuance</td>
<td>2000+</td>
</tr>
</tbody>
</table>
The Discipline Unit continues to work on the NURSYS discipline data comparison project (SCRUB). The status of the documents reviewed:

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referred to the Attorney General</td>
<td>722</td>
</tr>
<tr>
<td>Pleadings Received</td>
<td>615</td>
</tr>
<tr>
<td>Default Decisions Effective</td>
<td>272</td>
</tr>
<tr>
<td>Stipulated Decisions Effective</td>
<td>178</td>
</tr>
<tr>
<td>Referred to Cite and Fine</td>
<td>70</td>
</tr>
<tr>
<td>Closed Without Action (Action taken by CA (prior to 2000) but not reported to Nursys or information approved at time of licensure)</td>
<td>935</td>
</tr>
</tbody>
</table>

**Program – Probation**

The case load per probation monitor is approximately 124.

Probation staff participated in Webinar training on July 16, provided free by FirstLab. This training included information on Monitoring Program Procedures, Specimen Selection and Issues.

**AG Costs:**

As of August 27, 2013, the BRN has expended $1,595,238 at the AG’s office on the NURSYS SCRUB cases.

**Statistics - Discipline**

Please review additional statistical information which can be found under item 9.3.

**Statistics – Probation**

Below are the statistics for the Probation program from July 1, 2013 to August 21, 2013

<table>
<thead>
<tr>
<th>Probation Data</th>
<th>Numbers</th>
<th>% of Active</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>202</td>
<td>27%</td>
</tr>
<tr>
<td>Female</td>
<td>546</td>
<td>73%</td>
</tr>
<tr>
<td>Chemical Dependency</td>
<td>381</td>
<td>52%</td>
</tr>
<tr>
<td>Practice Case</td>
<td>224</td>
<td>28%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>1</td>
<td>&gt;1%</td>
</tr>
<tr>
<td>Conviction</td>
<td>142</td>
<td>20%</td>
</tr>
<tr>
<td>Advanced Certificates</td>
<td>77</td>
<td>10%</td>
</tr>
<tr>
<td>Southern California</td>
<td>392</td>
<td>52%</td>
</tr>
<tr>
<td>Northern California</td>
<td>356</td>
<td>48%</td>
</tr>
<tr>
<td>Pending with AG/Board</td>
<td>82</td>
<td>11%</td>
</tr>
<tr>
<td>License Revoked</td>
<td>5</td>
<td>3%</td>
</tr>
<tr>
<td>License Surrendered</td>
<td>14</td>
<td>9%</td>
</tr>
<tr>
<td>Terminated</td>
<td>0</td>
<td>&gt;1%</td>
</tr>
</tbody>
</table>
Completed/Revoked/Terminated/Surrendered

9.3 **Enforcement Statistics**
Stacie Berumen, Assistant Executive Officer presented this report.

The following are statistics for the Enforcement Division.

<table>
<thead>
<tr>
<th>Completed</th>
<th>17</th>
<th>7%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active in-state probationers</td>
<td>748</td>
<td></td>
</tr>
<tr>
<td>Completed/Revoked/Terminated/Surrendered</td>
<td>36</td>
<td></td>
</tr>
<tr>
<td>Tolled Probationers</td>
<td>233</td>
<td></td>
</tr>
<tr>
<td>Active and Tolled Probationers</td>
<td>981</td>
<td></td>
</tr>
</tbody>
</table>
COMPLAINT INTAKE

<table>
<thead>
<tr>
<th>Category</th>
<th>Jul-13</th>
<th>YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complaints Received</td>
<td>184</td>
<td>184</td>
</tr>
<tr>
<td>Closed w/o Inv Assignment</td>
<td>49</td>
<td>49</td>
</tr>
<tr>
<td>Assigned for Investigation</td>
<td>132</td>
<td>132</td>
</tr>
<tr>
<td>Avg Days to Close or Assign</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Pending</td>
<td>114</td>
<td>114</td>
</tr>
</tbody>
</table>

CONVICTIONS/ARREST REPORTS

<table>
<thead>
<tr>
<th>Category</th>
<th>Jul-13</th>
<th>YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received</td>
<td>445</td>
<td>445</td>
</tr>
<tr>
<td>Closed/Assgn for Investigation</td>
<td>442</td>
<td>442</td>
</tr>
<tr>
<td>Avg Days to Close or Assign</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Pending</td>
<td>81</td>
<td>81</td>
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</tbody>
</table>

TOTAL INTAKE

<table>
<thead>
<tr>
<th>Category</th>
<th>Jul-13</th>
<th>YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received</td>
<td>629</td>
<td>629</td>
</tr>
<tr>
<td>Closed w/o Inv Assignment</td>
<td>57</td>
<td>57</td>
</tr>
<tr>
<td>Assigned for Investigation</td>
<td>566</td>
<td>566</td>
</tr>
<tr>
<td>Avg Days to Close or Assign</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Pending</td>
<td>195</td>
<td>195</td>
</tr>
<tr>
<td>INVESTIGATIONS</td>
<td>JUL-13</td>
<td>YTD</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>--------</td>
<td>------</td>
</tr>
<tr>
<td>DESK INVESTIGATIONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASSIGNMENTS</td>
<td>552</td>
<td>552</td>
</tr>
<tr>
<td>CLOSED</td>
<td>782</td>
<td>782</td>
</tr>
<tr>
<td>AVERAGE DAYS TO CLOSE</td>
<td>80</td>
<td>80</td>
</tr>
<tr>
<td>PENDING</td>
<td>2483</td>
<td>2483</td>
</tr>
<tr>
<td>FIELD INVESTIGATIONS: NON-SWORN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASSIGNMENTS</td>
<td>31</td>
<td>31</td>
</tr>
<tr>
<td>CLOSED</td>
<td>22</td>
<td>22</td>
</tr>
<tr>
<td>AVERAGE DAYS TO CLOSE</td>
<td>738</td>
<td>738</td>
</tr>
<tr>
<td>PENDING</td>
<td>478</td>
<td>478</td>
</tr>
<tr>
<td>FIELD INVESTIGATIONS: SWORN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASSIGNMENTS</td>
<td>61</td>
<td>61</td>
</tr>
<tr>
<td>CLOSED</td>
<td>51</td>
<td>51</td>
</tr>
<tr>
<td>AVERAGE DAYS TO CLOSE</td>
<td>500</td>
<td>500</td>
</tr>
<tr>
<td>PENDING</td>
<td>643</td>
<td>643</td>
</tr>
<tr>
<td>ALL INVESTIGATIONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FIRST ASSIGNMENTS</td>
<td>567</td>
<td>567</td>
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<tr>
<td>CLOSED</td>
<td>855</td>
<td>855</td>
</tr>
<tr>
<td>AVERAGE DAYS TO CLOSE</td>
<td>122</td>
<td>122</td>
</tr>
<tr>
<td>PENDING</td>
<td>3604</td>
<td>3604</td>
</tr>
<tr>
<td>ALL INVESTIGATIONS AGING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UP TO 90 DAYS</td>
<td>615</td>
<td>615</td>
</tr>
<tr>
<td>91 TO 180 DAYS</td>
<td>64</td>
<td>64</td>
</tr>
<tr>
<td>181 DAYS TO 1 YEAR</td>
<td>75</td>
<td>75</td>
</tr>
<tr>
<td>1 TO 2 YEARS</td>
<td>75</td>
<td>75</td>
</tr>
<tr>
<td>2 TO 3 YEARS</td>
<td>17</td>
<td>17</td>
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<tr>
<td>OVER 3 YEARS</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>CLOSED W/O DISCIPLINE REFERRAL</td>
<td>JUL-13</td>
<td></td>
</tr>
<tr>
<td>CLOSED</td>
<td>704</td>
<td>704</td>
</tr>
<tr>
<td>AVERAGE DAYS TO CLOSE</td>
<td>83</td>
<td>83</td>
</tr>
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</table>
**ENFORCEMENT ACTIONS**

<table>
<thead>
<tr>
<th>Category</th>
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<th>YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>AG CASES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AG CASES INITIATED</td>
<td>110</td>
<td>2096</td>
</tr>
<tr>
<td>AG CASES PENDING</td>
<td>2096</td>
<td></td>
</tr>
<tr>
<td>SOI's/ACCUSATIONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOI's FILED</td>
<td>11</td>
<td>189</td>
</tr>
<tr>
<td>ACCUSATIONS FILED</td>
<td>189</td>
<td></td>
</tr>
<tr>
<td>SOI DECISIONS/STIPS</td>
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<td></td>
</tr>
<tr>
<td>PROP/DEFLT DECISIONS</td>
<td>5</td>
<td>5</td>
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<tr>
<td>STIPULATIONS</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>ACC DECISIONS/STIPS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PROP/DEFLT DECISIONS</td>
<td>61</td>
<td>45</td>
</tr>
<tr>
<td>STIPULATIONS</td>
<td>45</td>
<td></td>
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<tr>
<td>SOI DISCIPLINARY ORDERS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOI FINAL ORDERS (DEC/STIPS)</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>AVERAGE DAYS TO COMPLETE</td>
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<td>600</td>
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<tr>
<td>ACC DISCIPLINARY ORDERS</td>
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<td></td>
</tr>
<tr>
<td>ACC FINAL ORDERS (DEC/STIPS)</td>
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<td>106</td>
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<td>AVERAGE DAYS TO COMPLETE</td>
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<td>699</td>
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<tr>
<td>TOTAL DISCIPLINARY ORDERS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL FINAL ORDERS (DEC/STIPS)</td>
<td>118</td>
<td>118</td>
</tr>
<tr>
<td>TOTAL AVERAGE DAYS TO COMPLETE</td>
<td>689</td>
<td>689</td>
</tr>
<tr>
<td>TOTAL ORDERS AGING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UP TO 90 DAYS</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>91 TO 180 DAYS</td>
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<tr>
<td>181 DAYS TO 1 YEAR</td>
<td>15</td>
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<td>1 TO 2 YEARS</td>
<td>61</td>
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<tr>
<td>2 TO 3 YEARS</td>
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<tr>
<td>OVER 3 YEARS</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>SOI's WITHDWN DSMSSD DCLND</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOI's WITHDRAWN</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SOI's DISMISSED</td>
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<td>0</td>
</tr>
<tr>
<td>SOI's DECLINED</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>AVERAGE DAYS TO COMPLETE</td>
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</tr>
<tr>
<td>ACCUSATIONS WITHDWN DSMSSD DCLND</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACCUSATIONS WITHDRAWN</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>ACCUSATIONS DISMISSED</td>
<td>1</td>
<td>1</td>
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<tr>
<td>ACCUSATIONS DECLINED</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>AVERAGE DAYS TO COMPLETE</td>
<td>750</td>
<td>750</td>
</tr>
<tr>
<td>Category</td>
<td>JUL-13</td>
<td>YTD</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>--------</td>
<td>-----</td>
</tr>
<tr>
<td>NO DISCIPLINARY ACTION</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>CLOSED W/O DISCIPLINARY ACTION</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>AVERAGE DAYS TO COMPLETE</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CITATIONS</td>
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<td>FINAL CITATIONS</td>
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</tr>
<tr>
<td>AVERAGE DAYS TO COMPLETE</td>
<td>422</td>
<td>422</td>
</tr>
<tr>
<td>OTHER LEGAL ACTIONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>INTERIM SUSP ORDERS ISSUED</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>PC 23 ORDERS ISSUED</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>
## PERFORMANCE MEASURES

<table>
<thead>
<tr>
<th>PM1: COMPLAINTS VOLUME</th>
<th>JUL-13</th>
<th>YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>PM1: CONV/ARREST RPRTS VOLUME</td>
<td>184</td>
<td>104</td>
</tr>
<tr>
<td>PM2: CYCLE TIME-INTAKE</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>PM3: CYCLE TIME-NO DISCIPLINE</td>
<td>83</td>
<td>83</td>
</tr>
<tr>
<td>PM4: CYCLE TIME-DISCIPLINE</td>
<td>689</td>
<td>689</td>
</tr>
</tbody>
</table>

PM1: COMPLAINTS VOLUME - PM1: CONV/ARREST RPRTS VOLUME
Number of Complaints and Convictions/Arrest Orders Received within the specified time period.

PM2: CYCLE TIME-INTAKE
Average Number of Days to complete Complaint Intake during the specified time period.

PM3: CYCLE TIME-NO DISCIPLINE
Average Number of Days to complete Complaint Intake and Investigation steps of the Enforcement process for Closed Complaints not resulting in Formal Discipline during the specified time period.

PM4: CYCLE TIME-DISCIPLINE
Average Number of Days to complete the Enforcement process (Complaint Intake, Investigation, and Formal Discipline steps) for Cases Closed which had gone to the Formal Discipline step during the specified time period.
COMPLAINT INTAKE

<table>
<thead>
<tr>
<th></th>
<th>JUL-12</th>
<th>AUG-12</th>
<th>SEP-12</th>
<th>OCT-12</th>
<th>NOV-12</th>
<th>DEC-12</th>
<th>JAN-13</th>
<th>FEB-13</th>
<th>MAR-13</th>
<th>APR-13</th>
<th>MAY-13</th>
<th>JUN-13</th>
<th>YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMPLAINTS</td>
<td>158</td>
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## PERFORMANCE MEASURES

For the period of 07/01/2012 thru 06/30/2013.

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### PM1: COMPLAINTS VOLUME
Number of Complaints and Convictions/Arrest Orders Received within the specified time period.

### PM2: CYCLE TIME-INTAKE
Average Number of Days to complete Complaint Intake during the specified time period.

### PM3: CYCLE TIME-NO DISCIPLINE
Average Number of Days to complete Complaint Intake and Investigation steps of the Enforcement process for Closed Complaints not resulting in Formal Discipline during the specified time period.

### PM4: CYCLE TIME-DISCIPLINE
Average Number of Days to complete the Enforcement process (Complaint Intake, Investigation, and Formal Discipline steps) for Cases Closed which had gone to the Formal Discipline step during the specified time period.
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<td>1,026</td>
<td>776</td>
<td>1,372</td>
<td>208</td>
<td>2,496</td>
</tr>
<tr>
<td>Orders to Compel Examination (Sec. 820)</td>
<td>4</td>
<td>10</td>
<td>12</td>
<td>17</td>
<td>3</td>
<td>36</td>
</tr>
<tr>
<td>Interim Suspension Order</td>
<td>8</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>2</td>
<td>24</td>
</tr>
<tr>
<td>PC23</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>18</td>
<td>2</td>
<td>24</td>
</tr>
<tr>
<td>Applicant Disciplinary Actions:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) License Denied</td>
<td>27</td>
<td>55</td>
<td>72</td>
<td>90</td>
<td>7</td>
<td>84</td>
</tr>
<tr>
<td>(b) License Issued on Probation</td>
<td>9</td>
<td>14</td>
<td>43</td>
<td>83</td>
<td>7</td>
<td>84</td>
</tr>
<tr>
<td>Total, Applicant Discipline</td>
<td>36</td>
<td>69</td>
<td>115</td>
<td>173</td>
<td>14</td>
<td>168</td>
</tr>
<tr>
<td>Licensee Disciplinary Actions:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Revocation</td>
<td>243</td>
<td>273</td>
<td>227</td>
<td>304</td>
<td>57</td>
<td>684</td>
</tr>
<tr>
<td>(b) Probation</td>
<td>176</td>
<td>267</td>
<td>225</td>
<td>277</td>
<td>20</td>
<td>240</td>
</tr>
<tr>
<td>(c) Suspension/Probation</td>
<td>1</td>
<td>6</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(d) License Surrendered</td>
<td>92</td>
<td>155</td>
<td>128</td>
<td>167</td>
<td>23</td>
<td>276</td>
</tr>
<tr>
<td>(e) Public Reprimand/Reproval</td>
<td>12</td>
<td>37</td>
<td>79</td>
<td>81</td>
<td>6</td>
<td>72</td>
</tr>
<tr>
<td>(f) Decisions Other</td>
<td>2</td>
<td>5</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total, Licensee Discipline</td>
<td>526</td>
<td>743</td>
<td>665</td>
<td>832</td>
<td>106</td>
<td>1,272</td>
</tr>
<tr>
<td>Process Used for Discipline (licensees):</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Administrative Hearing</td>
<td>58</td>
<td>102</td>
<td>121</td>
<td>106</td>
<td>7</td>
<td>84</td>
</tr>
<tr>
<td>(b) Default Decision</td>
<td>206</td>
<td>217</td>
<td>183</td>
<td>251</td>
<td>54</td>
<td>648</td>
</tr>
<tr>
<td>(c) Stipulation</td>
<td>262</td>
<td>424</td>
<td>361</td>
<td>475</td>
<td>45</td>
<td>540</td>
</tr>
<tr>
<td>Total</td>
<td>526</td>
<td>743</td>
<td>665</td>
<td>832</td>
<td>106</td>
<td>1,272</td>
</tr>
</tbody>
</table>
9.4 **Diversion Program Update and Statistics**

Carol Stanford, Diversion Program Manager presented this report.

**Program Update**

On July 8, the Deputy Chief of Discipline, Probation and Diversion, Beth Scott, and the Diversion Program Manager, Carol Stanford, met with Michael Smith, the Chief of the Enforcement Unit for Emergency Medical Services Authority (EMSA). He was interested in obtaining information regarding the BRN’s Probation and Diversion Programs. We provided him with relevant information and direction to establish a Diversion Program and current information to strengthen their Probation Program. He was appreciative and indicates he will stay in contact with us as he may request educational presentations from us to further educate his co-workers and staff.

The Diversion Program Manager, Carol Stanford, and the Maximus Director, Virginia Matthews, are scheduled to provide educational presentations to hospitals and the SEIU Nursing association in August and October 2013. Additional updates will be provided at a later date.

The Diversion Program scheduled a Diversion Evaluation Committee Member orientation for new committee members and an upcoming Diversion Liaison Committee meeting. They will both take place in Los Angeles in October, 2013. Further information will be forthcoming.

At the next Board of Registered Nursing (BRN) meeting on September 11th, staff will set up an information table. We will provide BRN brochures regarding addiction and any upcoming information involving the BRN. It will also have a sign-up sheet for those interested in having BRN staff present educational information regarding the Diversion and Probation Programs.

**Contractor Update**

We are pleased to announce William (Bill) Frantz, RN, BSN, was hired to fill the vacant clinical case manager position. Bill has more than 30 years experience working with substance use disorders and psychiatric nursing. He volunteered for the Red Cross Mental Health Disaster Team providing post-hurricane disaster relief in the Caribbean and served as the Red Cross Mental Health Disaster Coordinator in Sonoma County for 6 years. We are pleased he has joined the Diversion Program team.

**Diversion Evaluation Committees (DEC)**

BRN staff has interviewed several individuals who applied for the Board’s Diversion Evaluation Committees. The names of these individuals and their applications are provided for your review and approval.

The BRN would like to acknowledge Frank Hall, who was recognized by the Wall Street Journal for being hired as the leading Director of Clinical Operations for EK Health.
Services, Inc., a prominent national worker’s compensation managed care company. The Wall Street Journal acknowledged his breadth of clinical experience and credentials and mentioned he was a member of the Diversion Evaluation Committee for the Board of Registered Nursing. Congratulations to Frank for his recognition.

The BRN recently lost one of its faithful DEC members, Sheila Messina who passed away on May 8, 2013. We want to give tribute to her and her family. She will be missed.

There are currently 7 vacancies at this time: four physicians, two RNs and one public member. Recruitment efforts continue to fill these vacancies.

**Statistics**

As of June 30, 2013, there were 1,779 successful completions. The Statistical Summary Report for April thru June and Fiscal Year 2012/2013 is as follows:
<table>
<thead>
<tr>
<th>Intakes Completed</th>
<th>Current Months</th>
<th>Year to Date (FY)</th>
<th>Program to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>19</td>
<td>210</td>
<td>4,664</td>
</tr>
</tbody>
</table>

**Intake Information**

<table>
<thead>
<tr>
<th>Gender</th>
<th>Current Months</th>
<th>Year to Date (FY)</th>
<th>Program to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>18</td>
<td>165</td>
<td>3,650</td>
</tr>
<tr>
<td>Male</td>
<td>1</td>
<td>45</td>
<td>987</td>
</tr>
<tr>
<td>Unknown</td>
<td>0</td>
<td>0</td>
<td>27</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Average Age</th>
<th>Current Months</th>
<th>Year to Date (FY)</th>
<th>Program to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>40-49</td>
<td>0</td>
<td>0</td>
<td>27</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Most Common Worksite</th>
<th>Current Months</th>
<th>Year to Date (FY)</th>
<th>Program to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>0</td>
<td>0</td>
<td>27</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Most Common Specialty</th>
<th>Current Months</th>
<th>Year to Date (FY)</th>
<th>Program to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital/Critical Care</td>
<td>0</td>
<td>0</td>
<td>27</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Most Common Substance Abused</th>
<th>Current Months</th>
<th>Year to Date (FY)</th>
<th>Program to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol/Demerol</td>
<td>0</td>
<td>0</td>
<td>27</td>
</tr>
</tbody>
</table>

**Presenting Problem at Intake**

<table>
<thead>
<tr>
<th>Presenting Problem at Intake</th>
<th>Current Months</th>
<th>Year to Date (FY)</th>
<th>Program to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Abuse (only)</td>
<td>12</td>
<td>103</td>
<td>2,979</td>
</tr>
<tr>
<td>Mental Illness (only)</td>
<td>0</td>
<td>6</td>
<td>153</td>
</tr>
<tr>
<td>Dual Diagnosis</td>
<td>5</td>
<td>94</td>
<td>1,478</td>
</tr>
<tr>
<td>Undetermined</td>
<td>2</td>
<td>7</td>
<td>54</td>
</tr>
</tbody>
</table>

**Referral Type**

<table>
<thead>
<tr>
<th>Referral Type</th>
<th>Current Months</th>
<th>Year to Date (FY)</th>
<th>Program to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board</td>
<td>16</td>
<td>176</td>
<td>3,380</td>
</tr>
<tr>
<td>Self</td>
<td>3</td>
<td>34</td>
<td>1,284</td>
</tr>
</tbody>
</table>

*May change after intake*

**Ethnicity (if Known) at Intake**

<table>
<thead>
<tr>
<th>Ethnicity (if Known) at Intake</th>
<th>Current Months</th>
<th>Year to Date (FY)</th>
<th>Program to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/Alaska Native</td>
<td>1</td>
<td>3</td>
<td>34</td>
</tr>
<tr>
<td>Asian/Asian Indian</td>
<td>1</td>
<td>10</td>
<td>102</td>
</tr>
<tr>
<td>African American</td>
<td>1</td>
<td>8</td>
<td>147</td>
</tr>
<tr>
<td>Hispanic</td>
<td>0</td>
<td>19</td>
<td>189</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>0</td>
<td>1</td>
<td>20</td>
</tr>
<tr>
<td>Caucasian</td>
<td>15</td>
<td>166</td>
<td>3,840</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>3</td>
<td>66</td>
</tr>
<tr>
<td>Not Reported</td>
<td>0</td>
<td>0</td>
<td>266</td>
</tr>
</tbody>
</table>

**Closures**

<table>
<thead>
<tr>
<th>Closures</th>
<th>Current Months</th>
<th>Year to Date (FY)</th>
<th>Program to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Successful Completion</td>
<td>7</td>
<td>110</td>
<td>1,779</td>
</tr>
<tr>
<td>Failure to Derive Benefit</td>
<td>0</td>
<td>2</td>
<td>117</td>
</tr>
<tr>
<td>Failure to Comply</td>
<td>1</td>
<td>11</td>
<td>949</td>
</tr>
<tr>
<td>Moved to Another State</td>
<td>0</td>
<td>1</td>
<td>52</td>
</tr>
<tr>
<td>Not Accepted by DEC</td>
<td>0</td>
<td>4</td>
<td>51</td>
</tr>
<tr>
<td>Voluntary Withdrawal Post-DEC</td>
<td>1</td>
<td>10</td>
<td>313</td>
</tr>
<tr>
<td>Voluntary Withdrawal Pre-DEC</td>
<td>1</td>
<td>19</td>
<td>462</td>
</tr>
<tr>
<td>Closed Public Risk</td>
<td>0</td>
<td>23</td>
<td>269</td>
</tr>
<tr>
<td>No Longer Eligible</td>
<td>0</td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td>Clinically Inappropriate</td>
<td>0</td>
<td>7</td>
<td>19</td>
</tr>
<tr>
<td>Client Expired</td>
<td>0</td>
<td>0</td>
<td>38</td>
</tr>
<tr>
<td>Sent to Board Pre-DEC</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

TOTAL CLOSURES: 10

**Number of Participants:** 474 (as of June 30, 2013)
No public comment and no motion required.

9.4.1 Diversion Evaluation Committee Members
Carol Stanford, Diversion Program Manager presented this report.

In accordance with B & P Code Section 2770.2, the Board of Registered Nursing is responsible for appointing persons to serve on the Diversion Evaluation Committees. Each Committee for the Diversion Program is composed of three registered nurses, a physician and a public member with expertise in substance use disorders and/or mental health.

APPOINTMENTS
Below are the names of candidates who are being recommended for appointment to the Diversion Evaluation Committees (DEC). Their applications and résumés are attached. If appointed, their terms will expire June 30, 2017.

<table>
<thead>
<tr>
<th>NAME</th>
<th>TITLE</th>
<th>DEC</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Davida Coady</td>
<td>Physician</td>
<td>North Coast</td>
<td>11</td>
</tr>
<tr>
<td>Sandra Johnson</td>
<td>Physician</td>
<td>Sacramento</td>
<td>1</td>
</tr>
<tr>
<td>Pamela Moore</td>
<td>Nurse</td>
<td>San Jose</td>
<td>7</td>
</tr>
<tr>
<td>Katherine Walker</td>
<td>Public Member</td>
<td>San Jose</td>
<td>7</td>
</tr>
<tr>
<td>Gaye Wilson</td>
<td>Nurse</td>
<td>North Coast</td>
<td>11</td>
</tr>
</tbody>
</table>

RESIGNATION

Below is a Diversion Evaluation Committee Member who resigned for personal reasons.

<table>
<thead>
<tr>
<th>NAME</th>
<th>TITLE</th>
<th>DEC</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joan Taylor</td>
<td>RN</td>
<td>San Jose</td>
<td>7</td>
</tr>
</tbody>
</table>

No public comment.

MSC: Mallel/Phillips to approve the Diversion Evaluation Committee Member appointments. 7/0/0

9.5 Proposed Amendments - Enforcement-Regulation Proposals
Stacie Berumen, Assistant Executive Officer presented this report.

- California Code of Regulations, Article 1, Section 1403, Delegation of Certain Functions
- California Code of Regulations, Article 4, Section 1441, Unprofessional Conduct
- California Code of Regulations, Article 4, Section 1444.5, Disciplinary Guidelines

SUBJECT: Enforcement Regulations - Update and Staff Recommendations

The public hearing was held September 9th and there was no public testimony.

Public Comments: Three written responses were received. Following is a summary of the responses and proposed Board responses.

1. Denise Brown, Director, Department of Consumer Affairs (DCA) - The proposed regulations do not go far enough in adopting all of the regulatory changes that DCA
recommended to improve the enforcement and consumer protection capabilities of the healing arts boards.

Proposed Response: No specific changes were recommended; therefore, no response is required. However, the Board appreciates the comments and will continue to work with DCA to strengthen its enforcement and consumer protection capabilities. This include adoption of regulations that the Board determines are consistent with its public protection mandate and that conform to the Administrative Procedure Act standards.

2. United Nurses Association of California and American Federation of State, County and Municipal Employees joint letter.

Section 1403 – Delegation of Certain Functions – The organizations support the proposed amendment, which delegates to the Executive Officer (EO) the authority to approve voluntary settlement agreements for revocation, surrender, or interim suspension of a registered nurse’s license.

Section 1441 – Unprofessional Conduct – Defines specified actions as unprofessional conduct.

(a) Failure to provide the Board with lawfully requested records that are under the licensee’s control. Oppose the proposed regulation. The term “lawfully requested” is vague and subjective. The Board could take action against the registered nurse who refuses to produce records otherwise protected by the registered nurse’s privacy rights. The proposed change may be subject to constitutional challenge, if discipline is imposed based on a registered nurse’s refusal to voluntarily produce protected information.

Proposed Response: Reject the comment. The proposed language is clear and specific: only “lawfully requested documents under the control of the registered nurse” must be produced. (Emphasis added.) If the documents are protected from disclosure by privacy right laws or any other law, the registered nurse cannot be compelled to produce them. The registered nurse does have the right to pursue a constitutional challenge, if discipline is imposed on the basis of failure to produce documents; however, it is highly unlikely the registered nurse would prevail because the documents would have been “lawfully requested.”

(b) Failure to cooperate and participate in a Board investigation. Oppose the proposed regulation. The language “failure to cooperate and participate” is vague and the regulation could be used to impose discipline against a registered nurse who does not comply with any request, even if the request is not reasonable or the registered nurse has a reasonable basis for failure to immediately cooperate or participate. The registered nurse will have to choose between voluntarily waiving her or his privacy rights and Board discipline. In some instances where the registered nurse may be facing criminal liability, the proposed amendment could lead to discipline if the registered nurse chooses to assert her or his Fifth Amendment right against self-incrimination. The organizations recommended that the proposed regulation be limited to the repeated failure to attend an interview with the Board during the course of an investigation.
Proposed Response: Reject the comment. The proposed language is specific and clearly provides for the protection of the registered nurse’s rights, and reads in pertinent part: “This subsection shall not be construed to deprive a licensee of any privilege guaranteed by the Fifth Amendment to the Constitution of the United States, or any other constitutional or statutory privileges. This subsection shall not be construed to require a licensee to cooperate with a request that would require the licensee to waive any constitutional or statutory privilege or to comply with a request for information or other matters within an unreasonable period of time in light of the time constraints of the licensee's practice. Any exercise by a licensee of any constitutional or statutory privilege shall not be used against the licensee in a regulatory or disciplinary proceeding against the licensee.”

(c) Failure to report to the Board felony or misdemeanor convictions or disciplinary action by another licensing entity. The organizations recommended that the timeframe within which the conviction or discipline must be reported be specified. Additionally, there should be a timeframe between adoption of the regulation and its effective date, so that registered nurses are provided an opportunity of learn about the regulation.

Proposed Response: Reject the comment. The proposed regulation specifies that the registered nurse must notify the Board within 30 days of the action. The Board has posted information about the regulatory proposal, which has been in process for over two years, on its website and will update the website to reflect the effective date, if approved.

Section 1444.5 Disciplinary Guidelines to require administrative law judge to render a proposed decision of license revocation, without staying the revocation, in cases involving specified sexual conduct - The organizations contend that every case is factually distinct and the degree of sexual contact varies; each case should be evaluated on its own basis. It is not reasonable or appropriate to impose a predetermined disciplinary action, particularly the most severe in every case.

Proposed Response: Reject the comment. The proposed amendment requires the administrative law judge to render a proposed decision of license revocation, without staying the revocation, if there is a finding of fact that the registered nurse has committed specified sexual conduct. It is the responsibility of the 9-member Board to decide what disciplinary action will actually be imposed. The Board retains the right to modify the proposed decision based on the underlying facts in the case.

3. Elliot Hochberg

Section 1403 – Delegation of Certain Function to Executive Officer – Concurs that the proposal to delegate the function of approval of specified stipulated settlements to the EO may shorten the disciplinary process, but believes the workload may be too challenging for a single person given that there are many factors that must be considered when approving a stipulated settlement. Additionally, the rationale implies that the registered nurse always admits to all charges, which is not always the case. He also sought clarification on the proposed regulation and the existing practice of the EO signing stipulated surrenders for registered nurses on Board-ordered probation.

Proposed Response: Reject the comments. The Board has determined that the task is manageable by EO. In the unlikely event that this determination is inaccurate, there is
nothing that precludes the EO from informing the Board, which would then take appropriate action including resuming all or a portion of the function itself.

The rationale provided in the Initial Statement of Reasons states that the registered nurse admits specific charges and agrees to the proposed stipulated settlement. If the registered nurse does not agree with the specified charges, he or she has the right to request an amendment or to refuse to agree to the proposed settlement. The regulatory proposal only addresses proposed stipulated settlements in which the registered nurse voluntarily admits the charges and agrees to the stipulated settlement.

The proposed regulation does not apply to registered nurses on Board-ordered probation who choose to voluntarily surrender their licenses. As indicated, the Board has already rendered a decision in the matter, placing the registered nurse on probation with specified conditions. The conditions address the registered nurse's decision to voluntarily surrender his or her license; the EO is accepting, not approving, the voluntary surrender pursuant to the conditions of the probation.

Section 1444.5 Disciplinary Guideline – The commenter believes the most effective way to protect the public from sexual offenders is to bar them from licensure; notes that the Nursing Practice Act has such a bar for petitioners and that other state boards, in California and other states, have various bars; and believes, if the intent is to reduce the length of time to impose discipline, the proposal may do just the opposite.

Proposed Response: The Board’s position is that in the overwhelming majority (99%) of cases involving sexual offenders the most appropriate decision is license revocation. The position is clearly evidenced by the proposed regulation, which requires the ALJ to issue a proposed order revoking licensure, without a stay, in all such cases. However, the Board also acknowledges that there may instances where the underlying basis of the case do not substantiate revocation of license as necessary to protect consumers; the Board wishes to maintain its discretionary authority in these cases.

An individual is prohibited from petitioning the Board for reinstatement of his or her registered nurse license if he or she is under sentence for any criminal offense or subject to an order to register as a sex offender pursuant to Section 290 of the Penal Code. However, a petitioner’s situation is not comparable to the registered nurse who is the subject of the proposed regulation. In the case of the petitioner, the Board has already determined that the petitioner posed a threat to consumers and license revocation was determined to be the appropriate disciplinary action. The onus is on the petitioner to demonstrate rehabilitation and that he or she no longer poses a threat; on-going issues with the criminal justice system or requirement to register as a sex offender are indicators of lack of rehabilitation. In the proposed regulations, the Board, based on the facts in the matter, will make a determination of the appropriate disciplinary action.

If the Board renders a decision revoking the license, the registered nurse may appeal the decision; such action will lengthen the disciplinary process. However, the Board believes that it is more acceptable to potentially lengthen the disciplinary process in a case where its decision is appealed than to codify a process that may unjustly result in license revocation.

No public comment.
MSC: Phillips/Mallei that the Board adopt the DDC recommendations to reject the proposed comments and proceed with finalization of the final rulemaking file; and to delegate authority to the Executive Officer to complete the rulemaking file for submission to OAL and to make non-substantive changes as necessary. 7/0/0

9.6 Proposed Amendment, Title 16, California Code of Regulations, Article 1, Section 1419 (c) Reporting of Convictions for Initial Licensure and Renewal of License

Ronnie Whitaker, Legislative and Regulatory Analyst presented this report.

At its April 2013 meeting, the Board directed staff to promulgate a regulatory proposal increasing the amount of reportable traffic infractions that license renewal applicants must report. Currently, applicants are required to report traffic infractions under $300 that do not involve alcohol, dangerous drugs, or a controlled substance. The proposed amendment increases the amount from $300 to $1000. The regulatory proposal was submitted to the Office of Administrative Law (OAL) on May 31, 2013, and the public comment period ended July 29, 2013; no public hearing was scheduled. Three written comments were received; two supported the proposal. The third individual sees the proposal as worthwhile, but believes that the reporting threshold should be uniform within the Department of Consumer Affairs. Since there are two nursing boards in this state, the reporting requirements for license renewal should be identical for these two boards.

DDC makes the following recommendations relative to the regulatory proposal:

1. Reject the comment related to uniformity of the reportable traffic infractions. In 2008, this Board and a number of other boards, e.g. dental, medical, pharmacy, licensed vocational nurse, etc., adopted the same or similar regulatory language and set the threshold at $300. The Board of Psychology adopted a regulation in 2011 setting the reportable level at $500. Regardless of level set by other boards, this Board has determined that the appropriate reporting level is $1000 and identified three specific benefits of raising the level: 1) decreases burden for license renewal applicants, who will no longer be required to report traffic violations that would not be grounds for license discipline, 2) increases Board effectiveness and efficiency by decreasing the number of renewals requiring special handling, and 3) enhances consumer protection by permitting staff to focus on other enforcement-related activities, including ongoing backlogs.

2. Delegate authority to the Executive Officer to complete the rulemaking file for submission to OAL and to make non-substantive changes as necessary.

No public comment.

MSC: Jackson/Phillips to adopt Proposed Amendment, title 16, California Code of Regulations, Article 1, Section 1419 (c) - Reporting of Convictions for Initial Licensure and Renewal of License. 7/0/0

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10.0 Report of the Nursing Practice Committee
Trande Phillips, RN, Chairperson

10.1 Approve/not approve: Update Conscious Sedation/Moderate Sedation
Janette Wackerly, Supervising NEC presented this report.

The advisory statement "Conscious Sedation" is updated in terminology to include "Moderate Sedation." Sedation and analgesia are administered to patients to relieve the pain, discomfort, and anxiety associated with diagnostic or therapeutic procedures.

The authority for RNs to administer medication is derived from the Nursing Practice Act Section 2525 (b)(2) Direct and indirect patient care services, including but not limited to, the administration of medications and therapeutic agents, necessary to implement a treatment, disease prevention, or rehabilitative regimen ordered by and within the scope of licensure of a physician, dentist, podiatrist, or clinical psychologist, as defined in 1316.5 of the Health and Safety Code.

The Conscious Sedation/Moderate Sedation advisory content continues alignment to demonstrate that the RN is knowledgeable of the essential components of the process so that the patient experience is optimized while risks to patient safety are minimized.

CONSCIOUS SEDATION/MODERATE SEDATION

It is within the scope of practice of registered nurses to administer medications for the purpose of induction of conscious sedation for short-term therapeutic, diagnostic or surgical procedures.

Authority for RNs to administer medication derives from Section 2725(b)(2) of the Nursing Practice Act (NPA). This section places no limits on the type of medication or route of administration; there is only a requirement that the drug be ordered by one lawfully authorized to prescribe. Other relevant sections of the NPA do impose additional requirements. Specifically, the registered nurse must be competent to perform the function, and the function must be performed in a manner consistent with the standard of practice. [Business and Professions Code 2761(a)(1); California Code of Regulations 1442, 1443, 1443.5.]

In administering medications to induce conscious sedation, the RN is required to have the same knowledge and skills as for any other medication the nurse administers. This knowledge base includes but is not limited to: effects of medication; potential side effects of the medication; contraindications for the administration of the medication; the amount of the medication to be administered. The requisite skills include the ability to: competently and safely administer the medication by the specified route; anticipate and recognize potential complications of the medication; recognize emergency situations and institute emergency procedures. Thus the RN would be held accountable for knowledge of the medication, and for ensuring that the proper safety measures are followed. As of 1995, safety considerations for conscious sedation include continuous monitoring of oxygen saturation, cardiac rate and rhythm, blood pressure, respiratory rate, and level of consciousness, as specified in national
guidelines or standards. Immediate availability of an emergency cart which contains resuscitative and antagonist medications, airway and ventilatory adjunct equipment, defibrillator, suction, and a source for administration of 100% oxygen are commonly included in national standards for inducing conscious sedation. National guidelines for administering conscious sedation should be consulted in establishing agency policies and procedures.

The registered nurse administering agents to render conscious sedation would conduct a nursing assessment to determine that administration of the drug is in the patient's best interest. The RN would also ensure that all safety measures are in force, including back-up personnel skilled and trained in airway management, resuscitation, and emergency intubation, should complications occur. RNs managing the care of patients receiving conscious sedation shall not leave the patient unattended or engage in tasks that would compromise continuous monitoring of the patient by the registered nurse. Registered nurse functions as described in this policy may not be assigned to unlicensed assistive personnel.

The RN is held accountable for any act of nursing provided to a client. The RN has the right and obligation to act as the client's advocate by refusing to administer or continue to administer any medication not in the client's best interest. The institution should have in place a process for evaluating and documenting the RNs demonstration of the knowledge, skills, and abilities for the management of clients receiving agents to render conscious sedation. Evaluation and documentation of competency should occur on a periodic basis.

Certified registered nurse anesthetists (CRNAs) by virtue of advanced education and practice in their area of specialty have met requirements to administer safely the class of drugs in question.

**CONSCIOUS SEDATION**

It is within the scope of practice of registered nurses to administer medications for the purpose of induction of conscious sedation for short-term therapeutic, diagnostic or surgical procedures.

Authority for RNs to administer medication derives from Section 2725(b)(2) of the Nursing Practice Act (NPA). This section places no limits on the type of medication or route of administration; there is only a requirement that the drug be ordered by one lawfully authorized to prescribe. Other relevant sections of the NPA do impose additional requirements. Specifically, the registered nurse must be competent to perform the function, and the function must be performed in a manner consistent with the standard of practice. [Business and Professions Code 2761(a)(1); California Code of Regulations 1442, 1443, 1443.5.]

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The RN is held accountable for any act of nursing provided to a client. The RN has the right and obligation to act as the client’s advocate by refusing to administer or continue to administer any medication not in the client’s best interest; this includes medications which would render the client's level of sedation to deep sedation and/or loss of consciousness. The institution should have in place a process for evaluating and documenting the RNs demonstration of the knowledge, skills, and abilities for the management of clients receiving agents to render conscious sedation. Evaluation and documentation of competency should occur on a periodic basis.

Certified registered nurse anesthetists (CRNAs) by virtue of advanced education and practice in their area of specialty have met requirements to administer safely the class of drugs in question.

ADDENDUM

CONSCIOUS SEDATION

As of 1995, safety considerations for conscious sedation include continuous monitoring of oxygen saturation, cardiac rate and rhythm, blood pressure, respiratory rate, and level of consciousness, as specified in national guidelines or standards. Immediate availability of an emergency cart which contains resuscitative and antagonist medications, airway and ventilatory adjunct equipment, defibrillator, suction, and a source for administration of 100% oxygen are commonly included in national standards for inducing conscious sedation.

RESOURCES:


➢ "Position Statement on the Role of the Registered Nurse in the Management of Patients Receiving IV Conscious Sedation for Short-Term Therapeutic, Diagnostic, or Surgical Procedures" (endorsed by 23 professional associations).
Public comments:

Kelly Green, CNA
Gayle Sarlatte, RN, BSN, ORNCC (The Operating Room Nursing Council of California)
Trisha Hunter, ANA/C
Jeannie King, One to one, RN, SEIU

MSC: Jackson/Klein to approve Update Conscious Sedation/Moderate Sedation. 7/0/0

10.2 Approve/not Approve: Update to Nurse Practitioner Laws and Regulation, Furnishing
2836.1 Changes 2836.1 (g) (1) (2)

Effective January 1, 2013 (Stats 2012 Ch. 796 SB 1524) removed the 520 hour requirement for physician supervision to furnish drugs and devices by nurse practitioner applicants for a furnishing number.

2836.1 (g)(1) The board has certified in accordance with Section 2836.3 that the nurse practitioner has satisfactorily completed a course in pharmacology covering the drugs and devices to be furnished or ordered under this section.

2836.1 (g)(2) A physician and surgeon may determine the extent of supervision necessary pursuant to this section in the furnishing or ordering of drugs and devices.

BUSINESS AND PROFESSIONS CODE

NURSE PRACTITIONERS: LAWS & REGULATIONS

Division 2. Healing Arts; Chapter 6. Nursing; Article 8. Nurse Practitioners

2834. Legislative Findings
The Legislature finds that various and conflicting definitions of the nurse practitioner are being created by state agencies and private organizations within California. The Legislature also finds that the public is harmed by conflicting usage of the title of nurse practitioner and lack of correspondence between use of the title and qualifications of the registered nurse using the title. Therefore, the Legislature finds the public interest served by determination of the legitimate use of the title "nurse practitioner" by registered nurses.

(Added by Stats. 1977, c. 439, p. 1475, § 2.)
2835. Necessity to Be Licensed and Meet Board Standards
No person shall advertise or hold himself out as a "nurse practitioner" who is not a nurse licensed under this chapter and does not, in addition, meet the standards for a nurse practitioner established by the board.

(Added by Stats. 1977, c. 439, p. 1475, § 2.)

2835.5. Submission of Information and Credentials for Determination of Qualification for Use of Title; Certificate; Application of Section
(a) A registered nurse who is holding himself or herself out as a nurse practitioner or who desires to hold himself or herself out as a nurse practitioner shall, within the time prescribed by the board and prior to his or her next license renewal or the issuance of an initial license, submit educational, experience, and other credentials and information as the board may require for it to determine that the person qualifies to use the title "nurse practitioner," pursuant to the standards and qualifications established by the board.

(b) Upon finding that a person is qualified to hold himself or herself out as a nurse practitioner, the board shall appropriately indicate on the license issued or renewed, that the person is qualified to use the title "nurse practitioner." The board shall also issue to each qualified person a certificate evidencing that the person is qualified to use the title "nurse practitioner."

(c) A person who has been found to be qualified by the board to use the title "nurse practitioner" prior to the effective date of this section, shall not be required to submit any further qualifications or information to the board and shall be deemed to have met the requirements of this section.

(d) On and after January 1, 2008, an applicant for initial qualification or certification as a nurse practitioner under this article who has not been qualified or certified as a nurse practitioner in California or any other state shall meet the following requirements:

(1) Hold a valid and active registered nursing license issued under this chapter.

(2) Possess a master's degree in nursing, a master's degree in a clinical field related to nursing, or a graduate degree in nursing.

(3) Satisfactorily complete a nurse practitioner program approved by the board.

2835.7. Authorized Standardized Procedures
(a) Notwithstanding any other provision of law, in addition to any other practices that meet the general criteria set forth in statute of regulation for inclusion in standardized procedures developed through collaborating among administrators and health professionals, including physicians and surgeons and nurses, pursuant to Section 2725, standardized procedures may be implemented that authorize a nurse practitioner to do any of the following:

(1) Order durable medical equipment, subject to any limitations set forth in the standardized procedures. Notwithstanding that authority, nothing in this paragraph shall operate to limit the ability of a third-party payer to require prior approval.
(2) After performance of a physical examination by the nurse practitioner and collaboration with a physician and surgeon, certify disability pursuant to Section 2708 of the Unemployment Insurance Code.

(3) For individuals receiving home health services or personal care services, after consultation with the treating physician and surgeon, approve, sign, modify, or add to a plan of treatment or plan of care.

(b) Nothing in this section shall be construed to affect the validity of any standardized procedures in effect prior to the enactment of this section or those adopted subsequent to enactment.

2836. Establishment of Categories and Standards; Consultations
(a) The board shall establish categories of nurse practitioners and standards for nurses to hold themselves out as nurse practitioners in each category. Such standards shall take into account the types of advanced levels of nursing practice which are or may be performed and the clinical and didactic education, experience, or both needed to practice safely at those levels. In setting such standards, the board shall consult with nurse practitioners, physicians and surgeons with expertise in the nurse practitioner field, and health care organizations utilizing nurse practitioners. Established standards shall apply to persons without regard to the date of meeting such standards. If the board sets standards for use of nurse practitioner titles which include completion of an academically affiliated program, it shall provide equivalent standards for registered nurses who have not completed such a program.

(b) Any regulations promulgated by a state department that affect the scope of practice of a nurse practitioner shall be developed in consultation with the board.

2836.1. Furnishing Drugs or Devices
Neither this chapter nor any other provision of law shall be construed to prohibit a nurse practitioner from furnishing or ordering drugs or devices when all of the following apply:

(a) The drugs or devices are furnished or ordered by a nurse practitioner in accordance with standardized procedures or protocols developed by the nurse practitioner and the supervising physician and surgeon when the drugs or devices furnished or ordered are consistent with the practitioner's educational preparation or for which clinical competency has been established and maintained.

(b) The nurse practitioner is functioning pursuant to standardized procedure, as defined by Section 2725, or protocol. The standardized procedure or protocol shall be developed and approved by the supervising physician and surgeon, the nurse practitioner, and the facility administrator or the designee.

(c) (1) The standardized procedure or protocol covering the furnishing of drugs or devices shall specify which nurse practitioners may furnish or order drugs or devices, which drugs or devices may be furnished or ordered, under what circumstances, the extent of physician and surgeon supervision, the method of periodic review of the nurse practitioner's competence, including peer review, and review of the provisions of the standardized procedure.
(2) In addition to the requirements in paragraph (1), for Schedule II controlled substance protocols, the provision for furnishing Schedule II controlled substances shall address the diagnosis of the illness, injury, or condition for which the Schedule II controlled substance is to be furnished.

(d) The furnishing or ordering of drugs or devices by a nurse practitioner occurs under physician and surgeon supervision. Physician and surgeon supervision shall not be construed to require the physical presence of the physician, but does include (1) collaboration on the development of the standardized procedure, (2) approval of the standardized procedure, and (3) availability by telephonic contact at the time of patient examination by the nurse practitioner.

(e) For purposes of this section, no physician and surgeon shall supervise more than four nurse practitioners at one time.

(f) (1) Drugs or devices furnished or ordered by a nurse practitioner may include Schedule II through Schedule V controlled substances under the California Uniform Controlled Substances Act (Division 10 (commencing with Section 11000) of the Health and Safety Code) and shall be further limited to those drugs agreed upon by the nurse practitioner and physician and surgeon and specified in the standardized procedure.

(2) When Schedule II or III controlled substances, as defined in Sections 11055 and 11056, respectively, of the Health and Safety Code, are furnished or ordered by a nurse practitioner, the controlled substances shall be furnished or ordered in accordance with a patient-specific protocol approved by the treating or supervising physician. A copy of the section of the nurse practitioner's standardized procedure relating to controlled substances shall be provided, upon request, to any licensed pharmacist who dispenses drugs or devices, when there is uncertainty about the nurse practitioner furnishing the order.

(g)(1) The board has certified in accordance with Section 2836.3 that the nurse practitioner has satisfactorily completed a course in pharmacology covering the drugs or devices to be furnished or ordered in this section.

(2) A physician and surgeon may determine the extent of supervision necessary pursuant to this section in the furnishing or ordering of drugs and devices.

(3) Nurse practitioners who are certified by the board and hold an active furnishing number, who are authorized through standardized procedures or protocols to furnish Schedule II controlled substances, and who are registered with the United States Drug Enforcement Administration, shall complete, as part of their continuing education requirements, a course including Schedule II controlled substances based on the standards developed by the board. The board shall establish the requirements for satisfactory completion of this subdivision.

(h) Use of the term "furnishing" in this section, in health facilities defined in Section 1250 of the Health and Safety Code, shall include (1) the ordering of a drug or device in accordance with the standardized procedure and (2) transmitting an order of a supervising physician and surgeon.
"Drug order" or "order" for purposes of this section means an order for medication which is dispensed to or for an ultimate user, issued by a nurse practitioner as an individual practitioner, within the meaning of Section 1306.02 of Title 21 of the Code of Federal Regulations. Notwithstanding any other provision of law, (1) a drug order issued pursuant to this section shall be treated in the same manner as a prescription of the supervising physician; (2) all references to "prescription" in this code and the Health and Safety Code shall include drug orders issued by nurse practitioners; and (3) the signature of a nurse practitioner on a drug order issued in accordance with this section shall be deemed to be the signature of a prescriber for purposes of this code and the Health and Safety Code.

2836.2. Furnishing of Drugs or Devices Defined
Furnishing or ordering of drugs or devices by nurse practitioners is defined to mean the act of making a pharmaceutical agent or agents available to the patient in strict accordance with a standardized procedure. All nurse practitioners who are authorized pursuant to Section 2831.1 to furnish or issue drug orders for controlled substances shall register with the United States Drug Enforcement Administration.

2725.1 Dispensing Drugs or Devices; Registered Nurses; Limitations
(a) Notwithstanding any other provision of law, a registered nurse may dispense drugs or devices upon an order by a licensed physician and surgeon if the nurse is functioning within a licensed clinic as defined in paragraphs (1) and (2) of subdivision (a) of Section 1204 of, or within a clinic as defined in subdivision (b) or (c) of Section 1206, of the Health and Safety Code.

(b) No clinic shall employ a registered nurse to perform dispensing duties exclusively. No registered nurse shall dispense drugs in a pharmacy, keep a pharmacy, open shop, or drugstore for the retailing of drugs or poisons. No registered nurse shall compound drugs. Dispensing of drugs by a registered nurse, except a certified nurse-midwife who functions pursuant to a standardized procedure or protocol described in Section 2746.51 or a nurse practitioner who functions pursuant to a standardized procedure described in Section 2836.1, or protocol, shall not include substances included in the California Uniform Controlled Substances Act (Division 10 (commencing with Section 11000) of the Health and Safety Code). Nothing in this section shall exempt a clinic from the provisions of Article 13 (commencing with Section 4180) of Chapter 9.

2836.3. Issuance of Numbers to Nurse Applicants; Fees; Renewal
(a) The furnishing of drugs or devices by nurse practitioners is conditional on issuance by the board of a number to the nurse applicant who has successfully completed the requirements of subdivision (g) of Section 2836.1. The number shall be included on all transmittals of orders for drugs or devices by the nurse practitioner. The board shall make the list of numbers issued available to the Board of Pharmacy. The board may charge the applicant a fee to cover all necessary costs to implement this section.

(b) The number shall be renewable at the time of the applicant's registered nurse license renewal.
(c) The board may revoke, suspend, or deny issuance of the numbers for incompetence or gross negligence in the performance of functions specified in Sections 2836.1 and 2836.2.

(Added by Stats. 1986, c. 493, § 4.)

2837. Construction of Article
Nothing in this article shall be construed to limit the current scope of practice of a registered nurse authorized pursuant to this chapter.
(Added by Stats. 1977, c. 439, p. 1475, § 2.)

BUSINESS AND PROFESSIONS CODE

PHARMACY LAW PERTAINING TO NURSE PRACTITIONERS

Division 2. Healing Arts: Chapter 9. Pharmacy

Amendments January 1, 2003

4040. Pharmacy Law Requirements

(a) "Prescription" means an oral, written, or electronic transmission order that is both of the following:

(1) Given individually for the person or persons for whom ordered that includes all of the following:

(A) The name or names and address of the patient or patients.

(B) The name and quantity of the drug or device prescribed and the directions for use.

(C) The date of issue.

(D) Either rubber stamped, typed, or printed by hand or typeset, the name, address, and telephone number of the prescriber, his or her license classification, and his or her federal registry number, if a controlled substance is prescribed.

(E) A legible, clear notice of the condition for which the drug is being prescribed, if requested by the patient or patients.

(F) If in writing, signed by the prescriber issuing the order, or the certified nurse-midwife, nurse practitioner, or physician assistant who issues a drug order pursuant to Section 2746.51, 2836.1, or 3502.1.

(2) Issued by a physician, dentist, optometrist, podiatrist, or veterinarian or, if a drug order is issued pursuant to Section 2746.51, 2836.1, or 3502.1, by a certified nurse-midwife, nurse practitioner, or physician assistant licensed in this state.
(b) Notwithstanding subdivision (a), a written order of the prescriber for a dangerous drug, except for any Schedule II controlled substance, that contains at least the name and signature of the prescriber, the name and address of the patient in a manner consistent with paragraph (3) of subdivision (b) of Section 11164 of the Health and Safety Code, the name and quantity of the drug prescribed, directions for use, and the date of issue may be treated as a prescription by the dispensing pharmacist as long as any additional information required by subdivision (a) is readily retrievable in the pharmacy. In the event of a conflict between this subdivision and Section 11164 of the Health and Safety Code, Section 11164 of the Health and Safety Code shall prevail.

(c) "Electronic transmission prescription" includes both image and data prescriptions. "Electronic image transmission prescription" means any prescription order for which a facsimile of the order is received by a pharmacy from a licensed prescriber. "Electronic data transmission prescription" means any prescription order, other than an electronic image transmission prescription, that is electronically transmitted from a licensed prescriber to a pharmacy.

(d) The use of commonly used abbreviations shall not invalidate an otherwise valid prescription.

(e) Nothing in the amendments made to this section (formerly Section 4036) at the 1969 Regular Session of the Legislature shall be construed as expanding or limiting the right that a chiropractor, while acting within the scope of his or her license, may have to prescribe a device.

4060. Controlled Substances
No person shall possess any controlled substance, except that furnished to a person upon the prescription of a physician, dentist, podiatrist, or veterinarian, or furnished pursuant to a drug order issued by a certified nurse-midwife pursuant to Section 2746.51, a nurse practitioner pursuant to Section 2836.1, or a physician assistant pursuant to Section 3502.1. This section shall not apply to the possession of any controlled substance by a manufacturer, wholesaler, pharmacy, physician, podiatrist, dentist, veterinarian, certified nurse-midwife, nurse practitioner, or physician assistant, when in stock in containers correctly labeled with the name and address of the supplier or producer. Nothing in this section authorizes a certified nurse-midwife, a nurse practitioner, or a physician assistant to order his or her own stock of dangerous drugs and devices.

4061. Request and Receipt Complimentary Sample
(a) No manufacturer's sales representative shall distribute any dangerous drug or dangerous device as a complimentary sample without the written request of a physician, dentist, podiatrist, or veterinarian. However, a certified nurse-midwife who functions pursuant to a standardized procedure or protocol described in Section 2746.51, a nurse practitioner pursuant to Section 2836.1, or, or a physician assistant pursuant to a protocol described in Section 3502.1, may sign for the request and receipt of complimentary samples of a dangerous drug or dangerous device that has been identified in the standardized procedure, protocol, or practice agreement. Standardized procedures, protocols, and practice agreements shall include specific approval by a physician. A review process, consistent with the requirements of Section 2725 or 3502.1, of the
complimentary samples requested and received by a nurse practitioner, certified nurse-midwife, or physician assistant shall be defined within the standardized procedure, protocol, or practice agreement.

(b) Each written request shall contain the names and addresses of the supplier and the requester, the name and quantity of the specific dangerous drug desired, the name of the certified nurse-midwife, nurse practitioner, or physician assistant, if applicable, receiving the samples pursuant to this section, the date of receipt, and the name and quantity of the dangerous drugs or dangerous devices provided. These records shall be preserved by the supplier with the records required by Section 4059.

(c) Nothing in this section is intended to expand the scope of practice of a certified nurse-midwife, nurse practitioner, or physician assistant.

Notwithstanding any other provision of law, a pharmacist may dispense drugs or devices upon the drug order of a nurse practitioner functioning pursuant to Section 2836.1 or a certified nurse-midwife functioning pursuant to Section 2746.51, a drug order of a physician assistant functioning pursuant to Section 3502.1, or the order of a pharmacist acting under Section 4052.

HEALTH AND SAFETY CODE

AMENDED TO INCLUDE NURSE PRACTITIONERS

11026. "Practitioner" means any of the following:
(a) A physician, dentist, veterinarian, podiatrist, or pharmacist acting within the scope of a project authorized under Article 1 (commencing with Section 128125) of Chapter 3 of Part 3 of Division 107, a registered nurse acting within the scope of a project authorized under Article 1 (commencing with Section 128125) of Chapter 3 of Part 3 of Division 107, a certified nurse-midwife acting within the scope of Section 2746.51 of the Business and Professions Code, a nurse practitioner acting within the scope of Section 2836.1 of the Business and Professions Code, or a physician assistant acting within the scope of a project authorized under Article 1 (commencing with Section 128125) of Chapter 3 of Part 3 of Division 107 or Section 3502.1 of the Business and Professions Code, or an optometrist acting within the scope of Section 3041 of the Business and Professions Code.

(b) A pharmacy, hospital, or other institution licensed, registered, or otherwise permitted to distribute, dispense, conduct research with respect to, or to administer, a controlled substance in the course of professional practice or research in this state.
(c) A scientific investigator, or other person licensed, registered, or otherwise permitted, to distribute, dispense, conduct research with respect to, or administer, a controlled substance in the course of professional practice or research in this state.

11150. No person other than a physician, dentist, podiatrist, or veterinarian, or pharmacist acting within the scope of a project authorized under Article 1 (commencing with Section
128125) of Chapter 3 of Part 3 of Division 107, a registered nurse acting within the scope of a project authorized under Article 1 (commencing with Section 128125) of Chapter 3 of Part 3 of Division 107, a certified nurse-midwife acting within the scope of Section 2746.51 of the Business and Professions Code, a nurse practitioner acting within the scope of Section 2836.1 of the Business and Professions Code, a physician assistant acting within the scope of a project authorized under Article 1 (commencing with Section 128125) of Chapter 3 of Part 3 of Division 107 or Section 3502.1 of the Business and Professions Code, or an optometrist acting within the scope of Section 3041 of the Business and Professions Code, or an out-of-state prescriber acting pursuant to Section 4005 of the Business and Professions Code shall write or issue a prescription.

SEC. 9. This act is intended solely to conform state law to the federal Controlled Substances Act, and nothing in this act is intended to increase the scope of practice of physician assistants or nurse practitioners.

TITLE 16. CALIFORNIA CODE OF REGULATIONS

Article 8. Standards for Nurse Practitioners

1480. Definitions.
(a) "Nurse practitioner" means a registered nurse who possesses additional preparation and skills in physical diagnosis, psycho-social assessment, and management of health-illness needs in primary health care, and who has been prepared in a program conforms to board standards as specified in Section 1484.

(b) "Primary health care" is that which occurs when a consumer makes contact with a health care provider who assumes responsibility and accountability for the continuity of health care regardless of the presence or absence of disease.

(c) "Clinically competent" means that one possesses and exercises the degree of learning, skill, care and experience ordinarily possessed and exercised by a member of the appropriate discipline in clinical practice.

(d) "Holding oneself out" means to use the title of nurse-practitioner.


History
1. New Article 8 (Sections 1480-1485) filed 7-13-79; effective thirtieth day thereafter (Register 79, No. 28).
2. Amendment filed 12-7-85; effective thirtieth day thereafter (Register 85, No. 49).

1481. Categories of Nurse Practitioners.
A registered nurse who has met the requirements of Section 1482 for holding out as a nurse practitioner, may be known as a nurse practitioner and may place the letters "R.N., N.P." after his/her name alone or in combination with other letters or words
identifying categories of specialization, including but not limited to the following:
adult nurse practitioner, pediatric nurse practitioner, obstetrical-gynecological nurse
practitioner, and family nurse practitioner.

Note: Authority cited: Section 2715, Business and Professions Code. Reference: Sections
2834 and 2836, Business and Professions Code.

History

1. Amendment filed 12-4-85; effective thirtieth day thereafter (Register 85, No. 49).

1482. Requirements for Holding Out As a Nurse Practitioner.
The requirements for holding oneself out as a nurse practitioner are:

(a) Active licensure as a registered nurse in California; and

(b) One of the following:

(1) Successful completion of a program of study which conforms to board standards; or

(2) Certification by a national or state organization whose standards are equivalent to
those set forth in Section 1484; or

(3) A nurse who has not completed a nurse practitioner program of study which meets
board standards as specified in Section 1484, shall be able to provide:

(A) Documentation of remediation of areas of deficiency in course content and/or clinical
experience, and

(B) Verification by a nurse practitioner and by a physician who meet the requirements for
faculty members specified in Section 1484(c), of clinical competence in the delivery of
primary health care.

Note: Authority cited: Section 2715, Business and Professions Code. Reference: Sections
2835 and 2836, Business and Professions Code.

History

1. Amendment filed 12-4-85; effective thirtieth day thereafter (Register 85, No. 49).

An application for evaluation of a registered nurse's qualifications to hold out as a nurse
practitioner shall be filed with the board on a form prescribed by the board and shall be
accompanied by the fee prescribed in Section 1417 and such evidence, statements or
documents as therein required by the board to conform with Sections 1482 and 1484.

The board shall notify the applicant in writing that the application is complete and
accepted for filing or that the application is deficient and what specific information is
required within 30 days from the receipt of an application. A decision on the evaluation of credentials shall be reached within 60 days from the filing of a completed application. The median, minimum, and maximum times for processing an application, from the receipt of the initial application to the final decision, shall be 42 days, 14 days, and one year, respectively, taking into account Section 1410.4(e) which provides for abandonment of incomplete applications after one year.


History

1. Repealer and new section filed 8-21-86; effective thirtieth day (Register 86, No. 34).

1484. Standards of Education.
The program of study preparing a nurse practitioner shall meet the following criteria:

(a) Purpose, Philosophy and Objectives

(1) have as its primary purpose the preparation of registered nurses who can provide primary health care;

(2) have a clearly defined philosophy available in written form;

(3) have objectives which reflect the philosophy, stated in behavioral terms, describing the theoretical knowledge and clinical competencies of the graduate.

(b) Administration

(1) Be conducted in conjunction with one of the following:

(A) An institution of higher education that offers a baccalaureate or higher degree in nursing, medicine, or public health.

(B) A general acute care hospital licensed pursuant to Chapter 2 (Section 1250) of Division 2 of the Health and Safety Code, which has an organized outpatient department.

(2) Have admission requirements and policies for withdrawal, dismissal and readmission clearly stated and available to the student in written form.

(3) Have written policies for clearly informing applicants of the academic status of the program.

(4) Provide the graduate with official evidence indicating that he/she has demonstrated clinical competence in delivering primary health care and has achieved all other objectives of the program.

(5) Maintain systematic, retrievable records of the program including philosophy, objectives, administration, faculty, curriculum, students and graduates. In case of
program discontinuance, the board shall be notified of the method provided for record retrieval.

(6) Provide for program evaluation by faculty and students during and following the program and make results available for public review.

(c) Faculty. There shall be an adequate number of qualified faculty to develop and implement the program and to achieve the stated objectives.

(1) Each faculty person shall demonstrate current competence in the area in which he/she teaches.

(2) The director or co-director of the program shall:

(A) be a registered nurse;

(B) hold a Master's or higher degree in nursing or a related health field from an accredited college or university;

(C) have had one academic year's experience, within the last five (5) years, as an instructor in a school of professional nursing, or in a program preparing nurse practitioners.

(3) Faculty in the theoretical portion of the program must include instructors who hold a Master's or higher degree in the area in which he or she teaches.

(4) A clinical instructor shall hold active licensure to practice his/her respective profession and demonstrate current clinical competence.

(5) A clinical instructor shall participate in teaching, supervising and evaluating students, and shall be appropriately matched with the content and skills being taught to the students.

(d) Curriculum

(1) The program shall include all theoretical and clinical instruction necessary to enable the graduate to provide primary health care for persons for whom he/she will provide care.

(2) The program shall provide evaluation of previous education and/or experience in primary health care for the purpose of granting credit for meeting program requirements.

(3) Training for practice in an area of specialization shall be broad enough, not only to detect and control presenting symptoms, but to minimize the potential for disease progression.

(4) Curriculum, course content, and plans for clinical experience shall be developed through collaboration of the total faculty.
(5) Curriculum, course content, methods of instruction and clinical experience shall be consistent with the philosophy and objectives of the program.

(6) Outlines and descriptions of all learning experiences shall be available, in writing, prior to enrollment of students in the program.

(7) The program may be full-time or part-time and shall be comprised of not less than thirty (30) semester units, (forty-five (45) quarter units), which shall include theory and supervised clinical practice.

(8) The course of instruction shall be calculated according to the following formula:

(A) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit.

(B) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit.

(C) One (1) semester equals 16-18 weeks and one (1) quarter equals 10-12 weeks.

(9) Supervised clinical practice shall consist of two phases:

(A) Concurrent with theory, there shall be provided for the student, demonstration of and supervised practice of correlated skills in the clinical setting with patients.

(B) Following acquisition of basic theoretical knowledge prescribed by the curriculum the student shall receive supervised experience and instruction in an appropriate clinical setting.

(C) At least 12 semester units or 18 quarter units of the program shall be in clinical practice.

(10) The duration of clinical experience and the setting shall be such that the student will receive intensive experience in performing the diagnostic and treatment procedures essential to the practice for which the student is being prepared.

(11) The program shall have the responsibility for arranging for clinical instruction and supervision for the student.

(12) The curriculum shall include, but is not limited to:

(A) Normal growth and development

(B) Pathophysiology

(C) Interviewing and communication skills

(D) Eliciting, recording and maintaining a developmental health history
(E) Comprehensive physical examination
(F) Psycho-social assessment
(G) Interpretation of laboratory findings
(H) Evaluation of assessment data to define health and developmental problems
(I) Pharmacology
(J) Nutrition
(K) Disease management
(L) Principles of health maintenance
(M) Assessment of community resources
(N) Initiating and providing emergency treatments
(O) Nurse practitioner role development
(P) Legal implications of advanced practice
(Q) Health care delivery systems

(13) The course of instruction of a program conducted in a non-academic setting shall be equivalent to that conducted in an academic setting.

Note: Authority cited: Section 2715, Business and Professions Code. Reference: Section 2836, Business and Professions Code.

1485. Scope of Practice.
Nothing in this article shall be construed to limit the current scope of practice of the registered nurse authorized pursuant to the Business and Professions Code, Division 2, Chapter 6. The nurse practitioner shall function within the scope of practice as specified in the Nursing Practice Act and as it applies to all registered nurses.


History

1. Amendment filed 12-4-85; effective thirtieth day thereafter (Register 85, No. 49).
TITLE 16. CALIFORNIA CODE OF REGULATIONS

Article 7. Standardized Procedure Guidelines

1470. Purpose.
The Board of Registered Nursing in conjunction with the Medical Board of California (see the regulations of the Medical Board of California, Article 9.5, Chapter 13, Title 16 of the California Code of Regulations) intends, by adopting the regulations contained in the article, to jointly promulgate guidelines for the development of standardized procedures to be used in organized health care systems which are subject to this rule. The purpose of these guidelines is:

(a) To protect consumers by providing evidence that the nurse meets all requirements to practice safely.

(b) To provide uniformity in development of standardized procedures.


History

1. New Article 7 (Sections 1470-1474, inclusive) filed 9-8-76; effective thirtieth day thereafter (Register 76, No. 37).
2. Amendment filed 6-17-85; effective thirtieth day thereafter (Register 85, No. 25).
3. Amendment of first paragraph filed 2-1-96; operative 3-2-96 (Register 96, No. 5).

1471. Definitions.
For purposes of this article:

(a) "Standardized procedure functions" means those functions specified in Business and Professions Code Section 2725(c) and (d) which are to be performed according to "standardized procedures";

(b) "Organized health care system" means a health facility which is not licensed pursuant to Chapter 2 (commencing with Section 1250), Division 2 of the Health and Safety Code and includes, but is not limited to, clinics, home health agencies, physicians' offices and public or community health services;

(c) "Standardized procedures" means policies and protocols formulated by organized health care systems for the performance of standardized procedure functions.

1472. Standardized Procedure Functions.
An organized health care system must develop standardized procedures before permitting registered nurses to perform standardized procedure functions. A
registered nurse may perform standardized procedure functions only under the conditions specified in a health care system's standardized procedures; and must provide the system with satisfactory evidence that the nurse meets its experience, training, and/or education requirements to perform such functions.

Following are the standardized procedure guidelines jointly promulgated by the Medical Board of California and by the Board of Registered Nursing:

(a) Standardized procedures shall include a written description of the method used in developing and approving them and any revision thereof.

(b) Each standardized procedure shall:

(1) Be in writing, dated and signed by the organized health care system personnel authorized to approve it.

(2) Specify which standardized procedure functions registered nurses may perform and under what circumstances.

(3) State any specific requirements which are to be followed by registered nurses in performing particular standardized procedure functions.

(4) Specify any experience, training, and/or education requirements for performance of standardized procedure functions.

(5) Establish a method for initial and continuing evaluation of the competence of those registered nurses authorized to perform standardized procedure functions.

(6) Provide for a method of maintaining a written record of those persons authorized to perform standardized procedure functions.

(7) Specify the scope of supervision required for performance of standardized procedure functions, for example, immediate supervision by a physician.

(8) Set forth any specialized circumstances under which the registered nurse is to immediately communicate with a patient's physician concerning the patient's condition.

(9) State the limitations on settings, if any, in which standardized procedure functions may be performed.

(10) Specify patient record keeping requirements.


History

1. Amendment of first paragraph and new Note filed 2-1-96; operative 3-2-96 (Register 96, No. 5).

No public comment.

MSC: Klein/Mallel to approve the update to the Nurse Practitioner Laws and Regulations for Furnishing – the inclusion of the removal of the 520 hours of supervised experience. 6/0/0; one member absent.

11.0 Public Comment for Items Not on the Agenda

Public comment made by Rita Hannam.

The meeting adjourned at 4:00 pm.

12.0 Closed Session

Disciplinary Matters
The Board will convene in closed session pursuant to Government Code Section 11126(c) (3) to deliberate on disciplinary matters including stipulations and proposed decisions.

Raymond Mallel, President, called the closed session meeting to order at 4:07 pm. The closed session adjourned at 7:23 pm.

Thursday, September 12, 2013 – 9:00 am

13.0 Call to Order – Raymond Mallel, President called the meeting to order at 9:10 am and had the members introduce themselves.

Members: Raymond Mallel, President
          Michael D. Jackson, MSN, RN, Vice President
          Cynthia Klein, RN
          Trande Phillips, RN
          Jeanette Dong
          Joshua Groban
          Beverly Hayden-Pugh, RN

Executive Officer: Louise Bailey, M.Ed., RN

14.0 Public Comment for Items Not on the Agenda

No public comment.
15.0 Disciplinary Matters

<table>
<thead>
<tr>
<th>Reinstatements</th>
<th>Termination of Probation</th>
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<tbody>
<tr>
<td>Melvin Jordon Jr.</td>
<td>Sarah Brooks</td>
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<td>Nanci Parshall</td>
<td>Etta Duplantis</td>
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<td>Gabriela Sikora</td>
<td>Ricky Elago</td>
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<td>Roger Tugas</td>
<td>Maria Maningding</td>
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<td>Bobbie Solis (Williams)</td>
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<td>Kimberly Topping</td>
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16.0 Closed Session

Disciplinary Matters
The Board convened in closed session pursuant to Government Code Section 11126(c) (3) to deliberate on the above matters and other disciplinary matters including stipulations and proposed decisions.

Raymond Mallel, President, called the closed session meeting to order at 2:10 pm. The closed session adjourned at 3:02 pm.

Louise Bailey, M.Ed., RN
Executive Officer

Raymond Mallel
President
ACTION REQUESTED: Ratify Minor Curriculum Revision and Acknowledge Receipt of Program Progress Report

REQUESTED BY: Michael Jackson, MSN, RN
Chairperson, Education/Licensing Committee

BACKGROUND: According to Board policy, Nursing Education Consultants may approve minor curriculum changes that do not significantly alter philosophy, objectives, or content. Approvals must be reported to the Education/Licensing Committee and the Board.

Minor Curriculum revisions include the following categories:

- Curriculum changes
- Work Study programs
- Preceptor programs
- Public Health Nurse (PHN) certificate programs
- Progress reports that are not related to continuing approval
- Approved Nurse Practitioner program adding a category of specialization

The following programs have submitted minor curriculum revisions that have been approved by the NECs:

- Holy Names University (LVN-RN) Baccalaureate Degree Nursing Program
- Cerritos College Associate Degree Nursing Program
- Chabot College Associate Degree Nursing Program
- Golden West College Associate Degree Nursing Program

Acknowledge Receipt of Program Progress Report:

- American University of Health Sciences Baccalaureate Degree Nursing Program
- Azusa Pacific University Baccalaureate Degree Nursing Program
- East Los Angeles College Associate Degree Nursing Program
- Merritt College Associate Degree Nursing Program
- Shepherd University Associate Degree Nursing Program

NEXT STEPS: Notify the programs of Board action.

FISCAL IMPACT, IF ANY: None

PERSON TO CONTACT: Leslie A. Moody, RN, MSN, MAEd
Nursing Education Consultant
### MINOR CURRICULUM REVISIONS

**Education/Licensing Committee**  
**DATE:** November 6, 2013

<table>
<thead>
<tr>
<th>SCHOOL NAME</th>
<th>APPROVED BY NEC</th>
<th>DATE APPROVED</th>
<th>SUMMARY OF CHANGES</th>
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<tbody>
<tr>
<td>Holy Names University (LVN-RN) Baccalaureate Degree Nursing Program</td>
<td>K. Daugherty</td>
<td>09/13/13</td>
<td>HNU indicates the program is currently at full enrollment capacity for this degree option (N=169) and will not be accepting any new student enrollment in Spring 2014. This action is designed to ensure enrolled students are provided the highest quality program of study and sufficient program resources are consistently available to support existing enrollment. Prospective program applicants have been informed the program is at full capacity.</td>
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<tr>
<td>Cerritos College Associate Degree Nursing Program</td>
<td>L. Shainian</td>
<td>09/04/2013</td>
<td>Effective Fall 2013, NRSG 47, Nursing Skills Lab Practice, a one unit course offered 1st, 2nd, 3rd, and 4th semesters, will be changed in title only to reflect that the course is not “repeated”, and that content is leveled and there is progression of nursing skills from beginning to advanced. The title change replaces NRSG 47 Nursing Skills Lab Practice, with four separate courses: NRSG 57LA Beginning Nursing Skills Lab(1st semester); NRSG 57LB Intermediate Nursing Skills Lab(2nd semester); NRSG 57LC Advanced Intermediate Nursing Skills Lab(3rd semester); and NRSG 57LD Advanced Nursing Skills Lab(4th semester). Also, the following corrections are being made in course titles that appear on the EDP-P-06: NRSG 220 Medical-Surgical Nursing 3 (corrected from NRSG 220 Medical-Surgical 2); NRSG 232 Medical-Surgical Nursing 4 (corrected from NRSG 232 Medical-Surgical 3); NRSG 240 Medical-Surgical Nursing 5 (corrected from NRSG 240 Medical-Surgical 4). This change does not affect program content, leveling, courses, course content, objectives, or units. CRL/TCP forms updated to reflect all changes.</td>
</tr>
<tr>
<td>Chabot College Associate Degree Nursing Program</td>
<td>K. Daugherty</td>
<td>08/12/2013</td>
<td>Effective Fall 2013, move the existing pathophysiology course N 88/88L(3 units) into the core nursing major instead of counting as part of the total science units. Accept A&amp;P and Microbiology courses with a unit range of 4-5 units. The program has added a program vision statement supporting pursuit of BSN degree completion and added more specific course by course objectives related to use of evidenced based practice and QSEN principles. CRL/TCP forms updated to correct previous calculation error(s) and N88/88L changes; total nursing units now 47.5 instead of 43.5; nursing theory 26.5, clinical units total 21; science units now 18-21 units instead of 24 units; total CRL is 71.5-74.5 units instead of 76.5 units; changes in college other degree course requirements</td>
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<tr>
<td>Golden West College</td>
<td>L. Shainian</td>
<td>09/06/2013</td>
<td>Effective Spring 2014, Communication G110 Public Speaking (three units), will become the only accepted Communications course to fulfill the verbal and group communication requirement of content for licensure. English G110 Critical Thinking (four units), will replace Humanities (three units) – this will result in an increase of one unit. Math G160 Statistics (four units) will replace Math G30 (four units) – no change in units. Numbering of courses college-wide now includes the letter “G” to designate Goldenwest College – part of a three college system. Nursing Units remain unchanged as 40.5: Theory Units 20.5, Clinical Units 20; Other Degree Requirements: 11u (changed) – Bio G200(3u); Critical Thinking(4u); MathG160(4u); Total Units for Graduation changed from 75.5 to 76.5</td>
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<tr>
<td>Associate Degree Nursing Program</td>
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<td>now accommodate variable units(0-5) for math proficiency testing 0 or intermediate algebra 5 U) and Sociology 1 is now acceptable to meet American Cultures degree requirements. Other degree requirements now 10-15 units instead of 17 units and total units for graduation 81.5-89.5 instead of 93.5 units.</td>
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### MINOR CURRICULUM REVISIONS

**Education/Licensing Committee**  
**DATE:** November 6, 2013

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| American University of Health Sciences  
Baccalaureate Degree Nursing Program | M. Minato | 08/29/2013 | The program submitted a progress report responding to the 2012-2013 NCLEX Annual Pass rate of 50% (18/36 passed) and previous low annual rates. The NECs conducted a regularly scheduled continuing approval visit in February 2012 but due to the Board’s sunset status, the Board reviewed and took action at the February 2013 Board meeting, to “Defer action to continue approval.” During the time since the 2012 visit, the program has submitted a plan for corrective actions, which included revising admission standards and a major curriculum revision. The Board approved this major curriculum change in June 2013, with the implementation date of fall 2013. Although changes had been implemented as outlined in their report from 2012 Plan, the NCLEX pass rate did not show improvement. This last progress report submitted August 28, 2013 provided a detailed analysis of student profiles, data, and plan based on their evaluation. The school has identified that comprehension of English language is one major concern for their students. 88.9% of students who failed from the 2012-2013 Annual Rate, were of Asian ethnicity and English was a second language. The school’s plan is to work with improving their comprehension, interpretation, and deciphering of questions, in addition to their testing strategies. Their anecdotal data of graduates from April to August 2013 has 8 of 12 students passing NCLEX (83.33%) showing a positive trend from changes the program has taken. The assigned NEC is working closely with the director, and the program is due to return to ELC for review of their deferred status in March 2014. |
| Azusa Pacific University  
Baccalaureate Degree Nursing Program | B. Caraway | 08/14/2013 | The NEC made a site visit to Azusa Pacific University School of Nursing- Inland Empire Regional Center. The new site meets the Board rules and regulations. APU recently acquired a new larger building, roughly 55,000 square feet, to house the Inland Empire Regional Center. The building is three stories, with the first floor serving as secure underground parking. The educational facilities which include the classroom spaces, the Simulation, Skills, and health assessment laboratory are on the second and third floors. The facility offers one large classroom that holds... |
### MINOR CURRICULUM REVISIONS

**Education/Licensing Committee**

**DATE:** November 6, 2013

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| East Los Angeles College  
Associate Degree Nursing Program | S. Ward | 08/30/2013 | The program submitted a progress report addressing two areas of non-compliance from an unscheduled BRN visit conducted in 2012; CCR Section 1425-Faculty Qualifications and CCR Section 1426.1- Preceptorship. The program is scheduled for a routine continuing approval visit on October 7-8, 2013. |
| Merritt College  
Associate Degree Nursing Program | K. Weinkam | 09/15/2013 | The Board deferred action on granting continued approval to the program at its June 2013 Board meeting. The program submitted one progress report on July 31st with another September 13th that provided additional information and clarification. The Progress Reports relate to continued non-compliance with CCR Sections 1424(c) Administration, 1424(d) Resources, and 1427(c) Clinical Facilities. 1. The College has developed job descriptions for the positions of director and assistant director. These are expected to be adopted by the end of the fall 2013 semester. 2. The College has hired within the past month a Vice President of Instruction and an Interim Vice President of Student Services. The Director and the VP of Instruction have met to discuss the program’s approval status in detail. 3. A weekly appointment has been established for the Director and Division Dean to meet to continue to focus on actions needed to achieve compliance with the Regulations and maintain/strengthen the nursing program. 4. Biannual meetings with the Dean and the Director of Business Services are planned to implement and strengthen the resources required for the ADN program. 5. The President had requested |
justifications for hiring two full-time faculty members and the reclassification of the Senior Clerical Assistant to a Program Specialist at a 1.0 FTE in January. The President has now again requested justification for these personnel changes. The one for faculty will be integrated into the faculty prioritization process, which includes the Faculty Senate. The recommendations will be forwarded to the President for spring recruitment and fall 2014 hiring. 6. The budget for 2013-2014 has been increased to $1,003,637 which is a 0.78% increase from that of the 2012-2013 academic year. 7. Prep work for the Internet, security, and phones is being done with expected completion of moving the modular units occurring by the end of September. 8. Instructors and staff have received keys to the nursing office and other campus rooms as appropriate. 9. Information provided re clinical facility agreements and status of which agreements have yet to be signed requires further clarification. A progress report which addresses continued progress/compliance related to the three areas of noncompliance is requested for the January 2014 ELC meeting.

Shepherd University
Associate Degree Nursing Program

M.Minato

09/13/2013

The program submitted a detailed progress report on Sept. 12, 2013, including analyses of their evaluation of the data, actions the program has taken since the initial report of the pass rate, and plans for improvement to address the continued low NCLEX Pass rate below 75% for the second year. The 2012-2013 pass rate is 60.61% (66 taken, 40 passed) and 2011-2012, their first pass rate for their initial cohort was 72.73% (55 taken and 40 passed). The NEC has been working closely with the director and the faculty of the school.

The program’s first progress report included changes to their admission criteria, the use of exit exams to measure students’ achievements, and using other standardized measurements throughout their curriculum. The current progress report showed analyses of data for contributing factors to identify reasons for the continued unsuccessful NCLEX Exam performance. One of the data that stands out is their enrollment pattern that admitted the LVN to RN group for the first four
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<td>cohorts because there were more students from this group ready for enrollment. The NCLEX performance shows LVN to RN group only. The generic student admission started in Spr 2013. The students have completed the curriculum but have not yet taken the NCLEX Exam at this point.</td>
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<td>The program is scheduled for a comprehensive program review during the continuing approval visit on Feb. 26-27, 2014. There will be a report of findings from this visit made at the ELC on May 2014.</td>
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</table>
ACTION REQUESTED: Education/Licensing Committee Recommendations

REQUESTED BY: Michael Jackson, MSN, RN
Chairperson, Education/Licensing Committee

BACKGROUND: The Education/Licensing Committee met on October 1, 2013 and makes the following recommendations:

A. Continue Approval of Prelicensure Nursing Program
   ➢ California State University, San Bernardino, Baccalaureate Degree Nursing Program (San Bernardino and Palm Desert campuses)
   ➢ University of Phoenix at Modesto (LVN-RN) Baccalaureate Degree Nursing Program
   ➢ West Coast University, Los Angeles, Baccalaureate Degree Nursing Program
   ➢ West Coast University, Orange County, Baccalaureate Degree Nursing Program
   ➢ College of the Siskiyous Associate Degree Nursing Program
   ➢ Copper Mountain College Associate Degree Nursing Program
   ➢ Saddleback College Associate Degree Nursing Program

B. Continue Approval of Advanced Practice Nursing Program
   ➢ United States University Nurse Practitioner Program

C. Approve Major Curriculum Revision
   ➢ San Diego State University Baccalaureate Degree Nursing Program
   ➢ Simpson University Baccalaureate Degree Nursing Program
   ➢ West Coast University Baccalaureate Degree Nursing Program (Inland Empire, Los Angeles and Orange County campuses)
   ➢ CNI College Associate Degree Nursing Program
   ➢ Imperial Valley College Associate Degree Nursing Program
   ➢ Palomar College Associate Degree Nursing Program
   ➢ San Joaquin Valley College Associate Degree Nursing Program

A summary of the above requests and actions is attached.

NEXT STEPS: Notify the programs of Board action.

FISCAL IMPACT, IF ANY: None

PERSON TO CONTACT: Leslie A. Moody
Nursing Education Consultant
Education/Licensing Committee Recommendations
From meeting of October 1, 2013

EDUCATION/LICENSE COMMITTEE RECOMMENDATIONS:
A. CONTINUE APPROVAL OF PRELICENSURE NURSING PROGRAM

- California State University, San Bernardino, Baccalaureate Degree Nursing Program (San Bernardino and Palm Desert Campuses).

Dr. Taha Asma, Director of the School of Nursing and Dr. Dwight Sweeney, Chair-Nursing Department.

Dr. Taha Asma is the Director of the School of Nursing and assumed responsibility as Director of the Baccalaureate Degree Nursing Program in May 2, 2013, following the November 19-21, 2012, BRN visit. She has 100% release time for administrative activities, overseeing both San Bernardino and Palm Desert campuses.

On November 19-21-2012, Badrieh Caraway and Carol Mackay, NECs, conducted the Baccalaureate Degree Nursing Program’s continuing approval visit. There were eleven areas of non-compliance identified. Section 1424(e) Director, Assistant Director release time; 1424 (C) Leadership; 1424(d) Resources; 1424 (g) faculty responsibility; 1424 (h) Adequate faculty; 1424(a) Program Philosophy & Objectives; 1426(a) Curriculum revisions; 1426.1 preceptorship; 1427 (c) Clinical facility approval; 1428 Student Participation; and 1430 Previous Education Credit.

The program submitted two separate reports in response to the visit findings. The first report responding to the findings was submitted on February 7, 2013. The report addressed corrective actions taken by the school for all areas of non-compliance, showed significant progress in all areas cited during the visit, and included a timeline for corrective actions to be completed for full compliance by fall 2013. The ELC meeting of March 6, 2013, recommended to defer action to continue approval giving time to show compliance in all areas, and at the June 12, 2013 Board meeting, ELC recommendation was approved. The program submitted a progress report dated July 2, 2013 which addressed all areas of noncompliance. The program report and additional supportive documents submitted have been reviewed with the outcome being a finding that the program is now in compliance with all Board laws and regulations.

ACTION: Continue Approval of California State University, San Bernardino, Baccalaureate Degree Nursing Program (San Bernardino and Palm Desert Campuses).

- University of Phoenix at Modesto (LVN-RN) Baccalaureate Degree Nursing Program.

Karan Ippolito EdD, MSN, FNP, RN, Director of the LVN-BSN Nursing Program.

The Board, at its September 27, 2012 meeting, placed University of Phoenix on “deferred action to continue approval” to give the program time to sustain RN-NCLEX at or above the 75% standard pass rate and to hire a sufficient number of full-time faculty to implement the prelicensure nursing curriculum for the LVN to BSN program. The University of Phoenix LVN to BSN program is now in compliance with first-time candidate NCLEX pass rate for 2011-2012 and 2012-2013 and has hired faculty, including content experts, sufficient to implement the curriculum. The University of Phoenix LVN to BSN NCLEX Pass Rate for First Time Candidates 2011-2012 pass rate is 75.61% and 2012-2013 pass rate is 80.39%. The University of Phoenix LVN to BSN Program has hired faculty, including content experts, into full-time positions for Medical-Surgical; Geriatrics; Mental Health/Psych; Pediatrics; and Maternal Child. Other faculty hired include: one medical-surgical faculty and seven clinical faculty, for a total of 8 part-time associate faculty.

On August 29, 2013, Nursing Education Consultants, Janette Wackerly, RN and Kelly McHan, RN, made a site visit to the Modesto campus to meet with the director and discuss the “Summary of Activities Report June 2012 to August 2013”. The summary report includes activities/responses to CCR 1424 Administration
and Organization of the nursing program; CCR1424(b)(1) Total Program Evaluation; CCR1425 Faculty Qualifications and changes including content expert, and first time NCLEX candidates pass rate improvements; and CCR 1424(b)(4) Sufficient Resources including faculty and administrative assistant/support, simulation technician, student success coordinator and clinical coordinator. Two enrollment counselors and two academic counselors serve the LVN-BSN program.

**ACTION:** Continue Approval of University of Phoenix at Modesto (LVN-RN) Baccalaureate Degree Nursing Program.

- **West Coast University (WCU), Los Angeles, Baccalaureate Degree Nursing Program and West Coast University (WCU), Orange County, Baccalaureate Degree Nursing Programs.**
  - Dr. Rosanne Silberling, EdD, MN, RN, Campus Dean of Nursing and Program Director at WCU-LA;
  - Chiarina Piazza, PhD(c), MEd, RN, Campus Dean of Nursing and Program Director at WCU-OC;
  - Dr. Robyn Nelson, PhD, RN, Executive Dean, College of Nursing, West Coast University.

The two campuses initially obtained approval as LVN to RN ADN Program, WCU-LA in 2005 and WCU-OC in 2007. On April 18, 2008 Board meeting, West Coast University submitted and received a separate initial approval for WCU-LA BSN Program and WCU-OC BSN Program. When the two schools received their approval for the BSN Program, the LVN-ADN Program transitioned and became the LVN to BSN Option at each campus, and in April 2012, the ADN Program was phased out. There is a third West Coast University campus, WCU-Inland Empire, in Ontario, California, that received a separate Board approval on September 19, 2008.

The Board’s approval of the two campuses took into consideration that while these nursing programs are part of the same corporate organization (West Coast University) and share a common curriculum, policies, evaluation plan etc., they are two independent nursing schools with different nursing administrative teams and faculty, and the Board rules and regulations are applied to each nursing program separately. Each campus relocated to a new building as the programs grew:

- The WCU-LA Campus is currently in a new building in North Hollywood since Fall 2009. The program has a current enrollment of 358 students in the general education courses and 816 students in core nursing courses.
- The WCU-OC Campus maintains the main campus on Manchester Avenue in Anaheim but has relocated the core nursing courses to a building in La Palma Avenue (Fall 2010), which includes a state-of-the-art nursing simulation center. The current enrollment for this campus is 352 students in general education courses and 919 students in core nursing courses.

Since the initial Board approval, West Coast University has obtained WASC accreditation for the university and CCNE Accreditation for the College of Nursing. The WCU’s Website lists WCU-LA campus as the main campus and WCU-OC and WCU-IE as branch campuses.

The first Continuing Approval Visits to both campuses were conducted in May 2013. NEC Reports and the Report of Findings for each program are on file.

- WCU-OC was visited on May 16-17, 2013 by Carol Mackay, NEC, and Miyo Minato, SNEC;
- WCU-LA was visited on May 22-23, 2013 by Carol Mackay, Shelley Ward, NECs, and Miyo Minato, SNEC.

Significant changes that occurred in the two nursing programs and curricular changes at WCU-OC and WCU LA were the same since the program shared the same curriculum. The faculty group that made changes to the program collectively through the joint faculty meetings consisted of representatives from the three campuses. These changes made were:
1. Received regional accreditation in November 2011 from the Western Association of Schools and Colleges (WASC)
2. Phased out ADN program (April 2012).
3. Changed administrative status to a College of Nursing with three California campuses: Los Angeles (North Hollywood), Ontario, and Orange County.
4. Hired Campus Dean of Nursing and Associate Dean of Nursing as part of the continued matrix structure with college leadership guiding and supporting campus leadership.
5. Major curriculum revision change was submitted and approved in 2012. In addition to changes in the program’s conceptual framework and re-sequencing of course content, revisions of program learning outcomes were made to better align with The Essentials of Baccalaureate Education for Professional Nursing Practice and University Institutional Learning Outcomes.

The findings from the review of the nursing programs at each campus were similar. Specifically the findings for the two nursing programs are as follows:

**West Coast University-Orange County BSN Program** was found in non-compliance in four areas: Section 1424(c) Administration and Organization of the Nursing Program; Section 1424(h) Faculty; Section 1426(c)(1) Curriculum; and Section 1430 Previous Credit; and four recommendations were given: Section 1424(g) Faculty; Section 1425.1(b) Faculty Orientation; Section 1426(g)(2) Clinical Hours; and Section 1428 Student Participation.

**West Coast University-Los Angeles BSN Program** was found in non-compliance in the same four areas: Section 1424(c) Administration and Organization of the Nursing Program; Section 1424(h) Faculty; Section 1426(c)(1) Curriculum; and Section 1430 Previous Credit; and three recommendations were given: Section 1424(d) Resources, Student spaces and academic advisement; Section 1426(g)(2) Clinical Hours; and Section 1428 Student Participation.

The nursing program consists of 120 semester units (15 wk/semester) that covers 8 semesters (180 weeks). The program runs year round. Each semester is delivered in two 10 week terms and students are admitted each term. There are 5 terms each year. The program generally admits 20 LVN-BSN cohort and 80 – 100 generic students each term. Campus resources, administrative support, and number of clinical agencies are adequate to support the number of students enrolled. In addition to the full complement of student services, such as admissions, financial aid, library and computer lab on both campuses, there are state of the art Simulation Labs and Skills Lab staffed by Simulation Coordinator and lab staff. Support resource staff includes RN Clinical Manager of Clinical Relations and Clinical Manager to facilitate clinical placement. Meetings with students supported the findings observed, except for request to have additional areas available for group conference spaces by the students at WCU-LA.

The self-study reports described an organizational structure that supported a core faculty organization, University Learning Community, that consisted of members from the three separate campuses. The group representatives met regularly, disseminated information, and made decisions collectively for the three campuses. This system maintained the uniform curriculum, policies and procedures consistent throughout the three campuses. However, faculty members at the individual campuses were unable to describe how faculty members functioned to implement the curriculum as a separate independent nursing school, which was the Board’s approved program. The faculty organizations at both campuses were functioning as part of the College of Nursing at West Coast University, but the organizational structure specific to WCU-LA and WCU-OC nursing programs was not clear on being an independently operated school.

The NECs met with the Nursing Administration and the WCU Administration about the concerns and how the schools have evolved from the originally approved independent program to functioning as one
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organization with separate branch campuses. Another area discussed with the administration was the enrollment cycle and the student enrollment.

The West Coast University submitted a progress report responding to the Continuing Approval Report on August 20, 2013, addressing the areas of non-compliance and recommendations. Both WCU-OC and WCU-LA have corrected the non-compliances except for the one related to Administration and Organization [Section 1424(c)]. This non-compliance is addressed as a major curriculum revision to make a substantive change to the West Coast University organization unifying the three campuses into a primary campus and two branch campuses, reflecting the current operation of the College of Nursing. Pending Board’s approval of this proposal, the WCU BSN program will be in compliance with the Board rules and regulations if permitted to make the changes.

NCLEX Pass Rate for BSN graduates of the WCU-LA and WCU-OC programs has been above 75 % for years 2011-12 and 2012-13.

**ACTION:** Continue Approval of West Coast University, Los Angeles, Baccalaureate Degree Nursing Program and West Coast University, Orange County, Baccalaureate Degree Nursing Program.

- **College of the Siskiyous Associate Degree Nursing Program.**

Ms. Janis Laiacona, MSN, RN is the full time (75% RN, 20%VN, 5%CNA) program director; she has served in this capacity since January 2, 2013. Cora Brownell is the program’s Assistant Director (50% assigned time). Ms. Donna Duell, MSN, RN, former program director, is performing select assistant director functions and facilitating curriculum revision activities as a curriculum consultant under Ms. Laiacona’s supervision. There has been some organizational restructuring at the college in the last academic year and for a temporary period Ms. Laiacona is now reporting to the Vice President of Student Learning but will eventually report to the Dean of Career and Technical Education as described on the organizational chart. COS has two campuses; the main campus is in Weed CA about 70 miles from Redding and the Yreka campus about 30-35 miles from the Weed campus and 40-50 miles from Oregon. The program admits up to 30 eligible applicants annually. Program retention is currently about 93%. In 2011-12, the program’s NCLEX pass rate was 100% for the 22 of 25 for the first time candidates taking the exam. In the most recent academic year (July 1, 2012-June 30, 2013), the annual pass rate was 88.46% with 23 of 26 graduates passing on first attempt.

As originally approved in April 2007, the program was to be staffed with three full time tenure track faculty (FTTT) plus a full time program director, a half time assistant director and 2-4 part time faculty as needed. The November 1-3, 2011 continuing approval visit findings and evidence demonstrated the college/program had not maintained the required FTTT program staffing when replacements were needed and this resulted in insufficient resources, lack of appropriate levels of program planning, implementation and evaluation and only minimal revision and refinement of the curriculum as described in the November 2011 report of findings.

The November 2011 COS continuing approval visit findings were presented for committee and board action. In November 2012, the Board made the decision to defer action to continue approval of the program since the program was unable to provide sufficient evidence of correction of the area of non-compliance (CCR 1424 Program Administration and Faculty Resources etc.) and given reported changes in college leadership including the college President and an expected budget gap (estimated to be approximately $600,000 in AY 2012-2013). Faculty staffing for Fall 2012 and Spring 2013 was provided
with a combination of existing full time, temporary full time faculty and part time faculty but short of the needed 3 FTEs (2.3-2.7 FTEs) for the academic year.

By January 2013, the college’s VP of Student Learning (Dr. Frost) and eventually appointed interim College President provided a written memorandum to Ms. Laiacona, the PD, confirming the college’s commitment and intent to hire the two needed full time tenure track (FTTT) faculty for the program for academic year Fall 2013-Spring 2014. By March 15, 2013, the two FTTT positions were funded and posted by HR and reported as part of the program’s March 22, 2013 satisfactory progress report addressing the one area of non-compliance and recommendations. Ongoing monitoring of the program’s progress relative to the area of non-compliance and recommendations has continued to present. In August 2013, one full tenure track position was filled (Ms. Laiacona’s former FTTT faculty position). The second needed FTTT is not filled yet, but remains fully funded and recruitment of qualified candidates is underway. COS continues to seek a qualified faculty to fill the second FTTT position in the Fall 2013 and has also provided a confirmed alternate faculty plan to maintain adequate faculty resources. This includes teaching assignments using a combination of stable, experienced, FTTT and part time faculty (FTE=3.1/3.4) for AY 2013-2014. The program also has the required content experts in place. Thus, the program has implemented appropriate actions to correct the area of non-compliance, moved forward with minor and major curriculum revisions plans based on program evaluation activities, and has satisfactorily addressed the recommendations as described in the attached program’s final progress report.

**ACTION:** Continue Approval of College of the Siskiyou’s Associate Degree Nursing Program.

- **Copper Mountain College Associate Degree Nursing Program.**
  Ms. Christi Blauwkamp, MSN, RN, Program Director.
  Ms. Christi Blauwkamp, MSN, was appointed interim program director in January 2012 and then program director in June 2012. Ms. Leann Matlin, MSN, is the assistant program director. A regularly scheduled continuing approval visit was conducted on April 3-4, 2013, by Leslie A. Moody, Nursing Education Consultant, and Miyo Minato, Supervising Nursing Education Consultant. The program was found to be in compliance with BRN regulations. There were two recommendations written pertaining to Section 1424(b)(1) Total Program Evaluation and Section 1426(f) Clinical Evaluation Tools. A corrective plan of action has been submitted that identifies measures taken to improve both of these items.

CMC is a small rural WASC accredited single-college district. As the only local college offering prelicensure RN education, this two-year ADN program is a key resource for meeting RN staffing needs of the area’s acute, long-term and outpatient healthcare facilities. The local healthcare district which includes an acute hospital, subacute, SNF, behavioral health, home health and other services is a primary partner with the program, providing a large portion of the clinical placements for CMC students and currently developing an RN new graduate internship program for Summer 2013 implementation. The nursing program director also participates in a collaborative with the two nearest colleges (approximately 50 miles distant) that also offer prelicensure programs (one ADN and one BSN) to coordinate clinical placements opportunities at other regional medical facilities for additional clinical placements opportunities, and to ensure that the program’s curriculum provides seamless transition for program graduates’ entry into the CSU RN-BSN program.

BRN approval for the prelicensure program was granted in February 2005 and the program admitted the first cohort in August 2005. Twenty-four generic students are admitted every Fall semester and up to eight advanced placement students, usually VN-RN, are admitted every Spring semester. Total program

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enrollment at the time of visit was forty-four students, twenty-four first year and twenty-one second year who will graduate in May 2013.

NECs met with Dr. Wei Zhou, VP of Academic Services, who identified the primary goal for the program is continuing to ensure program quality to produce the best quality nurses. There are no plans for change to enrollment numbers or pattern in the near future. The program currently has one full-time faculty vacancy and two full-time faculty positions supported by grant funds. Challenges to faculty recruitment include the remoteness of location and salaries that are below those of nursing service positions. These obstacles are being overcome by college administration’s active support of faculty development in a “grow your own” approach for existing faculty who are working to obtain advanced degrees and expanded expertise. The college also supports faculty by paying both full-time faculty and part-time faculty for attendance at monthly faculty meetings and an additional ten hours of faculty inservice each semester. The hiring process for a new full-time faculty is currently in the final stage of offer to the selected candidate to fill a vacancy, and Dr. Zhou also confirmed that alternative college funding would be utilized for ongoing support of the two full-time faculty positions currently financed by grant funds, thus ensuring a minimum ongoing total full-time program faculty of at least five full-time instructional faculty. Other program resources are adequate to support program delivery and student learning needs, and include newly updated student computers, contemporary full age range hi and mid-fidelity simulation mannequins, a recently expanded skills lab space and recently expanded and well-equipped college library.

Full-time and part-time faculty attended a meeting with NECs where they expressed strong commitment to program and student success. The faculty plan to begin a major curriculum review/revision under the guidance of a well-known expert, and this project will be supported by grant funds.

Meetings were held with first and second year students, who all expressed general satisfaction with the program, citing open access to and support from faculty and program director as strengths. Although first year students found the Assessment Technologies Institute (ATI) learning assignments to be very useful, second year students expressed that ATI materials are not always well connected to other assigned reading and instructional activities. This input was shared with faculty. Acute care hospital, subacute and long-term care clinical facilities were visited. Second semester students were observed in the clinical setting at an adult respiratory subacute unit where they were actively involved in learning activities consistent with their current nursing course objectives. NCLEX-RN outcomes have been consistently above minimum required threshold: 2007-08 75.76%; 2008-09 84.21%; 2009-10 75.86%; 2010-11 80.00%; 2011-12 90.48%. This program is being conducted in accordance with BRN regulations, and is meeting the expectations of students and the community.

ACTION: Continue Approval of Copper Mountain College Associate Degree Nursing Program.

- Saddleback College Associate Degree Nursing Program.
Ms. Tamera Rice, MSN, RN, CNE, Director of Nursing and Assistant Dean - Division of Health Sciences and Human Services; Jennifer Forouzesh, MSN, RN, FNP, Assistant Program Director; and Diane Pestolesi, MSN, RN, CCRN, CNE, Assistant Program Director.
A regularly scheduled continuing approval visit was conducted on April 3-4, 2013 by Carol Mackay, Nursing Education Consultant. The program was found to be in compliance with BRN regulations. There were two recommendations written pertaining to Section 1424(d) staff resources and Section 1424(g) course syllabi. A corrective plan of action has been submitted that describes the actions that will be taken to correct both of these items.
In January 2005, the nursing program moved from portable housing to a new Health Science building. Nursing faculty, staff offices, classroom space and the skills, simulation and computer labs are all housed in this state-of-the-art building. Saddleback College admits 60 nursing students each semester. The faculty is adequate in number and type to implement a quality nursing program. There are 16 full-time and ten part-time faculty. Since the BRN Interim Visit in 2009, there have been eight full-time faculty retirements and one full-time faculty resignation. Eight full-time faculty have been hired in the past three years. There is a formal orientation to the nursing program for both full-time and part-time faculty.

Saddleback College (SC) Nursing Program has sufficient resources to achieve program objectives. Saddleback College and the Southern California Community College District, unlike most community college districts across the state, are funded by what is referred to as “Basic Aid”. This funding source is derived from property tax revenue. Although budgetary constraints at the State of California level have been significant for most community colleges, basic aid apportionment has made the impact at SC less severe. Saddleback College also benefits from an extremely dedicated nursing program director that is tirelessly committed to student, faculty and program success. Since 2004, approximately $5,000,000 in grants and scholarships have been acquired to augment the program budget and support student success. The SC nursing program has outstanding support from the division, college and district administration to replace faculty when they retire, and to solicit grant funds to support student and program success. Another major strength of the program is the nursing faculty. They are knowledgeable regarding current standards of both nursing practice and nursing education. They respond to both student input and the changes in health care by continually updating and revising the curriculum. Future faculty plans include writing a summary of the nursing program’s curriculum model with a definition of nursing process.

The SC nursing program has an outstanding reputation in the local health care community and program graduates are in demand by local health care employers. NCLEX-RN outcomes are consistently well above the minimum required threshold: 2008-2009 – 95.58% (n-113); 2009-2010 – 99.07% (n-107); 2010-2011 – 94.29% (n-105); 2011-2012 – 93.55% (n- 124); 2012-2013 (through December 2012)- 100% (n-29). The Saddleback College Nursing Program is being conducted in accordance with the BRN regulations, and the staff recommendation is continued approval.

**ACTION:** Continue Approval of Saddleback College Associate Degree Nursing Program.

**B. CONTINUE APPROVAL OF ADVANCED PRACTICE NURSING PROGRAM**

- **United States University Nurse Practitioner Program**
  Debora Erick, MSN, PHN, CNE, RN, Dean of the School of Nursing; Afsaneh Helali, NP, Interim NP Program Director; and Mr. Timothy Cole, MBA, President/Chief Executive Officer.

  A regularly scheduled continuing approval visit for evaluation of the United States University Nurse Practitioner Program was conducted on February 7-8, 2013. Areas of noncompliance were identified related to multiple elements of CCR sections 1484(c) and 1484(d), and recommendations were written related to CCR sections 1484(a)(2), 1484(b)(6), 1484(c)(2) and 1484(d)(11). The program subsequently submitted a progress report with plan of action to correct all findings. The findings of this visit and the program’s progress report were presented to the BRN Education Licensing Committee on May 8, 2013 and to the full BRN Board on June 12, 2013, at which time the program was placed on deferred approval status pending full implementation of the corrective action plan and completion of a BRN staff visit to the program to confirm implementation of the plan.
A USU NP program follow-up visit was conducted July 11-12, 2013. Meetings were held with university and program leadership, faculty and students, and documents related to the program’s action plan were reviewed. Full implementation of the program’s corrective plan of action was confirmed.

All reported measures to correct areas of noncompliance have been completed. Additional nurse practitioner faculty have been hired to teach pediatrics and women’s health, and a pharmacist has been employed to teach the advanced pharmacology course. The program director’s involvement in classroom instruction is now only as a guest speaker or to cover an unexpected absence due to assigned faculty emergency and has been less than two hours per week, which allows the director adequate time for administration of the program. Additional nurse practitioner preceptors have been retained and additional clinical sites that employ nurse practitioners have been added to increase nurse practitioner preceptored clinical experiences for program students. A preceptor handbook has been developed with new procedures implemented and a clinical coordinator assigned to ensure that preceptored clinical rotations are delivered in compliance with BRN regulations. Course faculty have been directly involved in review and revision of each course syllabus with guidance from the program director and input from an outside expert consultant retained to provide curriculum review. Corrections to curriculum and instruction have been made to ensure compliance with calculation of contact hours to credit units, define skills lab time and experiences, ensure clinical skills preparation for students prior to live patient clinical rotations, and include leveled instruction regarding standardized procedures and furnishing across the curriculum beginning with the first program course.

Most corrective measures have been completed in response to recommendations, with ongoing work in the area of curriculum evaluation and revision. The clinical coordinator position has been defined and an existing experienced faculty member has assumed that role. The program director has established communication with a colleague program director to receive mentoring as needed. Program evaluation data is now being consistently collected and analyzed, and is discussed by program faculty at regular meetings where solutions are developed for identified areas of concern. A new online program evaluation tool was implemented in July to replace paper/pencil evaluation tools. An expert consultant has been retained to guide the director and faculty in curriculum review and has provided a detailed report suggesting program curriculum revision that will include expansion of the program’s philosophy statement. The major curriculum review will be completed by the end of this year and the resulting proposed revision will then be submitted for BRN approval. NEC recommends that the program continue to utilize the expert consultant as the work of the program’s curriculum revision proposal progresses.

ACTION: Continue Approval of United States University Nurse Practitioner Program.

C. APPROVE MAJOR CURRICULUM REVISION

- San Diego State University Baccalaureate Degree Nursing Program.

Philip A. Greiner, DNSc, RN, Director, School of Nursing and Professor, and Marjorie Peck PhD, RN, NEA-BC, Associate Director.

The goals of program leadership and faculty for revisions of the curriculum included meeting the chancellor’s requirement that the program can be completed within 120 units and four years of study, ensure that the curriculum is consistent with current industry expectations in regard to healthcare environment and technology, eliminate redundancy in nursing course content, and sequence courses and course content for maximum effectiveness. To achieve these goals, the following revision elements are proposed:

- eliminate Biology 100 as a prerequisite to the required nursing prerequisite science courses.
- re-sequence N416 Psychiatric/Mental Health Nursing course from the final program year to the Spring semester of year two.
• redistribute geriatric content and learning objectives from a single course (N410 Gerontological Nursing) into several courses (NURS202 Client Assessment, N206 Nursing Fundamentals, N300 Nursing Acute and Chronic, Adult and Gero I, N400 Nursing Acute and Chronic, Adult and Gero II) where contextually appropriate. Deleting course N410 resulted in a decrease of 3 units (2 units theory, 1 unit lab) but did not require increased course units where content was added because of condensing content and learning objectives. The program recognizes that this redistribution of geriatric content will require additional faculty to be approved in the geriatric content area and have established a plan to ensure compliance.

• add a series of three 1-unit (theory) Professional Formation courses, one each to be offered in years 2, 3 and 4 of the program, resulting in addition of 3 units.

• reduce NURS 202 Assessment from 4 units (2 units theory, 2 units lab) to 3 units (1.5 units theory, 1.5 units lab) by eliminating redundant content.

• eliminate NURS 397 which awarded 3 units of credit for skills lab practice.

• reduce N304 Pharmacology for Nurses from 3 units to 2 units by eliminating redundant content.

• replace NURS 200 Informatics for Nurses (1 unit theory) with NURS 219 Information Management in Professional Relationships (2 units theory) to update with current content.

• eliminate NURS 302 Nurse Client Relationships (3 units theory) with essential content addressed in other courses (NURS 221, 321, 421, 206, 300 and COMM 321).

• eliminate NURS 458 Leadership 5 units (3 units theory, 2 units lab) with essential content addressed in other courses (NURS 221, 321, 421) for the BSN generic students (course NURS 458 retained for VN 30 Unit Option students).

• eliminate NURS 358 Basic EKG (1 unit theory) as most content was post-licensure level. Appropriate prelicensure content is addressed in NURS 300 and 400.

Detailed information regarding the revision proposal was provided for NEC review. Students participated in the process of revision development. The revisions will benefit students through improved pacing, sequencing and condensing of course content, ensuring currency and relevancy of curriculum content, and minimizing time required to complete the program which can reduce cost and time required for program completion. The proposed revised curriculum meets BRN requirements and the program has submitted revised forms Required Curriculum: Content Required For Licensure (EDP-P-06) and Total Curriculum Plan (EDP-P-05) as required.

ACTION: Approve Major Curriculum Revision for San Diego State University Baccalaureate Degree Nursing Program.

• Simpson University Baccalaureate Degree Nursing Program.

Jan Dinkel, MSN, RN, Dean and generic BSN degree Program Director, and Ms. Kristie Stephens, MSN, RN Assistant Director.

The program anticipates implementation of the proposed curriculum changes for Cohort #4 to be admitted in Spring 2014. The major curriculum changes are designed to definitively improve all program learning outcomes including annual NCLEX pass rates. In summary the following curriculum changes are proposed for implementation starting in Spring 2014:

• Change course numbers, course titles, units per provided Curriculum Change matrix;

• Add 1 unit of theory in the first Nursing Foundations course, N2310, and 1 unit to the nursing Health Assessment course, N2320, clinical component to strengthen theory/clinical reasoning application in first term;

• Add new nursing theory Evidenced Based Practice course, N3340, (2u) in second term;
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• Integrate existing gerontology clinical content into the Nursing Foundations, N2310, and the Health Assessment, N2320, clinical components since Care of the Older Adult, N2340, will now be taken concurrently with N2310 and N2320;
• Add one unit of theory content to Mental Health course, N3330, now 3 instead of 2 units of theory with no change in clinical units;
• Split OB and Peds into two separate courses, N3360-OB and N3370-Peds; add .5 units of theory to each course with no changes in clinical units or content in either courses;
• Add 1 unit of clinical to the N3380 Health Promotion course moved from fourth to third semester; move N4330 Nursing Research from third to fourth term;
• Eliminate the old N3240 Transcultural Nursing, N3280 Professional Issues, and N4210, Adult Nursing III, courses absorbing content and units in the new courses in the nursing major;
• Add 1 unit of theory and decrease 1 unit of clinical to the Leadership/Management course, now numbered N4340; add N4350W, the new Nursing Capstone course with 2 units of nursing theory and 3 units of clinical. This course is designed to increase students mastery of shift work and management of a typical RN patient care load;
• Replace the old N4250W (3 units) with the N4360, Preparation for Professional Practice course, as described in the attached Curriculum Change documents.

ACTION: Approve Major Curriculum Revision for Simpson University Baccalaureate Degree Nursing Program.

• West Coast University Baccalaureate Degree Nursing Programs (Inland Empire, Los Angeles and Orange County).

Dr. Robyn Nelson, PhD, RN, Dean of College of Nursing.

The Board received a major curriculum request from WCU, as a corrective action to address the non-compliance with Section 1424(c) Organizational Structure that was identified at the May 2013 Continuing Approval visits to the Los Angeles and Orange County campuses. The continuing approval visit to Inland Empire campus is scheduled for Fall 2014. The NEC’s finding was that the campus programs were approved to operate independently as separate institutions; however, West Coast University (WCU) campuses were actually operating as one institution consisting of (amongst other programs) three BRN-approved nursing programs. To ensure compliance with BRN regulations, WCU is requesting approval of a major curriculum revision to reorganize the administrative structure for unification of the three Board approved nursing programs to function as a single program.

WCU has approval by the Western Association of Schools and Colleges (WASC) for regional accreditation for the university, the Commission on Collegiate Nursing Education (CCNE) for professional nursing program accreditation, US Department of Education for Title IV Student Financial Aid administration, IPEDS reporting, and for all other federal regulatory purposes with the Los Angeles (LA) campus identified as the main campus and Orange County (OC) and Inland Empire (IE) as two branch campuses.

Findings by the NECs throughout the visit supported the organizational structure of one university. There is a main faculty group consisting of representatives of the three campuses that made final decisions and communicated information to the individual campus’ learning community groups (faculty). Any changes to the nursing program could be initiated by the learning community groups, but the final decision is made at the university faculty organization, and changes were implemented consistently at three sites. There is one shared curriculum, the same policies and procedures, and decisions are made jointly by the members of three campuses.

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To remedy the noncompliance, WCU is requesting permission from the BRN to be approved as one program instead of the currently approved independent nursing programs. This proposal would reflect the current organizational and operational structure as one program with a primary campus and two branch campuses, each campus offering pre-licensure and post-licensure nursing programs and be consistent with all other accreditation and institutional approvals at WCU. The proposal that details the re-organization and the organizational chart was reviewed.

Approval is requested for reorganization recognizing West Coast University, Baccalaureate Degree Nursing Program, Los Angeles Campus (Main Campus), with two branch campuses at Orange County and Inland Empire (Ontario). The NEC will schedule a site visit to Inland Empire (Ontario) campus to review the program during 2013-2014 academic year to better align their program review with the other two campuses and provide a progress report of the visit to the Board.

**ACTION:** Approve Major Curriculum Revision for West Coast University Baccalaureate Degree Nursing Program (Inland Empire, Los Angeles and Orange County campuses).

- **CNI College Associate Degree Nursing Program.**
  - Ms. Sandy Carter, MN, RN, Program Director; Mr. Jim Buffington, CEO/President; and Mrs. Colleen Buffington, Vice-President.

  Sandy Carter, MN, RN, has been the Program Director since March 2011. CNI College is a private for-profit institution in Orange, CA. It is accredited by the Accrediting Bureau of Health Education Schools (ABHES) and has degree granting authority from the Bureau of Private Postsecondary Education. The Board granted initial approval of CNI College on November 28, 2012. At the meeting in November, the Board action included initial approval of CNI College ADN Program, limiting admission to 24 students, two times per year instead of admission quarterly as proposed in the school’s report. The Board’s concerns related to adequacy of available clinical placements for the number of students being admitted. The Board instructed the school to return to ELC in one year for consideration to increase enrollment. This proposed major curriculum revision is to seek approval for increased enrollment.

  CNI College submitted a request to increase enrollment with supporting documents that show that the school has adequate resources, including additional clinical sites for the required nursing areas to support the increased enrollment and provide educational experiences necessary to meet program objectives. M. Minato, SNEC, made a site visit to CNI on June 19, 2013 to review completed physical facility, including the Skills and Simulation Labs, classrooms, and learning resource room, and on August 21, 2013, M. Minato met with 48 students, two cohorts admitted in January and July. The first cohort is just starting in the nursing courses. Students reported that admission process was smooth and were pleased with their progress in the program. The simulation lab is set for the faculty to utilize high-fidelity and mid-fidelity patient simulators to enhance the students’ clinical experience and learning.

  A chart was provided showing the admitted cohorts and the clinical placement needs for the students during their educational period, taking into consideration admission of additional students every quarter, starting in Winter Quarter, January 2014. The maximum number of clinical agencies needed occurs when Cohort 6 enters Quarter 5. This projection shows the following types of sites are needed for cohort size of 24 admitted each quarter: 8 sites for Med-Surg, 2 sites each for OB and Peds, 2 sites for Psych-MH, and 2 sites for geriatrics.
The program has continued to add to the initial list of clinical agencies since November 2012. The current list showed that the CNI College has secured a total of twenty-four (24) clinical sites including 16 medical-surgical, 6 geriatric, 4 obstetric, 6 pediatric, and 5 psychiatric/mental health clinical sites. The director expressed that the selection of sites reflect the school’s curriculum, which incorporates community health care experiences that emphasizes health promotions for individuals and families through the lifespan. Additionally there are 10 agencies the school is waiting to finalize the contract. The pending clinical sites include 5 medical-surgical, 1 geriatric, 1 obstetric, 4 pediatric and 1 psychiatric/mental health clinical placements. When all contracts are completed, there will be 34 sites. Clinical verification forms for these agencies verifying placement were provided by CNI. The specialty sites that CNI College secured for their students include: Pediatrics: 6 sites – Acute (2); Subacute care (2); Community-based (1); Primary care office (1); Obstetrics: 4 sites – Acute (4); Psych-MH: 5 sites – Acute (2); Outpatient (1); Community-based (1). The program’s curriculum and rotation schedule were developed to maximize the use of clinical placement and to handle admissions every quarter. The number of clinical sites secured by the program is sufficient to provide clinical placements for the increased number of enrollments the program is seeking.

This request is for approval to increase enrollment of 24 students admitted every quarter (4 times per year). beginning January 2014. Total number of admission per year is 96 students. NEC will continue to monitor the new program per initial program approval protocol and as needed.

**ACTION:** Approve Major Curriculum Revision for CNI College Associate Degree Nursing Program.

- **Imperial Valley College Associate Degree Nursing Program.**  
  Dr. Susan Carreon, RN, MN, PhD, Director of Nursing & Allied Health, and Ms. Tina Aguirre, Instructional Dean of Health & Sciences.  
  Susan Carreon, RN, MN, PhD, is the Director of Nursing & Allied Health at the Imperial Valley College Associate Degree Nursing Program. The program submitted a major curriculum revision proposal to be implemented Fall 2014. The revision will ensure currency, cohesiveness and efficiency of the curriculum.

  IVC faculty adopted QSEN (Quality and Safety Education for Nurses) competencies as the basis for their curriculum since these competencies have been supported by multiple nursing organizations as a basis for curricular reform: Patient-centered care, Interdisciplinary Collaboration, Evidence-based practice, Quality Improvement, Safety, Informatics. Plus Patient Education, Professionalism, Leadership. The program philosophy, organizing framework, and program outcomes & competencies were revised based on QSEN. QSEN threads and the nursing process are woven into all course outlines, syllabi, teaching plans and leveled evaluation tools for cohesiveness and consistency across the curriculum. Courses were realigned without a change in content:
  - All theory courses that had a clinical component are now combined into a single course to support better coordination rather than being two separate courses.
  - Separate Skills courses in each semester are now integrated into all courses that have a clinical component (decrease of 3 units). Open Learning Lab to augment independent skills practice.
  - Use of Simulation is being increased to augment clinical experiences obtained at local hospitals.
  - Nursing Fundamentals and Lab/Clinical no longer two courses with integrated geriatrics, but one course. (decrease of 2.5 units from 8.5 to 6 units)
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- Pediatrics and Gerontology taught as separate courses – no longer integrated to ease the burden of faculty having to be current in multiple content areas.
- Obstetrics taught as separate course, not split with Med-Surg.
- Pharmacology no longer two courses but one course in first semester plus integrated into all courses except Nursing Trends. (decrease of 1.5 units from 3 units)
- 4th-semester clinical Preceptorship is being added as part of the leadership experience to improve transition from student to staff nurse and give the student a more realistic “Staff Nurse” Experience.

Revised BRN curriculum forms EDP-P-06 and EDP-P-05 were submitted and meet BRN requirements. Units are semester units, 18 weeks compressed to 16 weeks. There are no changes to Communication and Science Units. Nursing Units decreased from Total Units of 45.5 to 38.5 units: Theory Units decreased from 24 to 20 units; Clinical Units decreased from 21.5 to 18.5 units. Program Content Required for Licensure is 63.5 units, a decrease of 7 units. Other Degree Requirements decreased by 1 unit, from 13 to 12 units. This revision not only strengthens the program but also moves it closer to the proposed Transfer Model Curriculum for community college ADN to CSU BSN programs, as well as ACEN (Accreditation Commission for Education in Nursing) accreditation standards.

ACTION: Approve Major Curriculum Revision for Imperial Valley College Associate Degree Nursing Program.

- Palomar College Associate Degree Nursing Program.
  Dr. Judith G. Eckhart, DNSc, RN, Chairperson Nursing Education, Program Director.
Students of this well-established program can select to pursue either an Associate of Arts (77 units required for graduation; transfer degree) or an Associate of Science in Nursing (71 units required for graduation) degree. Program leadership, faculty and students worked together to produce a major curriculum revision proposal comprised of the following elements:
  - Eliminate BIO102 science prerequisite.
  - Revision of philosophy and curriculum frameworks, including course learning objectives and outcomes, to incorporate the concepts, standards and elements of QSEN (Quality and Safety Education for Nurses) competencies.

The revision does not alter previously approved units required for licensure (nursing, communication, science) but will decrease the total units required for graduation relative to the elimination of the BIO102 prerequisite. Details of the revision were provided in additional documents which were reviewed by the NEC. This revision will benefit students by decreasing required units which reduces cost and time burdens for program completion, and by ensuring widely accepted current best practice quality and safety standards are included in the curriculum. Upon receiving Board approval, the program will then seek ACEN (program’s accrediting agent) approval and implementation will follow.

ACTION: Approve Major Curriculum Revision for Palomar College Associate Degree Nursing Program.

- San Joaquin Valley College Associate Degree Nursing Program.
  Dr. Janine Spencer, EdD, RN, Program Director and Mr. Don Wright, Campus President.
Janine Spencer, Ed.D., RN, has served as the program director since February, 2008. Kathryn DeFede, MSN, RN, and Barbara Lund, MSN, RN, are assistant directors. The curriculum for San Joaquin Valley College LVN to RN option was originally approved by the Board in December 2005 at the time of initial program approval. The curriculum was designed to complement and build on the existing knowledge base of the LVN; National League for Nursing Core Competencies provided the theoretical framework for RN level content. Subsequent curriculum revisions were minor and included changing course names and unit values.
numbers to align with new courses added to the program for the generic RN program option. Early terminal student performance as measured by NCLEX results demonstrated the program’s initial success. However, subsequent NCLEX results fell below the BRN threshold for program performance. The program’s substandard NCLEX pass rates for academic years 2010/2011 – 2012/13 is the driving force for this curriculum revision proposal.

The program engaged the services of Dr. Karin Roberts, a curriculum consultant from Assessment Technologies, Inc. (ATI) for curriculum review and mapping processes. The report from Dr. Roberts, along with the program’s data review and input from faculty and students revealed that multiple revisions are needed to bring program policies, curriculum content, and curriculum delivery into alignment with current accepted standards of nursing education, other industry recognized guidelines, and ongoing BRN regulatory compliance, including CCR 1443.5 Standards of Competent Performance for registered nurses. The faculty worked together to develop revisions in program policies and curriculum components in order to meet the specific educational needs of the LVN to RN student population. The program’s major curriculum revision proposal is summarized below and was explained in detail in additional documents submitted by the program. Summary of revisions:

- Add a Program Learning Outcome addressing student competence with electronic media as used in providing safe, effective patient care; feedback from faculty indicates that the LVN to RN student population may be less familiar with using electronic media than their generic RN counterparts;
- Modify the number of credits granted for previous VN education by removing the one unit granted for theory and applying that unit to credit granted for clinical experience acquired in the VN program. This change reflects the program’s conclusion that LVN enrollees enter the program deficient in fundamental registered nursing theoretical concepts. Total units granted for previous VN education remain unchanged at 6 units.
- Modify curriculum delivery by adding one day per week for theory courses; this change will allow students in an accelerated program to receive complex information in discrete packages and provide necessary time for students to absorb, synthesize and apply critical RN concepts and clinical reasoning.
- Course revisions as follows:
  - Replace RN 29 Role Transition, the “LVN bridge course” with a new course, RN 29 Basic Medical-Surgical Nursing Concepts, a foundational medical/surgical nursing course that will emphasize fundamental registered nursing theory, pathophysiology, and critical thinking. Units remain unchanged with 3 theory units and 1 clinical unit;
  - Increase RN 31 Intermediate Medical/Surgical Nursing theory units from 2 units to 3 units; clinical units will remain the same at 3 units, for a total of 6 units;
  - Replace RN 33 Pediatric Nursing (2 theory units and 2 clinical units) with RN 34 Maternal/Child Nursing (5 units; 3 theory units and 2 clinical units); this change will provide RN level theory and clinical units for both OB and pediatric content.
  - Increase RN 40 Mental Health Nursing from 2 theory units to 3 theory units and clinical units from 1.5 units to 2 clinical units;
  - Reduce RN 41 Advanced Medical/Surgical Nursing clinical units from 4.5 units to 3 units; this change will eliminate the precepted clinical experience, thus providing a more rigorously supervised advanced M/S clinical experience.
  - Eliminate the RN 32 Leadership course by integrating the ethics content throughout the curriculum and adding the remaining content to the existing RN 42 Leadership course;
Increase RN 42 Leadership units from 2 units to 3 units; this change will add a greater culminating focus on critical thinking as well as add other content from RN 32 Leadership as referenced above;

- Replace the co-requisite Ethics course, required by the college for graduation, with a humanities elective that students have the option to complete prior to enrollment in the program;
- Reduce required units for the prerequisite physiology course from 5 units to 4 units. This change is in response to the program’s finding that many applicants complete a 4-unit physiology course at other schools prior to applying to San Joaquin Valley College.

The proposed curriculum revision strengthens the total LVN to RN option nursing program curriculum. The changes result in an increase of one nursing theory unit and a decrease of one science prerequisite unit. Overall units for licensure and graduation remain unchanged with 61 semester units required for licensure and 71 units required for graduation. BRN curriculum forms EDP-P-05 Total Curriculum Plan and EDP-P-06 Required Curriculum: Content Required For Licensure outline the curriculum changes, meet regulation and have been accepted by the NEC.

**ACTION:** Approve Major Curriculum Revision for San Joaquin Valley College Associate Degree Nursing Program.
AGENDA ITEM: 7.3
DATE: November 6, 2013

ACTION REQUESTED:
United States University (USU) Accelerated Baccalaureate Degree (ABSN) and Entry Level Master’s Degree (ELM) Nursing Programs Progress Report

REQUESTED BY:
Michael Jackson, MSN, RN
Chairperson, Education/Licensing Committee

BACKGROUND:
Debora Erick, MSN, RN, Dean, College of Nursing, is the USU ELM and ABSN program director. Steven Litteral, MSN, RN is full-time faculty and the assistant program director.

In June 2011 the Board placed the USU prelicensure program on warning status with intent to remove approval and prohibited additional program enrollment due to areas of noncompliance. A continuing approval visit was conducted 11/30-12/01/2011 with findings of noncompliance and the warning status with ban on enrollment was continued. The program implemented multiple improvements and in September 2012 evidence was provided that the program was in compliance with all regulations except CCR 1431 which requires a minimum 75% pass rate for NCLEX-RN exam by first-time test taker program graduates. NCLEX-RN outcomes to date are: 2009-2010 62.50% (8 taken); 2010-11 71.43% (28 taken); 2011-12 68.97% (58 taken); 2012-13 56.58% (76 taken). The total number of test-takers to date is 170 of the approximately 177 total prelicensure program completers to date as reported by the program (cohorts 1-7).

In February 2013 the Board evaluated the program and authorized admission of one cohort of twenty students to enter the program in May 2013. This eighth program cohort has now completed the first two program courses (Nursing Fundamentals and Pharmacology), and began the third course (Nursing Care of Adults and Older Adults) on September 3, 2013. Cohort 8 will complete the program on September 26, 2014. At the May 2013 meeting of the Education/Licensing Committee (ELC) the program requested permission for admission of additional students. A decision was deferred and the program was directed to present a progress report at the October 2013 ELC meeting to provide evidence of the existing cohort’s probability of successful program completion and passing NCLEX-RN examination.

To ensure the success of Cohort 8 students and additional future students, multiple measures have been implemented that address faculty expertise, instructional methodologies, program progression, remediation of students, bridging knowledge across content and course progression, and other process changes. The process, instruction and program delivery revisions have been data-driven and informed by multiple stakeholders. These measures are explained in more detail in the attached progress report which also includes evidence of adequate resources, including faculty and clinical placements, to present the curriculum as approved for two concurrent cohorts of 20 students.

The program is requesting status of continue approval and permission to admit an additional cohort of twenty (20) students in January 2014.

Education/Licensing Committee recommendation of October 1, 2013: Continue Warning Status with no additional program enrollment until NCLEX-RN examination outcomes of the Cohort 8 students are known, which will occur approximately April 2015.

NEXT STEPS:
Notify program of Board action.

FISCAL IMPACT, IF ANY:
None

PERSON(S) TO CONTACT:
Leslie A. Moody, RN, MSN, MAEd, Nursing Education Consultant
Dear Leslie,

United States University (USU) is pleased to inform the Board of Registered Nursing (BRN) of the positive changes continuing to take place within the Accelerated Bachelors of Science in Nursing/Entry Level Masters (ABSN/ELM) Nursing Programs. The institution continues to address the areas of concern in leadership and curriculum previously identified by the BRN. The University now approaches each challenge in an academic and fully compliant manner. United States University requests to be removed from probation and allowed to admit additional ABSN/ELM cohorts.

- **Faculty**
  
  To improve the quality and consistency of the prelicensure program, USU has committed to having only full-time nursing faculty teach core nursing courses.

  Full-time faculty members teach all five content areas. The following full-time faculty members are the content experts for the areas listed below:
  
  - Steven Litteral is the content expert in Med-Surg and Pediatrics.
  - Emeline Yabut is the content expert in OB.
  - Monica Munn is the content expert in Psych-Mental Health.
  - Debi Erick is the content expert in Geriatrics.

  Each full-time faculty member teaches both theory and clinical courses in the same content area, providing consistency between theory and clinical experiences for students. The institution has two faculty members that hold PhDs, one in Nursing and one in Education, including curriculum development. Two more of the full-time faculty members are on track to graduate with PhDs in Nursing by December 2014. Additionally, Dean Erick has held the designation of Certified Nurse Educator (CNE) for several years. The institution recognizes the value of this certification and will invest in all full-time nursing faculty to become CNE certified by fall 2015. USU also continues to have a rich collaborative team of qualified adjunct faculty to assist in clinical and skills lab instruction as needed.

  USU has made a commitment to assist the nursing faculty in keeping current in their areas of specialty by providing professional development opportunities. University representatives attended the 2013 NCLEX Conference in Chicago. Nursing faculty members also plan to attend the National League of Nursing (NLN) Summit in Washington DC, the Commission of Collegiate Nurse Educators (CCNE) Fall Conference in Washington DC, the Association of California Nurse
Leaders (ACNL) Nursing Role in the Wellness of our Communities Cruise, and the Deans and Directors Update in Palm Springs in October 2013. After participating in professional development opportunities, faculty members are required to present updates and important information at the next nursing faculty meeting and/or university wide Faculty Senate meeting.

- **Student Assessment and Improvement Plans**
  The University has assessed student education outcomes through a variety of methods and created curricular activities to address objectives.

A pilot study with Turning Point Technologies Audience Response Clickers was utilized in the Pharmacology course. During class presentations, slides with questions related to content were interspersed, student responses were polled, and the statistics collected. This data identify gaps in student knowledge that were then addressed immediately. Each student was assigned a response card, the electronic data collected was used to identify at risk students who then received individual remediation in their area of knowledge deficit. Since this has been a successful innovation, faculty are continuing this instruction method throughout all core nursing courses.

Students are encouraged to be active participants in their education. One such activity is the 3Ks assignment which is used at least once in each course. The following is an example of 3Ks utilized in Pharmacology:

- Upon entrance into the classroom, the students were asked to identify in writing what they knew about antibiotics prior to the pre-class reading assignment.
- Next, students were asked to write down what they learned from the pre-class reading assignment.
- They then were asked to write down what questions they had and what they wanted to learn about antibiotics during the class session.
- The papers were collected and the instructor presented the answers to those questions during the remainder of the classroom presentation.

This activity assists the individual student in identifying concepts that need clarification and promotes the development of self-evaluation techniques.

Throughout all course exams, faculty members utilize questions at the application and analysis levels which are working to improve the critical thinking abilities of prelicensure students. Immediately after every quiz and exam, professors review the correct answers and the rationale, helping students improve content knowledge and test taking abilities. Areas that are identified as more difficult are then retested during the next assessment opportunity. In this manner, the student level of expertise in nursing content is improving. Kaplan predictor data supports the prospect of future NCLEX success for these students.
The University encouraged the student nursing body to form a Student Nurse Association (SNA) in July 2013. SNA elected officers and their selected student representatives attend nursing faculty meetings to voice concerns, provide input to policy, suggest curricular improvements, and enhance learning experiences. SNA representatives expressed that some students felt anxiety regarding clinical skills prior to the clinical experience. As a result of feedback provided through this process, faculty has implemented a pre-clinical Simulation/Skills Lab component which includes high and low fidelity simulation. Additionally, in the lab setting, previously learned clinical skills are reviewed, instruction is given on advanced clinical skills, and students participate in return demonstration to ensure competency before entering a clinical setting. The Advancing Care Excellence for Seniors (ACES) unfolding cases resource from the National League for Nursing are also incorporated into these pre-clinical experiences. Course evaluation data collected from students at the end of each course is now utilized to enhance program learning outcomes.

In speaking to previous graduates and stakeholders in the nursing community, faculty discovered many new graduates feel unprepared for working nights in new licensure roles. To address this concern, a night rotation experience is now incorporated in the Nursing Care of the Adult and Older Adult (NUR320L) course. All students will have congruent robust clinical experiences because all students will be on the same clinical unit rotating between weekday, weekend and night shifts throughout the clinical course so they can experience the hospital environment during different shifts. This will better prepare our graduates for career success. A full-time faculty member is assigned to the role of clinical placement coordinator to manage student clinical placements in line with BRN requirements and course objectives.

- **Curriculum and NCLEX preparation**

USU has followed BRN recommendations for curriculum review/revision by utilizing the expertise of Dr. Colette York. Additionally, we have hired Dr. Monica Munn who holds a PhD in Curriculum Instruction to ensure continued compliance in this area.

Permission from the BRN was granted for a minor curriculum change to place Nursing Care of the Critically Ill Adult and Older Adult (NUR 340/NUR 340L) at the end of the ABSN/ELM program. Community Health Nursing (NUR 462/ NUR 462L) is now the fourth class in the linear curriculum sequence. This request was based on the research of Uyehara, Magnussen, Itano, and Zhang (2007) who found placing the last medical-surgical course in a prelicensure nursing program at the end of the curriculum made a significant difference in the NCLEX-RN pass rate.

The University’s application for CCNE accreditation was accepted and the on-site evaluation visit is set for September 8-10, 2014. The team is preparing a self-study document while aligning curriculum with CCNE standards.

Based on BRN recommendation, USU representatives visited Imperial Valley College (IVC), which has a similar student demographic with a successful NCLEX pass rate. It was discovered that IVC effectively uses simulation opportunities and offers exemplary student support throughout their program. As a result of this collaboration, USU will continue to provide
Skills Lab tutoring and NCLEX preparation throughout the prelicensure program. If allowed to admit an additional cohort, we will also implement TEAS tutoring.

Utilizing the Mountain Measurement Reports, the Dean compiled the statistics and applied the data to the curriculum. Based on this research, it was determined that graduates were lacking knowledge of Physiology. To address this knowledge gap, the nursing faculty has increased the rigor of the Physiology focus throughout the entire nursing program. This focus begins with the addition of ACES case studies in the Foundations of Professional Nursing (NUR 310) course, the integration of Kaplan curriculum throughout the program and NCLEX type exam questions. Currently within each class session of each course, students have either a quiz or an exam which assists them in developing critical thinking skills that are then applied in the clinical setting.

Previous students who scored below the national standard on the ATI NCLEX predictor, did in fact fail the NCLEX exam. As a result, Kaplan Focused Review and Integrated Exams have been implemented throughout each course in the program to identify and address areas of concern. In NUR 310, a weakness in dosage calculation was identified. Additional instruction and practice addressing this weakness was provided. The current educational strategies are effective as evidenced by the Kaplan Integrated Exam given at the end of the Pharmacology course. The cohort consistently scored higher than the national norm on all dosage calculation questions. The cohort average was 84.2 percent when the National Norm is 52.3 percent.

In reviewing the data from unsuccessful first time NCLEX-RN attempts from previous cohorts, the Dean found that graduates who did not pass NCLEX were more apt to have failed a course within their nursing program. Previously, there was not a formal remediation plan in place. To address this issue, the College of Nursing developed a formal remediation/re-admittance policy. Currently, if a student fails a course he/she is given an individual remediation plan designed to assist in the reduction of knowledge deficit. The student must complete this remediation, pass the previous course final exam, and successfully complete a skills competency assessment before re-entry.

Academic rigor and accountability are being upheld by the nursing faculty and the institution as a whole. USU is providing remediation courses, open Skills Lab opportunities, individual tutoring, and 24/7 Pearson tutoring to assist students in meeting the challenges of nursing curriculum. However, if students fail to meet the requirements of becoming a safe and competent nurse, these students are not allowed to register for the next course, and are dismissed from the program.

One student enrolled in the prelicensure program during Summer Session I 2013 did not achieve acceptable performance in Foundations of Professional Nursing Clinical Applications (NUR 310L). This student failed the dosage calculation exam and was unable to continue in the program. Another student in Pharmacology (NUR 330) failed the Kaplan Integrated Pharmacology Exam and the final exam, making him/her ineligible to continue to the next course. Currently, two students who minimally passed the grading standard for NUR 330 were required to sign an academic contract and are on academic probation. Within the academic contract, these students must complete Pharmacology remediation, open Skills Lab sessions,
individual tutoring, and maintain an academic record above the passing standard to continue in the program. While United States University strives to support all students, the institution understands that it must maintain academic rigor to ensure NCLEX-RN established passing standards and safe best practice nursing standards for the healthcare needs for the people of California.

To assist the previous prelicensure graduates that did not pass the NCLEX on their first or subsequent attempts, the University is providing opportunities to return to nursing didactic courses and audit free of charge. In Summer Session I, there was one participant auditing. In Summer Session II, there were four students, and in our current Fall Session I, we have five former students auditing. In addition, free individual tutoring and access to Kaplan resources for NCLEX preparation are provided. Previous graduates also have free access to the Pearson Testing Center at USU where mock NCLEX exams are given to assist in NCLEX predictor success. The first individual who completed this NCLEX preparation passed NCLEX-RN on his subsequent attempt. As the current nursing administration and faculty gain the trust of former students, USU is confident that this opportunity will be a benefit to former students who were unsuccessful or have not yet attempted the NCLEX-RN.

- **Admissions Standards**

To ensure admission criteria is consistently adhered to for the nursing program, a new Admissions Committee will be formed consisting of the Dean, Assistant Dean, two full-time faculty members, and a member of the administrative team. The admissions requirements are as follows:

- **Nursing Application**
- Transcript w/ bachelor's degree conferment from an accredited US college or university, or possess the equivalent of a US Bachelor’s degree as documented by an authorized foreign credentialing service.
- GPA 2.75 (last 60 semester or 90 quarter credits of the Bachelor's degree and a “C+” or better in all admission prerequisite courses). Science prerequisite courses must have been completed within the last 7 years.
- Purpose Statement (between 750 – 1000 typed words). Including the following:
  - Career goals and how the Nursing Program relates to these goals
  - Description of health-related experiences
  - Plans for managing the academic load of an accelerated program
  - Special skills and attributes possessed and how they contribute to a career in nursing (second language, leadership, community involvement, etc.)
- Letter of Professional Recommendation attesting to character and potential success in the program
- Test of Essential Academic Skills V (TEAS V). TEAS V Exam score must be 78% or higher and must be taken within the last year or less to qualify. The TEAS exam may only be taken three (3) times in one (1) year.
- Successful Interview with Admissions Committee
- Social Security Number as required by BRN to take the NCLEX exam
- Professional liability insurance
- Personal health insurance
- CPR certification for Healthcare providers by the American Heart Association (AHA)
- Meet the health clearance requirements of the University and assigned clinical agencies
  - Physical exam
  - Immunization Documentation
  - Clear criminal background check and drug screen
- Prerequisite Requirements Completion Audit (46 credits)
  - BHS 362 Research Statistics
  - BIO 150 General Biology
  - BIO 150 General Biology Lab
  - BIO 252 Human Physiology
  - BIO 252L Human Physiology Lab
  - BIO 251 Microbiology 3
  - BIO 251L Microbiology Lab
  - BIO 261 Anatomy
  - BIO 261L Anatomy Lab
  - CIS 201 Foundations of Information Literacy
  - COM 104 Speech
  - ENG 130 English Composition and Reading
  - PHI 342 Critical Thinking
  - PHI 380 Ethics in Healthcare
  - PSY 101 Introduction to Psychology
  - SOC 305 Critical Perspectives in Society
  - SOC 101 Introduction to Sociology

United States University respectfully asks for the removal of the warning status attached to our ABSN/ELM program and the opportunity to admit another cohort of 20 students in January, 2014. The University will provide an information session for prelicensure applicants explaining the admissions criteria, academic rigor of the program, and will offer TEAS tutoring. The Admissions Committee will adhere to the admissions and screening criteria previously discussed. The College of Nursing will also be able to offer the re-entry process to students that previously failed out of the prelicensure program if they remain interested in a career in nursing and prove themselves proficient in the re-entry process. United States University is grateful for the opportunity to conduct this through self-evaluation and quality improvement process of the prelicensure nursing program. The University appreciates the consistent guidance and support from the Board of Registered Nursing throughout this endeavor.

Regards,

[Signature]
Debora Erick MSN, PHN, CNE, RN
Dean College of Nursing
United States University
## Cohort 8

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### Proposed Cohort 9 -Start Jan 6 2014

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### KEY:
- ➡️ = add 2 six-hour open skills lab days
- ➡️ = add FT faculty

PVH = Paradise Valley Hospital
GHSNF=Granite Hills SNF
NMCSD=Naval Medical Center SD
SDCPH=San Diego County Psychiatric Hospital
SCV=Sharp Chula Vista

= add FT faculty
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Note: FT = Full Time, PT = Part Time, PVH = Private Valley Hospital, SCV = Santa Clara Valley, SDCPH = Santa Clara County Public Health, NNMCSD = New North Medical Center San Diego, SCVMC = Santa Clara Valley Medical Center.
AGENDA ITEM: 7.4
DATE: November 6, 2013

ACTION REQUESTED: ITT Technical Institute Rancho Cordova (ITTRC) Brekinridge School of Nursing (BSNHS) Associate Degree Nursing Program Progress Report (PPR)

REQUESTED BY: Michael Jackson, MSN, RN
Chairperson, Education/Licensing Committee

BACKGROUND: Dr. Mercy Popoola, MSN, PhD, RN was approved as Program Director (PD) on 8/12/13. Ms. Patricia Widman, MSN, RN has served as the program’s Assistant Director (AD) since February 2013.

Initial program approval was granted as specified in attached Board action letter, June 15, 2011. At the time of initial program approval, no areas of non-compliance and no recommendations were identified. The program enrolled the first cohort in March 2012, the second cohort in September 2012 and third cohort in March 2013. Total program enrollment is 71 students: Cohort #1 (19), Cohort #2 (22), and Cohort #3 (30) students.

In July 2013, a continuing approval visit was triggered by the loss of two essential clinical affiliations (Sutter Health and Dignity Health). These two clinical affiliations were required to be in place for implementation of the program curriculum as initially approved because these affiliations provided sufficient clinical practice learning experiences in three main specialty areas: OB, PEDS, and Advanced Medical Surgical Nursing. The Spring 2013 loss of these two clinical partners delayed Adult Nursing II (AN II) course completion for Cohort #1(Qtr.6) students in the Summer 2013 quarter of the nine quarters program of study. The loss of these two vital affiliations resulted in the immediate lack of OB, PEDS and Advanced Medical Surgical clinical placements with no appropriate “back up clinical facilities” secured by August 7, 2013. The lack of ANII clinical placements and OB, PEDS, and Advanced Medical Surgical placements meant the program no longer had adequate clinical placement sites required for Cohort #1 student progression. As of 8/7/13, ITTRC had only one clinical site secured; this site was used in Summer 2013 for Cohort #2 students to complete Clinical Concepts II coursework so this cohort could progress to Qtr.5 in Fall 2013 for Adult Nursing I (AN I) course completion.

Detailed findings of the July 2013 continuing approval visit are described in the Education Licensing Committee (ELC) 8/7/13 meeting materials and the September 11, 2013 Board meeting reports. The July 2013 continuing approval visit findings included seven areas of non-compliance(s) and six areas of recommendations as documented in the detailed consultant report of visit findings and the separate summary Report of Findings report. The summary Report of Findings is attached.
On September 11, 2013 the Board placed the program on Warning Status with Intent to Withdraw Program Approval in addition to requiring other specified actions as delineated in the September 11, 2013 formal Board action letter being sent to the program following the 9/11/13 Board meeting. The September 2013 Board actions included suspension of program enrollment indefinitely and requires the program submit evidence of full compliance in each of the areas of non-compliance by December 1, 2013. The program’s written progress report (PPR) to be submitted by December 1, 2013 will be presented at the January 2014 ELC meeting and the February 2014 Board meeting with program representatives to be in attendance.

ITTRC has submitted the first written Program Progress Report (PPR). ITTRC’s written PPR documents (pgs. 1-10; Attachments1-9 and Cohort#1, 2, and 3 Fall 2013 course schedules) will be presented at the October 2013 ELC and November 2013 Board meetings. These PPR documents describe the program’s actions and progress as of 9/19/13 in correcting the seven areas of non-compliances as well as actions taken or in progress to address the six recommendations.

**ITTRC’s Current Clinical Sites as of 9/19/13**

The ITTRC 9/19/13 PPR provides written evidence showing the program has secured the necessary clinical placements to implement the Fall 2013 course of instruction and clinical practice/learning experiences for all three cohorts of program students. (Please refer to attached Cohort #1, 2, and 3 schedules provided).

ITTRC’s written PPR, Attachments and Fall 2013 quarter schedules show the following clinical sites are to be used from September 16-December 6, 2013:

- Delta Rehab (contract already in place-Cohort #1 Gero course clinicals (G1,2 groups);
- Doctors Medical Center San Pablo (new contract/facility-Cohort #1 Adult Nursing II (ANII) (G1,2); Cohort #2 Adult Nursing I (ANI) (G1,2,3 groups);
- Sacramento Post -Acute Care (new contract/facility-Cohort#1 ANII (G1,2 groups), Cohort #2 ANI (G1,2, 3 groups).
- Sierra Vista Psych (new contract/facility-Cohort#1 Psych/MH (SV-P/MH) (G1,2 groups);
- Western Slopes Health Center Placerville (WS used since 5/13; Cohort #3 Clinical Concepts I (CCI) (G1,2, 3 groups).

**Potential Back up/Alternative Clinical Site**

- Oak Valley in Oakdale (2 hrs. distance from Sacramento). A clinical contract is in place, however, no specific student placement dates for Fall 2013 or in the future have been confirmed as yet. Per the ITTRC PPR pgs.2-3, this site will be used an alternate site (only periodically) because of the distance from the ITTRC campus. The Director and the NEC plan to visit the site prior to December 1, 2013. The current Director has not visited the site yet and it has been about two years since the NEC visited the site. The site evaluation will be done using the updated clinical verification facility information provided by ITTRC.
**Doctors Medical Center (DMC) Placements Secured**
On 9/11/13, Dr. Popoola provided a signed clinical agreement for DMC; she obtained the signed contract on 9/10/13. DMC in San Pablo will provide ITTRC clinical placements starting September 16, 2013- June 2014. DMC is approved to provide needed Capstone Advanced Medical Surgical course clinical placements as well as CCI,II, AN I, II clinical rotations. Refer to ITTRC Program Progress Report (PPR) pgs. 2-3, 7, Attachment 2 and Cohort# 1, and 2 Fall 2013 schedules as attached.

**Sutter Health Clinical Placements 9/19/13 Verbal Commitment**
Beginning January 2014 Sutter Health has verbally agreed to provide clinical placements (including PEDS and OB) as needed for the currently enrolled 71 students from January 2014 through December 2015. Refer to ITTRC PPR pgs. 3 & 7 for details.

**Status Dignity Health Potential Clinical Placements**
Please refer to ITTRC PPR pg.3. ITTRC and Dignity Health meeting occurred 9/3/13; as of 9/19/13 no definitive placement commitment secured. ITTRC’s initial request was for OB and PEDS placements for the Winter 2013 quarter (December 9-mid March 2014) to place Cohort #1 (19) students.

**Cohort #1 Adult Nursing II (AN II) Course Completion**
The attached Cohort #1 schedule shows the specific plan for completion of AN II concurrent theory and clinical hours from 9/16/13-10/19/13. All AN II hours will be completed before Cohort #1 students take the Psych and Gero courses. The required Fall 2013 nursing Psych and Gero courses(with concurrent theory and clinical hours) will be taken in a 7 weeks compressed instructional format per the attached schedule. The Fall quarter ends 12/6/13.

**NEC Comments:** Henceforth, the program is expected to maintain adequate faculty and clinical placements for the on time completion of all courses each quarter. This applies to all program cohorts with no additional exceptions or accommodations.

A **lack of adequate Clinical Placements for OB, PEDS, and Advanced M/S is potentially resolved as of 9/19/13**
As of 9/19/13 the Director reports the program has now secured sufficient clinical placements to adequately implement the course of instruction for Fall 2013, and based on the 9/19/13 Sutter Health verbal commitment, for the period from January 2014 through December 2015. Sutter Health’s verbal commitment applies to the current 71 enrolled students. Refer to ITTRC PPR pgs.3 and 7. Director states details are to be provided in November 2013.

**Summary of ITTRC PPR in each area of Non-Compliance**
CCR 1420 (c ), (h) PD/AD Insufficient/Ineffective coordination, direction …. per the July 7/13 BRN reports
- Refer to ITTRC PPR pgs.1-10, Attachments 1-9, and Cohort #1, 2, 3 Fall 2013 schedules for detailed specifics in relation to the corrective action taken and in progress.
- Dr. Popoola, the PD/Chair as of 8/12/13, has 100% (40 hrs./wk) assigned administrative time.
• AD Widman will have a minimum of 20% (5 hrs./wk) assigned administrative time each quarter. The amount of assigned time will vary from quarter to quarter. Dr. Popoola reports for the past 6-8 months, Ms. Widman’s assigned time has been well above 20%. According to ITTRC Attachment 9, effective 9/16/13, AD Widman is assigned 50% administrative time for the Fall 2013 quarter. She is also identified as one of two “back up” faculty. The Director has assigned two “back up” MSN instructors to cover theory and clinical hours when needed and according to the faculty members BRN approvals.

• Beginning 9/4/13, weekly leadership meetings have been established with the Program Director, Assistant Director, ITTRC campus leadership, and ITT Education Services, Inc. -ITT/ESI Inc. representatives BSNHS national nursing chair, Dr. Yigezu, and BSNHS President.

• The program provided current students a letter of notification regarding the program’s changed BRN approval status (Attachment 4). ITTRC has also provided inquiring prospective students including new and transferring students, the required notification information via email, phone and in person contacts.

**NEC Comments**
Dr. Popoola has worked diligently during the last 5 weeks to address the lack of clinical placements. Continuing changes in clinical site and faculty availability, as well as student scheduling challenges, have necessitated multiple changes in the Fall 2013 schedule that was finalized on 9/19/13 as attached. The Director’s program planning, decision making and prioritization activities have resulted in successful acquisition of the necessary Fall 2013 clinical placements for all three cohorts. She has also secured a verbal commitment from Sutter Health, (9/19/13) to provide needed placements for the 71 current program students beginning in January 2014 until December 2015 including OB and Peds clinical placements.

**CCR 1424(h) and 1426 (a) Lack of Timely BRN notification of program and curriculum changes per the 7/13 BRN visit reports.**
- Refer to ITTRC Program Progress Report (PPR) pg.2 for corrective action taken and corrective action in progress.
- Dr. Popoola’s communication has been timely from 8/12/13-9/19/13 via a variety of communication methods.
- Program Director reports two full time instructor level “back up” faculty were assigned to cover unexpected faculty replacement needs for Fall 2013; one of the “back up” instructors covered an unexpected emergency situation arising on 9/16/13.
- Faculty remediation plans have been initiated by the Program Director so existing faculty achieve reclassification and are able to teach in multiple specialty areas as needed each quarter. At least one part time adjunct assistant instructor will complete needed M/S remediation by mid-October 2013. This faculty member will then be able to teach both Peds and M/S clinical course components as assigned.

**NEC Comments**
Identification of a sufficient number of competent faculty and “back up” faculty to cover unexpected faculty staffing changes is very appropriate, and reflects prudent program planning and management of faculty resources. This degree of program planning must be a routine part of ongoing program resource planning by the Director and fully supported by the organization every quarter. Establishing and maintaining adequate type and number of faculty to cover all 5 specialty areas each quarter is essential moving forward to ensure instruction occurs as
scheduled, coursework is completed on time, program instructional stability is sustained, and quality instruction is delivered on a consistent basis even when unexpected program changes or emergencies arise. Additionally, ITTRC and program leadership is expected to adhere to and comply with the requirements (per CCR 1432) as stated in the attached June 15, 2011 initial program approval Board Action letter without exception when unexpected program changes occur. Failure to notify the NEC when program changes that impact on the course of instruction occur in a timely manner will place the program in non-compliance immediately in the future.

The Program Director may also need to increase the number of “back up” instructors available for each quarter moving forward; planning should include doing clinical site orientation of “back up” faculty prior to need.

CCR 1424 (e) and (f) Inadequate and Insufficient Program Director (PD)/Assistant Director (AD) time in Administration/Management of Clinical Affiliations per the 7/13 BRN visit reports

- Refer to Program Progress Report (PPR) pgs.2-3, Attachments 2-5 and the Cohort #1, 2, 3 Fall 2013 schedules for corrective action in progress.
- The Director reports the PD/AD will maintain adequate faculty supervision each quarter and as needed. Actions will include doing regular clinical site visits to observe faculty and student performance. The Director states immediate follow up related to faculty or student issues will occur as needed, and has already occurred based on the Director’s initial formative data collection in late August and early September 2013 and initial meetings with Dignity Health and Sutter Health.

NEC Comments
During the last 5 weeks (8/12/13-9/19/13), Dr. Popoola has spent significant amounts of time (30% per PPR) securing adequate clinical placements for the Fall 2013 quarter and future quarters of program instruction. For the DMC clinical placements, The Director took the leadership role (facility supported role) in orienting ITTRC clinical faculty to DMC since she was already familiar with the clinical site because she had supervised student clinical placements as a faculty member teaching in another pre-licensure program in the past. The Director’s working knowledge of the DMC clinical site is expected to strengthen both student and faculty orientation outcomes since DMC is a new placement for ITTRC.

CCR 1424 (b) (1) Total Program Evaluation per the 7/13 BRN visit reports:
- Refer to ITTRC PPR pg.4 for corrective actions in progress.
- PD/AD and faculty will begin work to implement the existing Total Program Evaluation Plan in October 2013.
- Initial formative program evaluation has been done by PD in late August/early September; formal analysis and report to NEC to follow (date TBD).
- A Program Advisory Board (PAB) has been established; the first meeting will occur 10/18/13.
- HESI testing processes and results reviewed; testing schedule; analysis, reporting and student remediation follow up activities underway.
- PD/AD to work closely with faculty to ensure course evaluation data collected, analyzed and timely action taken.
NEC Comments
Total program evaluation activities are crucial moving forward to identify and address needed program improvements in a timely manner. It is essential thorough course evaluation activities are consistently done since quarter to quarter course evaluations in the past were not done consistently for all courses and each faculty member teaching in the course. NEC plans to discuss results of Summer 2013 course of instruction evaluation results/action planning with PD in the next several weeks along with PAB outcomes achieved.

CCR 1420(e) and (k), 1424 (d), and (h) Program Administration: Budget and Faculty Resources per the 7/13 BRN visit reports
- Refer to ITTRC Program Progress Report (PPR) pgs.5, 8, Attachment 9 and Fall 2013 schedules for corrective actions taken and in progress.
- New 5 year program budget to be in place by December 1, 2013.
- Required faculty content experts identified (PPR pg.8); scheduled reviews to be determined.
- Current faculty number and type: 5 FT (and 2 potential); 4 PT/adjunct (with 2 potential) plus the FT Program Director, Dr. Popoola. PD is now approved as an instructor in OB and M/S.

NEC Comments
Given the program’s leadership and faculty stability issues to date, having an adequate type and number of faculty in place each quarter is essential and a critical success factor for the program to gain and sustain program stability moving forward now and in the future. Dr. Popoola, as program director is expected to maintain 100% administrative assigned time without responsibilities for a teaching load. This will ensure Dr. Popoola has sufficient time to manage and administer all aspects of the program on a consistent and timely basis.

During August –September 9/19/13, faculty turnovers included five changes: 1 FT AI, 2 PT MSN instructors, plus 2 other expected new FT MSN and 1 CYA hires, that have not been hired. The faculty changes in just the last few weeks, exemplify the reasons the 2011 ITT/ESI and ITTRC leadership established the program faculty staffing plan as reflected in the initial program approval documents when approved in June 2011. As approved in June 2011, the program was to have a total of 8-9 FT instructor level MSN faculty (including the PD) and PT as needed by Qtr.6 (Summer 2013). Please note this is also the total number of FT that should be in place to support enrollment for three cohorts of students. Had the program admitted a Cohort #4 group in September 2013, the program was to have hired additional full time faculty (9-10 FT by Qtr.7) along with PT as needed.

As noted in the July 2013 consultant visit report, the program’s faculty staffing plan as initially approved was deliberately established by the ITTRC and ITT/ESI representatives so adequate type and number of faculty are consistently available to implement the course of instruction and provide requisite administrative and instructional program stability. The initial faculty staffing plan was also purposefully developed by ITTRC and ITT/ESI leadership in 2011 to ensure unexpected teaching assignment changes arising due to personal faculty emergencies, illnesses, etc. could be addressed immediately with competent faculty, familiar with the curriculum and expected learning outcomes. During the initial program approval site visit in 2011, it was clear,
ITTRC representatives including the ITTRC campus director, the campus dean, the nursing program director and the ITT/ESI (National Nursing Chair# clearly recognized and understood the actual daily challenges associated nursing faculty recruitment, retention and the real world difficulties associated with finding adequate competent faculty replacements on short notice.

**CCR 1425.1 (d) Clinically Competent Faculty per the 7/13 BRN visit reports**
- Refer to ITTRC Program Progress Report (PPR) pg.6 and Attachment 5; corrective action in progress, this includes:
- Revised faculty orientation for Sutter per Attachment 5 materials and sample draft clinical orientation packet submitted separately.
- PD /AD establishing ongoing (midterm and before end of term observational visits) to monitoring clinical faculty during clinical rotations; written observations using program form will be done for every time faculty are observed. The faculty member will be given a copy of the observations findings that include expected follow up plans.
- PD establishing an ongoing faculty remediation/development plan for all current and new faculty. Two in-services (Nursing process to promote and teach critical thinking) will be done; one in November 2013 and a second (critical thinking/QSEN in-service) in Jan/Feb 2014.
- Dr. Popoola reports faculty competency skills validation for current and new faculty will be done. According to the PD any time there is a question with faculty clinical practice, an ITTRC faculty development/remediation plan will be implemented immediately.

**NEC Comments**
ITTRC has specific faculty development/remediation processes and forms for competency validation purposes in place as outlined in the faculty handbook. The Director reports she plans to refine existing processes and validation activities as needed, and will integrate those required by each of the program’s clinical sites as needed. ITTRC’s competency validation activities are distinct and different from the BRN faculty remediation requirements for BRN faculty reclassification approvals. The NEC will review all competency validation and written mid-term observations completed for Summer 2013, Fall 2013 mid-term and going forward as needed.

**CCR 1427 (a) Clinical Facilities: No OB, Peds, and Advanced Medical Surgical Placements secured to replace lost clinical affiliations with Sutter Health and Dignity Health per the 7/13 BRN visit reports**
- Refer to ITTRC PPR pgs. 2, 3, 7 Attachments 2 and 3, and this agenda item summary describing corrective action taken and in progress.
- PD and AD have taken steps to be re-invited to participate in the community clinical consortium. PD and or the AD will attend all these meetings going forward.

**NEC Comments**
No invitation for participation secured as yet. This item/outcome to be monitored as needed.

**ITTRC Program Progress Report (PPR) evidence related to the Areas of Recommendations per the 7/13 BRN visit reports:** For further details regarding ITTRC’s corrective action related to the six areas of recommendations, please refer to ITTRC’s (PPR) pgs.7-10 and supporting documents. It is also noted the program has submitted required evidence related to signed clinical contracts, a proposed sample/draft clinical orientation clinical package, remediation plans for faculty to be reclassified in another of the 5 specialty areas beyond existing
BRN faculty approvals, and the form the PD used in August and September 2013 to collect an initial set of formative program data.

**NEC Summary Comments relative to the submitted ITTRC Program Progress Report:**

- Accept ITTRC’s first progress report for the (October, 2013 ELC/November 2013 Board meetings) as adequate. Recognize ITTRC has made progress during the last three months (from July 17, 2013- September 19, 2013) in addressing the seven areas of non-compliances and six areas of recommendations.

- A total of 5 clinical sites for student placements have been secured (as of 9/19/13). All five sites are being used in the Fall 2013 quarter. The five clinical sites include 1 acute care facility (DMC), 1 post-acute care facility (vent/trach/neuro), 1 psych/mental health site, and 2 SNF/ Rehab facilities. One potential “back up” facility has also been identified. In Summer 2013, ITTRC had only one skilled nursing/acute rehab site in place when the program lost the Dignity Health and Sutter Health clinical contracts in Spring 2013 because of the program’s ineffective and inadequate management of these two crucial clinical affiliations.

- Cohort #1 AN II coursework will be completed by 10/19/13. Necessary clinical sites in place for all three cohorts. Submitted clinical schedules reflect concurrent theory and clinical in all courses, the correct number of course hours and appropriate faculty assignments.

- New ITTRC program director (as of 8/12/13) Dr. Popoola, as Program Director and program manager/administrator, has demonstrated appropriate, effective, and timely program planning (particularly Fall 2013 term), decision making, communication, implementation, and evaluation actions during the first five weeks in her role as PD/Chair.

- More detailed information/evidence is needed in relation to Sutter Health’s verbal clinical placement commitment to provide ITTRC necessary clinical placements for the 71 current program students from January 2014 through December 2015. Evidence is to include signed written agreement/updated, updated clinical site verification information, and as applicable updated clinical site approval forms, plus the requisite Winter 2013 clinical placement schedules showing sufficient clinical placements for OB and PEDS are confirmed.

- At this time, it is necessary and appropriate to maintain all of the specified September 11, 2013 Board actions until ITTRC has achieved full compliance and demonstrates a consistent pattern of continued compliance and program stability. This includes timely BRN notice and communication by the Director, adequate evidence of program stability related to the management and administration of all aspects of the program, retention of a competent effective program director, and the acquisition and ongoing maintenance of adequate type and number of faculty as well as sufficient and appropriate clinical placements to support the course of instruction.
Education/Licensing Committee recommendation of October 1, 2013: Continue previous actions of the Board from the September 11, 2013 meeting.

- Place the program on Warning Status With Intent to Withdraw Approval pursuant to B&P Code 2788 and CCR 1423.
- Suspend new student enrollment indefinitely.
- Require the program to inform all existing students and any prospective students that the program is placed on Warning Status With Intent to Withdraw approval.
- Program to provide a progress report to the Board office by December 1, 2013 reflecting full compliance with BRN regulations to be presented at the January 2014 Education/Licensing Committee meeting.
- Program Representative to be present at all Education/Licensing committee and Board meetings when program information is presented.
- Nursing Education Consultant to continue monitoring the program as needed.
- Failure to achieve full compliance with all of the deficiencies noted above by December 1, 2013 may result in Board action to initiate withdrawal of program approval.
- Per CCR 1432 the school will notify the Board within ten days of, among other things, any changes in fiscal condition that will or may potentially affect adversely affect applicants or students enrolled in the nursing program, or substantive change in the organizational structure, administrative responsibility, or accountability in the nursing program, the institution of higher education in which the nursing program is located or with which it is affiliated that will affect the nursing program.

**NEXT STEPS:** Notify program of Board action.

**FISCAL IMPACT, IF ANY:** None

**PERSON TO CONTACT:** Katie Daugherty, MN
Nursing Education Consultant
June 15, 2011

Ms. Seaneen Noonan, MSN, RN
Program Chair
ITT Technical Institute
10863 Gold Center Drive
Rancho Cordova, CA 95670

Dear Ms. Noonan:

The Board of Registered Nursing, at its June 15, 2011 meeting in Ontario, California voted the following action:

"To grant initial approval for ITT Technical Institute Rancho Cordova Associate Degree Nursing Program as described in the self-study submitted to the Board."

Please be advised that any changes made to the approved proposal of the nursing program, i.e., enrollment, start date, location etc., require notification to the Board and Board approval as appropriate.

A site visit will be conducted in August 2011 to verify the planned physical space renovations are complete prior to the start of instruction in September 2011. Additionally, as part of the initial program approval at least two site visits will be conducted: (1) Site visit one year following the start of the program and (2) Site visit prior to the completion of first cohort of students. If further information is needed please do not hesitate to contact Katie Daugherty, NEC, at (916) 574-7685.

Sincerely,

BOARD OF REGISTERED NURSING

Miyo Minato, MN, RN
Nursing Education Consultant

cc: Katie Daugherty
Non Compliance(s):
CCR 1420 (c), (h) Program Director (PD), Assistant Director (AD):
Insufficient and ineffective coordination and direction in developing, implementing and managing all program activities during the last 6-7 months (Dec 2012-July 2013).

CCR 1424 (h) and 1426 (a) A Lack of Timely BRN Notification of Program and Curriculum Changes: Lack of timely BRN notification when substantive program changes occur in at least three instances within the last 6-7 months; these included the delayed start of the Winter 2012 quarter; acceptable methods of making up missed clinical hours; and the June 3, 2013 Dignity written agreement termination.

CCR 1424 (e), (f) Inadequate and insufficient PD and AD time in the Administration and Management of Clinical Affiliations: PDs/ADs have not spent sufficient time and effort to ensure effective communication/collaboration with the program's two primary clinical agency partners (Sutter Health and Dignity Health) during the last 6-7 months. The ineffective/,inadequate management/administration of this vital program resource has led to the loss of two clinical affiliations crucial to implementation of the program’s course of instruction as initially approved. No comparable clinical affiliations have been secured.

CCR 1424 b(1) Total Program Evaluation Plan: The written plan is not being adequately implemented. There is evidence of incomplete data collection related to student clinical site evaluations and clinical evaluations for all clinical faculty. Student course evaluation response rates are low in a number of nursing courses. Sufficient student responses by the course participants are needed to make appropriate program improvements. In some courses, no course responses were provided. Clinical course evaluation data for two of the clinical faculty with reported practice setting competency issues not provided. Program reported this data as missing or never collected. There is inadequate monitoring and tracking of program related evaluative data collection activities.

CCR 1420 (e) and (k), 1424(d) and (h) Program Administration: Budget and Faculty Resources Inadequate Type and Number: The program’s initially approved budget and staffing plan has not been adequately implemented. There have been frequent delays in acquiring needed program resources including faculty, a replacement PD and simulation equipment. Site visit requests for the current program budget info not available during or immediately after the visit. There continues to be a lack of adequate type and number of qualified faculty to support instruction, most urgent is identification of a psych/mental health content expert for 12/9/13 course start.
**CCR 1425.1(d) Clinically Competent Faculty:**
On 7/16/13, the site visit NEC observed one instance of inadequate faculty supervision of a student's oral medication administration. The faculty member permitted the student to administer the medication without adequate knowledge of the medication, the required patient specific medication knowledge, appropriate RN level application of the nursing process and requisite MR research/assessments prior to administration. NEC follow up with the faculty member and AD Widman occurred immediately.

**CCR 1427 (a) Clinical Facilities:** No OB, PEDS and Advanced Med.Surg clinical placements secured to replace the lost Sutter Health and Dignity Health clinical affiliations. Without these crucial placements the program will be unable to implement the program curriculum as initially approved. OB/PEDS placements are needed by 12/9/13. Advanced M/S placements are needed by 3/17/14.

**Recommendation(s):**

**CCR 1424 (b) (1) Written Policies and Procedures:** Develop a program specific student re-admission/re-entry policy congruent with the campus policy as discussed 11/15/12.

**CCR 1424 (f):AD Functions/Knowledge:** ADs need to become more familiar with BRN Director Handbook information including faculty and clinical facility approval processes, forms and submission requirements.

**CCR 1424 (b) (2) Program Grievances:** Develop a program level written method to track, trend and report grievance information/outcomes/actions.

**CCR 1420 (f), and 1425 (f) Content Experts:** Develop a written plan/schedule for completion of the five specialty areas content expert reviews, no later than Qtr. 9, so following one full program curriculum cycle, written reviews, recommendations, documentation, and action planning are completed in accord with program’s written content expert review policy and program committee processes.

**CCR 1425.1 (a) Faculty Responsibility:** Provide a collaborative/supportive environment for the total program faculty to make timely changes in the curriculum including course testing/assessments. Address the faculty/student perception of a “disconnect between the syllabi and course testing/assessments. Ensure congruence with the KSAs reflected on the 2013 NCLEX RN Test Plan and current clinical practice.

**CCR 1420 (k) and 1427 (b) Clinical Facilities Use to Meet Program Objectives:**
Ensure the learning experiences planned for students by the faculty meet the objectives; and the required course of instruction includes the basic standards of competent performance, RN level critical thinking/clinical reasoning, and role performance activities.
September 19, 2013

Ms. Katie Daugherty, MN, RN
Nursing Education Consultant
California Board of Registered Nursing
P. O. Box. 944210
Sacramento, CA 94244

Dear Ms. Daugherty and the BRN,

My name is Dr. Mercy Popoola and I accepted the position as program director for the Breckinridge School of Nursing and Health Sciences (BSNHS) in Rancho Cordova August 12, 2013. Based on my current assessment, the recent documents that have been submitted, the timeline of events, and for the sake of the students that are innocent in this entire process, I continue to ask the BRN to re-consider the current warning status decision and to "defer action to continue approval" to give the program time to correct the cited non-compliances. We appreciate the BRN giving additional time to December for the BSNHS to comply. This will allow BSNHS additional time to take necessary actions for compliance and will not impede the public interest.

As you are aware, BSNHS has made substantive progress since August 7, 2013 as evidenced by the many email and phone communications. For the October BRN meeting, I am submitting the following documents:

• Attachment 1: Progress Report
• Attachment 2: Clinical Facility Verification Form for Doctors Medical Center
• Attachment 3: Facility Verification Form for Sacramento Post-Acute
• Attachment 4: Notice letter to students about program status with the BRN
• Attachment 5: Sutter Health Action Plan
• Attachment 6: ITT Technical Institute Student Affairs Customer [Grievance] Policy Complaints SA 11.0
• Attachment 7: Breckinridge School of Nursing Grievance Tracking Form.
• Attachment 8: Breckinridge School of Nursing Grievance Tracking Tool
• Attachment 9: Faculty BRN Approvals

Thank you and I hope you can consider some of our recent substantive progress in the last three weeks before making your decision.

Sincerely,

Dr. Mercy Popoola
Nursing Program Chair
Breckinridge School of Nursing
Non-Compliance(s):

CCR 1420 (c), (h) Program Director (PD), Assistant Director (AD):
Insufficient and ineffective coordination and direction in developing, implementing and managing all program activities during the last 6-7 months (Dec 2012-July 2013).

Response: Corrective action taken. Nursing Program Chair (PD), Dr. Mercy Popoola, was hired August 12, 2013. Dr. Popoola resides in the Sacramento area, her office is on campus and she dedicates 100% of her time to program administration.

The PD has taken the leadership role in coordinating and directing the implementation and management of all program activities since her appointment. A copy of the BRN Director’s Handbook has been provided to faculty, AD, Dean, and campus Director with specific reference to Sections 6 and 8. Faculty and program leadership are expected to take the time to refer regularly to the regulations via the resourceful handbook for information and education about nursing and the BRN process.

Additionally, effective September 4, 2013, a weekly meeting is now in place for ITT Technical Institute leadership and Breckinridge School of Nursing and Health Sciences (BSNHS) management at the local and national level (PD, Dean, campus Director, Regulatory Affairs Manager, President BSNHS, Vice President and National Dean BSNHS and any others invited, when applicable).

The Assistant Program Chair (AD) will devote administrative time as required by the BRN. This allows the AD adequate time to support the PD in the management of program activities. The AD can devote additional time to administration as needed.

Evidence: Director Approval Form and Short Bio:
Dr. Popoola’s career as a holistic nurse has spanned over 29 years of nursing and nursing education in the United States and abroad. Her early preparation in nursing was as a diploma nurse. She later obtained a BSN, MSN (education and acute critical care focus), and her Ph.D. at the University of Colorado Health Science Center, Denver CO. Her most recent accomplishments are in the publication of two books (Holistic and Complementary Therapies with Western Schools); publication of over 10 peer reviewed journals; and in the development of nursing program curriculum at the undergraduate and graduate levels. Dr. Popoola’s professional experiences include teaching in undergraduate and graduate nursing programs and serving as program chair and director for undergraduate and graduate nursing programs.
Attachment 1: Progress Report
Response to California Board of Registered Nursing Report of Findings
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CCR 1424 (h) and 1426 (a) A Lack of Timely BRN Notification of Program and Curriculum Changes: Lack of timely BRN notification when substantive program changes occur in at least three instances within the last 6-7 months; these included the delayed start of the Winter 2012 quarter; acceptable methods of making up missed clinical hours; and the June 3, 2013 Dignity written agreement termination.

Response: Corrective action taken. All changes in the program will be reported to the BRN and NEC within 48 hours and faculty changes will be reported within 30 days. Going forward, we will have two back-up faculty members to cover unexpected vacancies and medical emergencies. For fall 2013, the back-up members are Annemarie Marchi and Patricia Widman who have partial teaching work role. As of September 16, 2013 the program was faced with a sudden medical emergency and was able to take some immediate steps to address any gap immediately.

Evidence: The new PD has been in constant and weekly communication (phone calls, emails and site visits) with the NEC since August 12, 2013. Some recent program notifications include the following:

1. Submitted make-up clinical and Fall Schedule for Cohort 1, 2, 3
2. Revised Faculty BRN Approvals forms
3. New Clinical Sites Contacts Form and:
   - Attachment 2: Clinical Facility Verification Form for Doctors Medical Center
   - Attachment 3: Clinical Facility Verification Form for Sacramento Post-Acute
4. Attachment 4: Notice letter to students about program status with the BRN.
5. Fall faculty schedule or assignments.
6. Ongoing email communications.
7. Update on program evaluation.

CCR 1424 (e), (f) Inadequate and insufficient PD and AD time in the Administration and Management of Clinical Affiliations: PDs/ADs have not spent sufficient time and effort to ensure effective communication/collaboration with the program’s two primary clinical agency partners (Sutter Health and Dignity Health) during the last 6-7 months. The ineffective/inadequate management/administration of this vital program resource has led to the loss of two clinical affiliations crucial to implementation of the program’s course of instruction as initially approved. No comparable clinical affiliations have been secured.

Response: Corrective action is in progress. It is estimated that the PD will spend 30% of her time acquiring and maintaining clinical sites. BSNHS is requesting up to December 2013 for full compliance in regaining the two major clinical sites (Dignity and Sutter) or to secure equivalent alternative clinical sites. We have had promising discussions with Sutter Health and Dignity. Dignity has agreed to get back to us about our request to allow maternal and child rotation at their facility and we have an appointment to meet with Sutter Health on September 19, 2013 at 10 AM.
Attachment 1: Progress Report
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A detailed corrective action plan developed by the PD has been provided to Sutter Health with a newly developed clinical package for student and faculty orientation. This corrective action plan will be used with our other clinical partners in the future and by the December 2013 quarter, all clinical instructors will be required to read and sign the document. A copy of the signed document will be kept in the PD’s office.

The AD is spending 20% of her time acquiring and maintaining clinical sites. We also are taking a holistic approach to work on securing clinical sites in the following ways:

1. Providing time to the PD, AD and two faculty members to seek new and appropriate clinical sites
2. Exploring alternative clinical sites for OB in the community (Doulas and Midwives)
3. Use of some simulation if approved by our NEC
4. Locating community sites for Ped’s-day care centers and churches. (If the BSNHS has to use community sites, we will develop a non-faculty instruction sheet for participants to comply with Section 1424(i) of the BRN regulations.)
5. Continuing our discussion with Dignity and Sutter Health

New clinical sites that have been secured include these:

1. Doctors Medical Center: Contract in place and we are starting clinical rotation at this hospital effective September 23, 2013 beginning with orientation.
2. Oak Valley: Contract in place but because of the distance this site will be maintained as an alternative and for periodic use only. PD plans to visit this facility with the NEC as soon as it can be arranged and prior to December 2013.
3. Sierra Vista: Contract in place and orientation set to begin in October 2013. We had to cancel the initial orientation date to ensure that the students in Cohort I complete their Adult Nursing 11 make up from last quarter.
4. Sacramento Post-Acute: Contract in place and Cohort 1 students’ orientation was September 16, 2013. They are currently in clinical to complete Adult Nursing II. Cohort 2 orientation is scheduled for Friday September 20, 2013.
5. Sutter Health: We now have verbal committed to begin OB and Ped’s rotation starting January 2014. Details will be provided to the BRN at the November meeting.

Evidence: Submitted contract with Doctors Medical Center, submitted appointment email to meet with Sutter Health, submitted updated clinical approval forms, submitted email follow up about the recent visit by PD and Campus Director to Dignity, submitted e-mail about Oak Valley site status, and submitted updated clinical contracts.

Attachment 5: Detailed corrective action plan for Sutter Health. At our September 19, 2013 meeting with Sutter Health, we have been told verbally that they will support clinical placement for our current 71 students up to December 2015.
Attachment 1: Progress Report
Response to California Board of Registered Nursing Report of Findings
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CCR 1424 b(1) Total Program Evaluation Plan: The written plan is not being adequately implemented. There is evidence of incomplete data collection related to student clinical site evaluations and clinical evaluations for all clinical faculty. Student course evaluation response rates are low in a number of nursing courses. Sufficient student responses by the course participants are needed to make appropriate program improvements. In some courses, no course responses were provided. Clinical course evaluation data for two of the clinical faculty with reported practice setting competency issues not provided. Program reported this data as missing or never collected. There is inadequate monitoring and tracking of program related evaluative data collection activities.

Response: Corrective action in progress. Going forward the existing plan already in place will be implemented and the AD has been assigned to work with faculty members to actively begin this process starting October 1, 2013. Evaluation data will be analyzed and appropriate action will be taken to improve students’ learning outcomes.

Since September 3, 2013, the PD has been aggressive in locating program advisory board (PAB) members in the community. As of today, we now have nine (including the PD) very committed PAB members. We are planning the first PAB meeting to take place October 18th 2013 and a list of the members with their correct qualifications will be provided for the November 2013 BRN meeting.

Also, the PD has included a time for students to complete the required HESI Exam on the class schedule for this September 2013 quarter. In November, the results of the HESI exam for Cohort 1 and previous pharmacology and fundamentals results will be analyzed and corrective action for student remediation implemented. The process will be set in place for every quarter going forward.

Formative evaluations of the program were conducted on August 27, 2013 and September 4, 2013, and we are currently analyzing the data to share with the board. However, based on the formative evaluation, PD has had one-on-one verbal discussions with faculty concerning the issues. Also, effective September 16, 2013, we have started to work on our December 2013 clinical assignments and will have the schedule ready for students before October 28, 2013. Going forward, the program will ensure that all clinical assignments are in place and ready two months prior to any rotation.

Evidence: Email list of Program Advisory Board Members to NEC. Submitted BSNHS approved systematic evaluation plan. Submitted September 9, the 2013 follow-up e-mail to NEC regarding summer courses and clinical evaluations. Submitted Fall quarter class and clinical schedules with concrete HESI dates.
Attachment 1: Progress Report
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CCR 1420 (e) and (k), 1424(d) and (h) Program Administration: Budget and Faculty
Resources Inadequate Type and Number: The program's initially approved budget and
staffing plan has not been adequately implemented. There have been frequent delays in in
acquiring needed program resources including faculty, a replacement PD and simulation
equipment. Site visit requests for the current program budget info not available during or
immediately after the visit. There continues to be a lack of adequate type and number of
qualified faculty to support instruction, most urgent is identification of a psych/mental health
content expert for 12/9/13 course start.

Response: Corrective action in progress. The PD and the campus Director are currently
reviewing the approved budget and will have a new five-year budget in place by December 1,
2013. The update to the initial budget will show a detailed five-year budget to the BRN and will
also reflect the current number of students in the program. It is the goal of the program to hire
competent, adequate, well qualified, and experienced faculty members to exceed the need of the
program at all times. A commitment from a psych/mental health expert has been submitted and
approved by the BRN. She will be ready to start as soon as Cohort 1 completes the incomplete
for Adult Nursing II. The PD has been approved as a content expert in OB and we are in the
process of hiring four faculty members.

Current student population: 71 (Attrition due to transfer of students to another campus
—program, the fear of the current state of the program, financial reasons, personal reasons,
family issues, and lack of academic progression).

Current Full-Time Faculty: 5 with two additional potential faculty members under
consideration (One OB).

Current Part-Time Faculty: 4 with two additional potential Adjunct faculty members
under consideration (one Peds, and one OB – Med Surg)

Current Total of Faculty: 9 (5FT and 4 PT) plus PD with Faculty approval and
Content Expertise in OB and M/S.

Recruitment efforts and interviews continue to acquire qualified and dedicated faculty members.

Evidence: Submitted Faculty Approval forms for Psych- Mental health and OB content experts.
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CCR 1425.1(d) Clinically Competent Faculty:
On 7/16/13, the site visit NEC observed one instance of inadequate faculty supervision of a student’s oral medication administration. The faculty member permitted the student to administer the medication without adequate knowledge of the medication, the required patient specific medication knowledge, appropriate RN level application of the nursing process and requisite MR research/assessments prior to administration. NEC follow up with the faculty member and AD Widman occurred immediately.

Response: Corrective action in progress. Steps are in place to provide an ongoing remediation plan for faculty via in-service, mentoring, and professional continuing education activities. We will use Dr. Patricia Benner’s Novice to Expert: Expert in Clinical Excellence theory as a model for faculty clinical orientation and remediation. The first in-service will focus on the use of the nursing process to promote and teach critical thinking. It will be presented in November, 2013 using the new clinical expectation package already submitted to the NEC as a draft document at this time.

The PD has had a one-on-one talk with the above faculty member and she is working on her remediation plans. As stated previously, effective in the December 2013 quarter, all faculty members will review and sign the corrective action plans for the clinical facility developed currently for Sutter Health.

We currently have a remediation plan in place for three faculty members.

Another critical thinking and a QSEN in-service will be conducted in January or February 2014 for all faculty members. This will help transition our new clinical faculty into expectations of teaching at an RN level program using the NCLEX test plan.

Orientation will be provided to faculty and students prior to beginning any clinical rotation. PD and AD will have an ongoing schedule (before midterm and before the last week of clinical) to monitor and supervise faculty members during any clinical rotations. A detailed clinical nursing instructor observation sheet will be developed every time and provided to the instructor with implemented follow-up plans.

Faculty competency skills will be implemented and validated for current and new instructors, and at any time there is a question with faculty clinical practice, a remediation plan will be implemented immediately.

Evidence: Submitted faculty remediation plans
Attachment 1: Progress Report
Response to California Board of Registered Nursing Report of Findings
ITT Technical Institute, Rancho Cordova
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CCR 1427 (a) Clinical Facilities: No OB, PEDS and Advanced Med.Surg clinical placements secured to replace the lost Sutter Health and Dignity Health clinical affiliations. Without these crucial placements the program will be unable to implement the program curriculum as initially approved. OB/PEDS placements are needed by 12/9/13. Advanced M/S placements are needed by 3/17/14.

Response: It was unfortunate that we lost Sutter Health and Dignity Health. However, we are taking active steps to re-gain these important clinical sites. The PD has had promising discussions with both organizations. We have an appointment to meet with Sutter Health on September 19, 2013 and the PD and campus Director met with Dignity on September 3, 2013 with a promising outcome.

We have new clinical sites and securing additional, appropriate clinical sites remain our top priority over the next 90 days. We are requesting an extension until December 2013 to demonstrate full compliance in this area.

PD and AD have taken steps to be re-invited and to participate in the community clinical consortium. Corrective action is in process but not finalized since the PD is waiting for a return call from the organizer. PD will also follow up on this item during the meeting with Sutter Health on September 19, 2013. As soon as we are re-invited, PD and/or AD will attend all upcoming community clinical consortium meetings going forward.

Evidence: Submitted signed contract with Doctors Hospital, Oak Valley, Sierra Vista and Sacramento Post-Acute and submitted emails communication with Sutter and Dignity Health. We now have Doctors Medical Center for Advanced M/S placement and have been slotted at the hospital schedule for the 2014 quarter. We also have Sacramento Post-Acute for Advanced M/S placement and Oak Valley will be used in emergency due to distance.

Again based on our meeting with Sutter Health on September 19, 2013, we now have a verbal commitment that Sutter will work with the school to ensure that the 71 current students complete all of their clinical rotations (OB and Peds included) effective January 2014 until graduation.

Recommendation(s):
CCR 1424 (b) (1) Written Policies and Procedures: Develop a program specific student re-admission/re-entry policy congruent with the campus policy as discussed 11/13.

Response: Corrective action in progress. We will have a new re-admission/re-entry policy developed for the program. It has been drafted and is in the review process. It will be finalized and presented to the BRN by December 1, 2013.
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CCR 1424 (f): AD Functions/Knowledge: ADs need to become more familiar with BRN Director Handbook information including faculty and clinical facility approval processes, forms and submission requirements.

Response: Corrective action in progress. AD has been given time to review the BRN Director’s Handbook to familiarize herself with approval processes, forms, and submission requirements.

CCR 1424 (b) (2) Program Grievances: Develop a program level written method to track, trend and report grievance information/outcomes/actions.

Response: Corrective action taken. Effective September 16, 2013, student grievance documents showing proper steps of actions taken will be kept in a binder in the PD’s office. To augment our current ITT Technical Institute policy for addressing and reporting all complaints (grievances), the PD has developed an additional nursing program level formal grievance tracking form for the BSNHS Rancho Cordova campus. The forms will serve as a tracking, reporting, and trending tool. It has been reviewed and accepted by faculty members and submitted to the campus Dean and campus Director for approval. Copies of this document and of the ITT Technical Institute student affairs complaints policy for addressing all complaints can be located in the PD’s office and student affairs binder. In the future, a copy will be included in the Nursing Student Handbook. These forms will serve as the program-level procedure for resolving students’ grievances. The next and final step is to use the current ITT Technical Institute student complaint summary form and procedure.

Attachment 7 and 8: Breckinridge School of Nursing Grievance Tracking Form and Tracking Tool. Faculty minutes.

CCR 1420 (f), and 1425 (f) Content Experts: Develop a written plan/schedule for completion of the five specialty areas content expert reviews, no later than Qtr. 9, so following one full program curriculum cycle, written reviews, recommendations, documentation, and action planning are completed in accord with program’s written content expert review policy and program committee processes.

Response: Corrective action in progress. At this time, five content experts have been identified. Because some of the content experts are new, mentors will be available for remediation and steps are in place to continue to locate back up and more experienced content experts in all areas. We have finalized steps with our psych content expert effective September 17, 2013.

During our November faculty in-service, faculty members will be expected to complete selected clinical competencies.
Attachment 1: Progress Report
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Effective October, 2013 we are establishing a system via the curriculum committee to effectively review all courses during and at the end of every quarter. In addition, the PD has reviewed some of the courses with our NEC for selection of clinical sites and this step will be followed in the assignment of faculty going forward. We are also currently reviewing all of the skills levels and check off sheets for all our students beginning with Cohort 1 for accuracy.

The result of our analysis will be used for student and faculty remediation. Raw data, analysis results, and a corrective action plan (for Adult Nursing II specifically) will be provided on December 1, 2013.

AD and other approved med/surg content experts in the program have started the process of reviewing the med/surg content (didactic and clinical) in the curriculum. A full report will be provided in December 2013, with raw data and an action plan.

Evidence: Attachment 2: Faculty BRN Approvals forms.

CCR 1425.1 (a) Faculty Responsibility: Provide a collaborative/supportive environment for the total program faculty to make timely changes in the curriculum including course testing/assessments. Address the faculty/student perception of a “disconnect between the syllabi and course testing/assessments. Ensure congruence with the KSAs reflected on the 2013 NCLEX RN Test Plan and current clinical practice.

Response: Corrective action in progress. Faculty meetings are now held weekly to review faculty responsibilities for in-service and program review. Going forward, faculty participation in the curriculum, APG committee, and program evaluation committee are mandatory and will be conducted two times a month. A full report of the outcome will be provided in December 2013.

Going forward, PD and AD will monitor the accuracy and timeliness of the HESI data with the syllabus at the end of every quarter. The present results will be reviewed, analyzed, and submitted with raw data in December 2013.

CCR 1420 (k) and 1427 (b) Clinical Facilities Use to Meet Program Objectives: Ensure the learning experiences planned for students by the faculty meet the objectives, and the required course of instruction includes the basic standards of competent performance, RN level critical thinking/clinical reasoning, and role performance activities.

Response: Corrective action in progress. The PD is currently developing a clinical orientation handbook for faculty and students that will be presented to the BRN in December 2013. As indicated previously faculty in-service on critical thinking will ensure that any learning
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experience planned for students in the clinical facilities are presented in a methodical manner and that they are course and program objective driven.

Evidence: Submitted sample (draft) clinical orientation clinical package.
State of California

Department of Consumer Affairs
Board of Registered Nursing

CLINICAL FACILITY APPROVAL FORM

(916) 322-3350

FOR BOARD USE ONLY:

Approved (✓)

BY: [Signature] NEC

DATE: 9/13/13

Initial approval is granted by NEC. Program Director is responsible after initial approval for determining all criteria found in CCR 1427 have been met.

1. NAME OF NURSING PROGRAM:
   Breckinridge School of Nursing @ ITT-TECH, Rancho Cordova CA

<table>
<thead>
<tr>
<th>2. LIST COURSE(S) FOR WHICH CLINICAL SITE IS USED</th>
<th>SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>NU1320 &amp; NU 1420 Clinical Nursing Concepts/Techniques I and II</td>
<td>MS, GI Lab, Cath. Lab, Day Surg, Cancer Center, Tele, ICU, ER, HD</td>
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<tr>
<td>NU2530 Adult Nursing I</td>
<td>MS, GI Lab, Cath. Lab, Day Surg, Cancer Center, Tele, ICU, ER, HD</td>
</tr>
<tr>
<td>NU2630 Adult Nursing II</td>
<td>MS, GI Lab, Cath. Lab, Day Surg, Cancer Center, Tele, ICU, ER, HD</td>
</tr>
<tr>
<td>NU 2999 Nursing Capstone</td>
<td>MS, GI Lab, Cath. Lab, Day Surg, Cancer Center, Tele, ICU, ER, HD</td>
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</table>

3. NAME OF CLINICAL SITE:
   Doctors Medical Center

4. ADDRESS OF CLINICAL SITE:
   2000 Vale Road, San Pablo CA, 94806

| PHONE NUMBER: | 510 -970-5924 |

5. NAME & TITLE OF PROGRAM'S LIAISON TO CLINICAL SITE:
   Dr. Mercy Popoola or Patricia Widman

| PHONE NUMBER: | 916-851-3900 |

6. NAME & TITLE OF CLINICAL SITE'S LIAISON TO PROGRAM:
   Leslie McGee, RNC

| PHONE NUMBER: | 510 -970-6622 |

I attest that all of the criteria and guidelines for the selection of a clinical facility (California Code of Regulations, Section 1427) have been met.

PROGRAM DIRECTOR'S SIGNATURE:
   Mercy Popoola, RN PhD, Chair

DATE: 09/11/2013

EDP-P-08 (Rev. 09/12)
PROGRAM CLINICAL FACILITY VERIFICATION FORM

The nursing program must verify that clinical facilities offer necessary learning experiences to meet course/clinical objectives.

<table>
<thead>
<tr>
<th>Name of the School:</th>
<th>Name of Director/Designee: Dr. Mercy Popoola</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breckinridge School of Nursing @ ITT Tech, Rancho Cordova, CA</td>
<td>Telephone Number: 916-851-3900</td>
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<table>
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<tr>
<th>Name of health care facility:</th>
<th>Name of Director of Nursing/Designee:</th>
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</thead>
<tbody>
<tr>
<td>Doctors Medical Center</td>
<td>Bobbie Ellerston and Leslie McGee</td>
</tr>
<tr>
<td>Type of health care facility (Acute, OPD, SNF, etc.)</td>
<td>Telephone Number: 510-970-5924 or 510 970-5000</td>
</tr>
<tr>
<td>Med Surg., GI Lab, Cath Lab, Day Surg., Cancer Center, Tele, ICU, ER, HD</td>
<td></td>
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<tr>
<td>Average Daily Census for the agency: 60 (up to 189)</td>
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<tr>
<th>Type of units where students can be placed in the health care facility (Place X in the column)</th>
<th>Med-Surg</th>
<th>Tele</th>
<th>ICU</th>
<th>ER</th>
<th>Observation</th>
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<tbody>
<tr>
<td>X 4th and 3rd Fl</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>With Peds.</td>
<td>X for HD, GI, Cath Lab, Day Surg, CA Center,</td>
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<tr>
<th>Average daily census for each area</th>
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<th>35-50</th>
<th>16</th>
<th>18-24</th>
<th>3-6</th>
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<tr>
<th>Average personnel staffing for the shift for a unit (Include number of RNs, LVNs, CNAs, separately). RNs Info Only</th>
<th>8</th>
<th>9 (3rd and 4th floor combined)</th>
<th>7</th>
<th>6 and Up</th>
<th>3</th>
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<tr>
<th>Number of students placed in the unit at any one time.</th>
<th>AM/PM</th>
<th>AM/PM</th>
<th>AM/PM</th>
<th>AM/PM</th>
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<td>4 (Both)</td>
<td>M, T, Th, S</td>
<td>M, T, Th, S</td>
<td>M, T, Th, S</td>
<td>M, T, Th, S</td>
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<tr>
<td>16</td>
<td>16-24</td>
<td>3-6</td>
<td>3-6</td>
<td>3-6</td>
</tr>
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</table>

Provide the following information on all other schools utilizing your facility: Attach additional sheets if needed.

<table>
<thead>
<tr>
<th>Schools</th>
<th>Category of students (RN, LVN, CNA, etc.)</th>
<th>Number of students</th>
<th>Days &amp; Hours</th>
<th>Semesters (Fall, Spr.)</th>
<th>Units used</th>
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<td>Dominican University</td>
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<td>17</td>
<td>PM</td>
<td>Varies</td>
<td>All</td>
</tr>
<tr>
<td>Los Medanos</td>
<td>LVN</td>
<td>8</td>
<td>AM</td>
<td>Varies</td>
<td>Med - Surg</td>
</tr>
<tr>
<td>Contra Costa and Unitek</td>
<td>RN</td>
<td>Varies</td>
<td>AM</td>
<td>Varies</td>
<td>All</td>
</tr>
</tbody>
</table>

Checklist for starting in a new clinical facility:
- Provide clinical objectives, faculty responsibilities, faculty and student orientation plan to clinical facility.
- Signed contract on file, prior to starting.
- Develop a plan for continued communication between school and facility, i.e., instructor/facility staff meeting, agency/faculty/student meeting each semester, annual faculty/facility staff meeting, Dean/Director conferences each semester.

Note: Revised CCR section 1427(d) states "In selecting a new clinical facility for student placement, the new program shall take into consideration the impact of a new group of students on registered nurses in other prelicensure programs currently utilizing the facility, if any."

<table>
<thead>
<tr>
<th>Mercy Popoola, RN, PhD, Program Chair</th>
<th>09/12/2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of Program Director/Designee</td>
<td>Date</td>
</tr>
</tbody>
</table>

EDP-P-14 Rev 07/09

5.4
Initial approval is granted by NEC. Program Director is responsible after initial approval for determining all criteria found in CCR 1427 have been met.

1. NAME OF NURSING PROGRAM:
   Breckinridge School of Nursing @ ITT-TECH

2. LIST COURSE(S) FOR WHICH CLINICAL SITE IS USED  
<table>
<thead>
<tr>
<th>COURSE DESCRIPTION</th>
<th>SERVICES</th>
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<tbody>
<tr>
<td>NU1420C Clinical Nursing Concepts/Techniques II</td>
<td>Post -Sub-Acute with Vents, Trachs, IVs, etc.</td>
</tr>
<tr>
<td>NU2530 and NU 2630 Adult Nursing I and II Respectively</td>
<td>Post -Sub –Acute with Vents, Trachs, IV, etc.</td>
</tr>
<tr>
<td>NU2747 Gerontology Nursing</td>
<td>Post -Sub –Acute with Vents, Trachs, IV, etc.</td>
</tr>
</tbody>
</table>

3. NAME OF CLINICAL SITE:
   Sacramento Post-Acute Care

4. ADDRESS OF CLINICAL SITE:
   5255 Hemlock St.
   Sacramento, CA 95841

5. NAME & TITLE OF PROGRAM'S LIAISON TO CLINICAL SITE:
   Dr. Mercy Popoola or Patricia Widman
   PHONE NUMBER: 916-851-3900

6. NAME & TITLE OF CLINICAL SITE'S LIAISON TO PROGRAM:
   Wagner Tuleu, DON
   PHONE NUMBER: 916-331-4590

I attest that all of the criteria and guidelines for the selection of a clinical facility (California Code of Regulations, Section 1427) have been met.

PROGRAM DIRECTOR'S SIGNATURE:  Mercy Popoola, RN PhD, Chair  
DATE:  09/9/2013
PROGRAM CLINICAL FACILITY VERIFICATION FORM

The nursing program must verify that clinical facilities offer necessary learning experiences to meet course/clinical objectives.

<table>
<thead>
<tr>
<th>Name of the School:</th>
<th>Name of Director/Designee: Dr. Mercy Popoola</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breckinridge School of Nursing @ ITT Tech</td>
<td>Telephone Number: 916-851-3900</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of health care facility:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sacramento Post-Acute Care</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Director of Nursing/Designee:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wagner Tuleu, DON</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of health care facility (Acute, OPD, SNF, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post-Acute Care/ Sub Acute</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Average Daily Census for the agency:</th>
<th>85</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Type of units where students can be placed in the health care facility (Place X in the column)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subacute</td>
</tr>
<tr>
<td>-----------</td>
</tr>
<tr>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Average daily census for each area</th>
</tr>
</thead>
<tbody>
<tr>
<td>42</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Average personnel staffing for the shift for a unit (Include number of RNs, LVNs, CNAs, separately)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information for AM Shift Only.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RN 4-5</th>
<th>RN 1-2</th>
</tr>
</thead>
<tbody>
<tr>
<td>LVN 2-3</td>
<td>LVN 2-3</td>
</tr>
<tr>
<td>CAN 5</td>
<td>CAN 4-5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of students placed in the unit at any one time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Identify shifts and days available for placement of students in the program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days</td>
</tr>
</tbody>
</table>

Provide the following information on all other schools utilizing your facility:

<table>
<thead>
<tr>
<th>Schools</th>
<th>Category of students (RN, LVN, CNA, etc.)</th>
<th>Number of students</th>
<th>Days &amp; Hours</th>
<th>Semesters (Fall, Spr.)</th>
<th>Units used</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Checklist for starting in a new clinical facility:

☐ Provide clinical objectives, faculty responsibilities, faculty and student orientation plan to clinical facility.
☐ Signed contract on file, prior to starting.
☐ Develop a plan for continued communication between school and facility, i.e., instructor/facility staff meeting, agency/faculty/student meeting each semester, annual faculty/facility staff meeting, Dean/Director conferences each semester.

Note: Revised CCR section 1427(d) states "In selecting a new clinical facility for student placement, the new program shall take into consideration the impact of a new group of students on registered nurse students in other prelicensure programs currently utilizing the facility, if any."

Mercy Popoola, RN, PhD, Program Chair
Signature of Program Director/Designee

Date: 09/09/2013

EDP-P-14 Rev 07/09

5.4
NOTICE TO STUDENTS OF
ITT TECHNICAL INSTITUTE BRECKINRIDGE SCHOOL OF NURSING AND
HEALTH SCIENCES ASSOCIATE SCIENCE IN NURSING PROGRAM

Email Subject Line: Notice to Students

On August 7, 2013, the Breckenridge School of Nursing and Health Sciences (BSNHS) at ITT Technical
Institute Rancho Cordova ("ITT Tech Rancho Cordova") was informed of the decision made by the
California Board of Registered Nursing ("Nursing Board") to change the current status of BSNHS at ITT
Tech Rancho Cordova's Associate of Science degree program in Nursing ("Program") from initial
approval status to warning status with intent to remove Board approval. Enrollment will be stopped for
the next several quarters and we are working to address the Nursing Board's concerns.

The BSNHS at ITT Tech Rancho Cordova is taking all necessary steps to rectify these issues so that the
program can return to its initial approval status over the coming months and we remain confident that
we will be able to meet your educational needs.

By signing below, I, ___________________________ (print), acknowledge receipt of notice
concerning change in Program status as issued by the Nursing Board to ITT Tech Rancho Cordova.

Signature: ___________________________ Date: __________________

No later than August 30, 2013, please return a signed copy of this notice to the Campus Director, at
the ITT Tech Rancho Cordova campus.
Corrective Action Plan for Sutter Health Partnership

Date: September 15, 2013

From: Breckinridge School of Nursing and Health Sciences

To: Sutter Health

Purpose: To develop a concrete process to ensure adequate preparation of instructors prior to student experience at the facility and to ensure compliance with facility policies and procedures.

Detailed Action Plan: The following actions will precede any clinical rotation:

1. **Orientation**: Instructors must complete facility orientation and tour prior to student orientation. The clinical instructor will:
   a. Ensure that students are oriented to the clinical environment before providing any patient care.
   b. Orient and provide a copy of the syllabus to the unit manager or designee and nurses.
   c. Provide the unit with his or her contact information

2. **Safety**: All errors will be reported promptly to the facility.
   a. The clinical instructors and students agree to follow all hospital and/or facility policies, procedures, protocols, standards, guidelines, dress code, and regulations at all times.
   b. The clinical instructor or the school will submit specific clinical goals, learning objectives and applicable syllabus and orientation documents prior to the clinical rotation.
   c. Clinical Instructors and students will not share any access or privacy information.
   d. Instructors and students are not allowed to use their cell phones, pagers, iPods, PDA or other personal electronic devices on the nursing unit. Cell phones can be used only in emergencies.

3. **Expectations**:
   a. Students will be directly observed by the Clinical Instructor or Licensed Registered Nurse with every medication administration, attempt to start an IV, and when the student is performing a procedure, skill or task for the first time.
   b. Students are not allowed to:
      i. Have Pyxis access
ii. Hang blood and blood products although they may observe.
iii. Administer chemotherapy or biotherapy agents without a RN or the instructor’s presence.
iv. Accept telephone orders or transcribe a physician order

4. **Communication**: A copy of the course objectives will be submitted to Sutter Health with the clinical orientation package for students. This package will contain the contact information of the Program Director. However, here is the contact information for other key personnel in Breckinridge School of Nursing and Health Sciences. Please do not hesitate to reach out to them in this partnership if you are unable to reach the Program Director at any time. You can reach anyone of us via the campus operator at 919-851-3900. Dr. Popoola’s cell phone number is 415-425-4266.
   a. Jeff Ortega: Campus Director
   b. Brett Stamer: Campus Dean
   c. Dr. Mercy Popoola: Nursing Program Director
   d. Patricia (Trish) Widman: Assistant Program Director
   e. JoAnn Lytle: Nursing Program Coordinator and Clinical Liaison

5. **Timeline**: Apart from this coming December 2013 quarter:
   a. All clinical requests will be made three months prior to the beginning of every quarter.
   b. The Clinical Liaison or the Program Director will contact the Nurse Educator at the Sutter system to arrange for orientation one month prior to the start of the rotation.
   c. A week prior to orientation the clinical instructor and the school will provide the facility with the list of students and a clinical syllabus/package
   d. The school should be able to provide any requested documentation to the hospital within 36 hours.

6. **Documentation**: Clinical Instructor or RN will co-sign all student documentation and also co-sign the MAR, computer documentation, or any other form the student uses.
   a. The school is responsible for submitting all required documentation prior to any clinical rotation. The Clinical Liaison will ensure that all documents are ready one month prior to any clinical rotation or communicate appropriately with the facility and the program director.
   b. Major list of Clinical Rotation Required Documentation:
      i. Health
      ii. Vaccination
      iii. Immunization
      iv. Waiver for Hep
      v. Flu Shots
      vi. Clear of Criminal Background.
      vii. Current BLS for Health Care Providers
      viii. Health Stream Compliance module for Clinical if required
      ix. Complete the Mandatory Reporting of Abuse and neglect form
x. Complete confidential Agreement

7. **Competencies**: Skills validation will be mandatory for every faculty effective October, 2013. If required, the clinical instructor will provide the unit with a skills validation sheet so that the staff will be aware of what skills the student is capable of performing as well as skills the student needs to learn.

8. **Ongoing Visitation and Monitoring**: The Nursing Program Director and Assistant Program Director will visit every new faculty member before mid-term and before the end of the clinical rotation. Action plan will be developed as needed for timely correction

9. Active participation in Health Community Forum: The Nursing Program Director or the Assistant Program Director will attend all community forums.

10. **Packing**: The clinical instructors and students agree to park only in assigned hospital and/or facility parking area.

**Attachment**: Developed Clinical Orientation package for students

Respectfully Submitted

**Mercy**

Dr. Mercy Popoola RN, MSN, PhD
Department Chair
Breckinridge School of Nursing and Health Sciences
@ ITT Technical Institute
10863 Gold Center Drive, Rancho Cordova, CA 95670
Phone: 916-851-3900 Fax: 916-851-9225
mpopoola@itt-tech.edu

**Faculty Signature Required**

By signing this form, I verify that I have read all the above and can produce the required documentation upon request.

Print Name: ___________________________ Signature _______________ Date __________
INTENT OR PURPOSE

To ensure that all complaints regarding programs or services provided by the Company are promptly acknowledged, thoroughly reviewed, objectively evaluated and resolved within a reasonable period of time and in an appropriate manner.

SCOPE

All ITT Educational Services, Inc., operations and employees, including Headquarters, ITT Technical Institutes, subsidiaries, etc. (hereinafter “Company” or “ITT/ESI”).

RESPONSIBILITY

The Senior Vice President and Chief Compliance Officer (“SVP/CCO”), supported by the Compliance Department, will ensure that all customer complaints are handled appropriately.

POLICY

The Company encourages students to communicate their inquiries and concerns fully and frankly to members of the school faculty and administration, and anticipates that such matters can generally be resolved informally. If such informal resolution is unsuccessful, the Company has a formal framework within which to afford full consideration to customer concerns regarding any aspect of the programs, facilities or other services offered by or associated with the Company (“Customer Complaints”).

1. Customer Complaints. Customers are encouraged to communicate their concerns to the college Director, ITT/ESI Headquarters, the state regulatory agency or the appropriate accrediting commission in accordance with the applicable Student Complaint/Grievance Procedure applicable to that specific ITT Technical Institute. If an individual other than a student is communicating a complaint on behalf of the student, the Company will follow the requirements of the Family Educational Rights and Privacy Act of 1974, as amended, with respect to the involved student’s educational records and information contained therein.

2. Student Complaint/Grievance Procedure Awareness. Each ITT Technical Institute must ensure that:

   a. The Student Complaint/Grievance Procedure is clearly communicated to all customers;

   b. The Student Complaint/Grievance Procedure is prominently posted in the school;

   c. The program chain of command communication is a first step.

   d. The ITT Educational Services, Inc. program tracking program to receive program student and faculty handbook for complaints.

   e. The program tracking program shall include a program chain of command communication is a first step.
c. Students are given a copy of the Student Complaint/Grievance Procedure via the Student Handbook which has been incorporated into Smart Forms, at orientation, and, in any event, no later than the first day of class;

d. Students acknowledge, in writing, receipt of a copy of the Student Complaint/Grievance Procedure; and

e. A copy of the written acknowledgment is placed and/or retained in the student’s permanent file.

3. **Complaint Received at College.** Upon receipt of a complaint, the college Director will promptly acknowledge receipt of the complaint, conduct a thorough review of the concerns, and provide an oral or written response to the student. The college Director’s response will address the specific complaint and indicate what, if any, corrective action has been proposed or accomplished. Within three (3) school days of the discussion, the college Director will prepare a written summary of the discussion and forward a copy to the Compliance Department.

4. **Complaint Received at Headquarters.** Complaints received by employees at ITT/ESI Headquarters must be sent to the Compliance Department immediately upon receipt. The Compliance Department will collaborate with the appropriate college Director and the Operations Department, if necessary, to acknowledge, review and respond to the complaint.

5. **Recordkeeping.** The college Director and the Compliance Department will maintain a file of all complaints handled pursuant to this policy at their respective locations, including copies of any written complaint, the written response, or the summary of any informal conference.

6. **Executive Management Approval.** The following types of settlements must be approved by the Chief Executive Officer before they are presented as a solution to the complainant:

   a. Any proposed settlement recommending the refund of an amount larger than a full-time student’s quarterly tuition;

   b. Any proposed settlement involving more than one student; and
c. Any proposed settlement involving an attorney or legal aid assistant, a representative of the media, or any other representative of the complainant, except a parent, spouse or significant other.

d. Any proposed settlement involving a federal, state or local regulatory body or agency, including, states' attorneys general, veterans organizations, etc.

7. **Human Resource/Employment Issues.** This policy does **NOT** apply to charges or complaints involving equal opportunity compliance, employee salaries, working conditions, pensions or union activities, which must be immediately brought to the attention of the ITT/ESI Human Resources Department.

**KEY DEFINITION(S)**

**Customer Complaint.** Any oral or written expression of dissatisfaction by any future, current or former student, or any outside agency on behalf of any future, current or former student, with any aspect of the programs or services provided by the Company, or any action, lack of action or alleged misrepresentation by any ITT/ESI employee or representative. Complaints may be submitted on the Student Complaint Summary form (Exhibit A), or via any other method of communication. Examples of customer complaints include, but are not limited to:

- Allegations of misrepresentation by an employee;
- Allegations of improper conduct by an employee (or student, if such conduct is reported by another student);
- Allegations of improper classroom delivery of the curriculum, or improper equipment or facilities; and
- Allegations involving a student’s financial aid, refunds or payment delinquencies.

**EXHIBITS**

Exhibit A – Student Complaint Summary form
REFERENCES

Related Policies

AA 9.0 Family Educational Rights and Privacy Act of 1974, As Amended

Related Materials

ITT/ESI Student Complaint and Comment Administrative Manual
Student Handbook
STUDENT COMPLAINT SUMMARY

Location

To: ITT Educational Services, Inc.
13000 North Meridian Street
Carmel, IN 46032-1404
800/388-3368

From: Name
Address

Phone
HOME ( )
WORK ( )

Program ___ Class # ___

Issue: (Attach copy of letter if available)

Action Requested:

Administrative use only:
Received By: Instructor _____ Director _____ DOF _____ Dean _____ DOR _____ DOCS _____
ITT/ESI _____ Satisfaction Survey _____ Other ____________________________

Received from Student _________ Parent _________ Other ____________

Date Received _____________ Date Acknowledged ______________ Date Closed _______________

Status:

Resolution:

Rev. 05/05
Breckinridge School of Nursing and Health Sciences
ITT Technical Institute, Rancho Cordova
Attachment 7
Grievance Tracking Form and Report – Sept 2013

Please complete the following:

1. Date: __________ Name of person completing the grievance: ____________________________

2. Nature of Grievance or Description of the issues:
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________

3. Person(s) involved with the grievance:
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________

   Signature: __________________________ Date: __________________________

   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

4. Interview and findings:
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________

5. Summary of the issue or grievance with supporting document if any:
   ___________________________________________________________________________

6. Grievance Solution: __________________________

7. Follow up plan, by who, and to whom (N/A if not applicable):
   ___________________________________________________________________________
   ___________________________________________________________________________

   Signature: __________________________ Date __________________________

For tracking only: Type of Grievance __________ Document in the Grievance Tracking tool.
<table>
<thead>
<tr>
<th>Number</th>
<th>Date</th>
<th>Type of Grievance</th>
<th>Action Taken</th>
<th>Outcome</th>
<th>Referred to HQ</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td></td>
<td>Grading and progress</td>
<td>See leers</td>
<td>See leers</td>
<td>N/A at this time</td>
</tr>
<tr>
<td>Faculty</td>
<td>Employment Status</td>
<td>Content Expert</td>
<td>Classification</td>
<td>MS</td>
<td>OB</td>
</tr>
<tr>
<td>--------------------</td>
<td>-------------------</td>
<td>---------------------</td>
<td>----------------</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td><strong>Instructors</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marche, Annemarie</td>
<td>Full-Time</td>
<td>Medical/Surgical</td>
<td>Instructor</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Warth, Sara</td>
<td>Full-Time</td>
<td>Medical/Surgical</td>
<td>Instructor</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Widman, Patricia</td>
<td>Full-Time</td>
<td>Geron Ped.</td>
<td>Asst. Chair Instructor</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>Assistant Instructors</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DeGuzman, Emmylou</td>
<td>Full-Time</td>
<td>Asst. Instructor</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ricafort, Jordana</td>
<td>Full-Time</td>
<td>Asst. Instructor</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Adjunct Instructors</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heinze, Sakre</td>
<td>Adjunct</td>
<td>OB – Working on CEUs</td>
<td>Instructor</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Dodson, Teresa</td>
<td>Adjunct</td>
<td>Asst. Instructor</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hubbard, Gwen</td>
<td>Adjunct</td>
<td>MH – Will Complete CEU Oct.</td>
<td>Instructor</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Freeman, Zona</td>
<td>Adjunct</td>
<td>Assistant instructor</td>
<td>XR</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Under Consideration</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stark, Sue</td>
<td>Adjunct</td>
<td>Mental Health</td>
<td>Instructor</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Fuller, Sally</td>
<td>Full Time</td>
<td>Instructor</td>
<td>XR</td>
<td>XR</td>
<td></td>
</tr>
<tr>
<td>Dalton, Bonny</td>
<td>Adjunct</td>
<td>Med- Surg.</td>
<td>Instructor</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
Completion of Adult Nursing II Make-up, MH, & Gerontology  Dates: Sept 16 - Dec 6  7th Qter - Effective: 9/19/13

Required Clinical & Theory Hours: Adult Nursing II (96/5H), Mental Health (60/30H) & Gerontology (60/25H).

<table>
<thead>
<tr>
<th>Weeks</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Saturday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facs Initial</td>
<td>SW 7-5:30</td>
<td></td>
<td>JR 7-5:30</td>
<td></td>
<td>SW/PW</td>
<td>TD -7-5:30</td>
<td>SW 7-5:30</td>
</tr>
<tr>
<td>SEP Wk 1</td>
<td>O - Sac - All = 7H</td>
<td>Group 2 Sac = 10H</td>
<td></td>
<td>Class: 10-1100</td>
<td>Group 1 Sac = 10H</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wk 2</td>
<td>O - Doc - All = 9H</td>
<td>Skills Check off</td>
<td>Group 2 Sac = 10H</td>
<td>Class: 10-1100</td>
<td>Group 1 Sac = 10H</td>
<td>Group 2 Doc = 10H</td>
<td></td>
</tr>
<tr>
<td>Wk 3</td>
<td>Group 1 Doc = 10H</td>
<td>sheet due Oct 4th</td>
<td>Group 2 Sac = 10H</td>
<td>HESI EXAM</td>
<td>Group 1 Sac = 10H</td>
<td>Group 2 Doc = 10H</td>
<td></td>
</tr>
<tr>
<td>OCT Wk 4</td>
<td>Group 1 Doc = 10H</td>
<td>Group 2 Sac = 10H</td>
<td></td>
<td>Class: 10-1100</td>
<td>Group 1 Sac = 10H</td>
<td>Group 2 Doc = 10H</td>
<td></td>
</tr>
<tr>
<td>Wk 5</td>
<td>Holiday Or GP 1=10H or Tuesday</td>
<td>Group 2 Sac = 10H</td>
<td></td>
<td>Class: 10-1100</td>
<td>Group 1 Sac = 10H</td>
<td>Group 2 Doc = 10H</td>
<td></td>
</tr>
</tbody>
</table>

**First 5 Weeks is Adult Nursing II and then Change to Mental Health and Gerontology**

<table>
<thead>
<tr>
<th>Weeks</th>
<th>PW/AM</th>
<th>TD (PM)</th>
<th>GH</th>
<th>JR</th>
<th>JR 7-5:30</th>
<th>TD</th>
<th>SS 7-5:30</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wk 6</td>
<td>Gero Class 08-1300</td>
<td>O - SV = 10H-ALL</td>
<td>MH/Class 17-2200</td>
<td>O - DR = 10H ALL</td>
<td>Group 1 DR = 10H</td>
<td>Sunday Option</td>
<td>Group 2 SV = 10H</td>
</tr>
<tr>
<td>Wk 7</td>
<td>Gero Class 08-1300</td>
<td>Group 1 SV = 10H</td>
<td>MH/Class 17-2200</td>
<td>Group 2 DR = 10H</td>
<td>Group 1 DR = 10H</td>
<td>instead of</td>
<td>Group 2 SV = 10H</td>
</tr>
<tr>
<td>NOV Wk 8</td>
<td>Gero Class 08-1300</td>
<td>Group 1 SV = 10H</td>
<td>MH/Class 17-2200</td>
<td>Group 2 DR = 10H</td>
<td>Group 1 DR = 10H</td>
<td>Tues/Thur PM</td>
<td>Group 2 SV = 10H</td>
</tr>
<tr>
<td>Wk 9</td>
<td>Gero Class 08-1300</td>
<td>Group 1 SV = 10H</td>
<td>MH/Class 17-2200</td>
<td>Group 2 DR = 10H</td>
<td>Group 1 DR = 10H</td>
<td>at SV</td>
<td>Group 2 SV = 10H</td>
</tr>
<tr>
<td>Wk 10</td>
<td>Gero Class 08-1300</td>
<td>Group 1 SV = 10H</td>
<td>MH/Class 17-2200</td>
<td>Group 2 DR = 10H</td>
<td>Group 1 DR = 10H</td>
<td>Group 2 SV = 10H</td>
<td></td>
</tr>
<tr>
<td>Wk 11</td>
<td>Holiday</td>
<td>Holiday</td>
<td>Holiday</td>
<td>Holiday</td>
<td>Holiday</td>
<td>Holiday</td>
<td>*subject to change</td>
</tr>
<tr>
<td>DEC Wk 12</td>
<td>HESI (MH &amp; Gero)</td>
<td>Group 1 SV = 10H</td>
<td>MH/Class 17-2200</td>
<td>Group 2 DR = 10H</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: H = Hours, O = Orientation, Sac = Sacramento Post Acute, Doc = Doctors Medical Center, SV = Sierra Vista, DR = Delta Rehab
# Cohort 2 Fall 2013
## Class & Clinical Schedule

**Adult Nursing 1** Dates: Sept 16 - Dec 6  
3rd Quarter  
Effective: 9/19/13

Required Clinical & Theory Hours: 120 Clinical H and 40 Theory H

<table>
<thead>
<tr>
<th>Weeks</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
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<tbody>
<tr>
<td><strong>Fac Initial</strong></td>
<td>SW and JR</td>
<td>AM</td>
<td>ED 6:00-6:30</td>
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<td>JR</td>
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<tr>
<td><strong>SEP Wk 1</strong></td>
<td>No Class</td>
<td>STD Content 4H</td>
<td></td>
<td></td>
<td><strong>O = 10H ALL</strong></td>
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</tr>
<tr>
<td><strong>Wk 2</strong></td>
<td></td>
<td>Class 4H</td>
<td>Group 2 Sac = 12H</td>
<td></td>
<td>Group 3 Sac = 12H</td>
<td></td>
</tr>
<tr>
<td><strong>Wk 3</strong></td>
<td>Group 1 Sac = 10H</td>
<td>Class 4H</td>
<td>Group 2 Sac = 12H</td>
<td></td>
<td>Group 3 Sac = 12H</td>
<td></td>
</tr>
<tr>
<td><strong>OCT Wk 4</strong></td>
<td>Group 1 Sac = 10H</td>
<td>Class 4H</td>
<td>Group 2 Sac = 12H</td>
<td></td>
<td>Group 3 Sac = 12H</td>
<td></td>
</tr>
<tr>
<td><strong>Wk 5</strong></td>
<td>Holiday</td>
<td>Class 4H</td>
<td>Group 2 Sac = 12H</td>
<td></td>
<td>Group 3 Sac = 12H</td>
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**Simulation will be focused on reproductive content/scenarios and other contents not available at clinical sites**

<table>
<thead>
<tr>
<th>Facs Initial</th>
<th>ZF and JR</th>
<th>AM</th>
<th>ED</th>
<th>PW</th>
<th>TD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Wk 6</strong></td>
<td>O Group 1 &amp; 2 Doc = 10H</td>
<td>Class 4H</td>
<td>Group 2 Sac = 10H</td>
<td></td>
<td><strong>O Group 3 Doc = 10H</strong></td>
</tr>
<tr>
<td><strong>Wk 7</strong></td>
<td>Group 1 &amp; 2 Doc = 10H</td>
<td>Class 4H + 2H Sim</td>
<td>Group 1 Sac = 10H</td>
<td></td>
<td><strong>Group 3 Doc = 10H</strong></td>
</tr>
<tr>
<td><strong>NOV Wk 8</strong></td>
<td>Group 1 &amp; 2 Doc = 10H</td>
<td>Class 4H</td>
<td>Group 1 Sac = 10H</td>
<td></td>
<td><strong>Group 3 Doc = 10H</strong></td>
</tr>
<tr>
<td><strong>Wk 9</strong></td>
<td>Group 1 &amp; 2 Doc = 10H</td>
<td>Class 4H</td>
<td>Group 1 Sac = 10H</td>
<td></td>
<td><strong>Group 3 Doc = 10H</strong></td>
</tr>
<tr>
<td><strong>Wk 10</strong></td>
<td>Group 1 &amp; 2 Doc = 10H</td>
<td>Class 4H</td>
<td>Group 1 Sac = 10H</td>
<td></td>
<td><strong>Group 3 Doc = 10H</strong></td>
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<tr>
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<td>Holiday</td>
<td>Holiday</td>
<td>Holiday</td>
<td>Holiday</td>
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<td>Group 1 Doc = 10H</td>
<td>HESI</td>
<td>Submit Skills Sheet-ALL</td>
<td></td>
<td><strong>Group 3 Doc = 10H</strong></td>
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</table>

*Subject to change

**Note:** H = Hours, O = Orientation, Sac = Sacramento Post Acute, Doc = Doctors Medical Center #Guest Speakers for OB related contents

Sim = Simulation
# Cohort 3 Fall 2013
## Class & Clinical Schedule

**Clinical Nursing Concepts & Techniques I**  
Dates: Sept 16 - Dec 6  
3rd Quarter  
Effective: 9/19/13

Required Clinical & Theory Hours: 60 Clinical H and 40 Theory H

<table>
<thead>
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<th>Weeks</th>
<th>Monday</th>
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<td>ED 8-2</td>
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<td></td>
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<tr>
<td><strong>SEP Wk 1</strong></td>
<td>Group 1 Lab</td>
<td>Class 0900-1300</td>
<td>Group 2 Lab</td>
<td>Group 3 Lab</td>
<td></td>
<td></td>
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<tr>
<td>Wk 2</td>
<td>Group 1 Lab</td>
<td>Class 0900-1300</td>
<td>Group 2 Lab</td>
<td>Group 3 Lab</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wk 3</td>
<td>Group 1 Lab</td>
<td>Class 0900-1300</td>
<td>Group 2 Lab</td>
<td>Group 3 Lab</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>OCT Wk 4</strong></td>
<td>Group 1 Lab</td>
<td>Class 0900-1300</td>
<td>Group 2 Lab</td>
<td>Group 3 Lab</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wk 5</td>
<td>Holiday</td>
<td>Class 0900-1300</td>
<td>Group 2 Lab</td>
<td>Group 3 Lab</td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Weeks</th>
<th>AM</th>
<th>AM</th>
<th>ED</th>
<th>ED</th>
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<tr>
<td>Facs Initial</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Wk 6</strong></td>
<td>Group 1 WS = 10H</td>
<td>Class 0900-1300</td>
<td>Group 2 WS = 6H</td>
<td>Group 3 DR = 6H</td>
</tr>
<tr>
<td>Wk 7</td>
<td>Group 1 WS = 10H</td>
<td>Class 0900-1300</td>
<td>Group 2 WS = 6H</td>
<td>Group 3 DR = 6H</td>
</tr>
<tr>
<td><strong>NOV Wk 8</strong></td>
<td>Group 1 WS = 10H</td>
<td>Class 0900-1300</td>
<td>Group 2 WS = 6H</td>
<td>Group 3 DR = 6H</td>
</tr>
<tr>
<td>Wk 9</td>
<td>Class 0900-1300</td>
<td>Group 2 WS = 6H</td>
<td>Group 3 DR = 6H</td>
<td></td>
</tr>
<tr>
<td>Wk 10</td>
<td>Class 0900-1300</td>
<td>Group 2 WS = 6H</td>
<td>Group 3 DR = 6H</td>
<td></td>
</tr>
<tr>
<td>Wk 11</td>
<td>Holiday</td>
<td>Holiday</td>
<td>Holiday</td>
<td>Holiday</td>
</tr>
<tr>
<td><strong>DEC Wk 12</strong></td>
<td>HESI</td>
<td>Submit skills sheet ALL</td>
<td></td>
<td>*Subject to change</td>
</tr>
</tbody>
</table>

*Note: H = Hour, O= Orientation, WS = Western Slope*
ACTION REQUESTED: San Joaquin Valley College Associate Degree Nursing Program

REQUESTED BY: Michael Jackson, MSN, RN
Chairperson, Education/Licensing Committee

BACKGROUND:
San Joaquin Valley College Associate Degree Nursing Program (SJVC) comes before the ELC for consideration of its approval status and for consideration of a major curriculum revision.

- Continuing approval was deferred by the Board on September 27, 2012 following two consecutive years with a substandard NCLEX pass rate (below 75% for first time test-takers). Currently, the program has sustained a substandard NCLEX pass rate for three consecutive years.
- In an effort to enhance student learning and improve outcomes, the program has submitted a proposal for a major curricular revision for its LVN to RN option. The curriculum revision is a separate agenda item. Please see Agenda Item 7.5 for the major curriculum revision proposal packet.

Janine Spencer, Ed.D., RN, has served as the program director since February 2008. Kathryn DeFede, M.S.N, RN, and Barbara Lund, M.S.N., RN, are assistant directors.

San Joaquin Valley College is a proprietary school accredited by the Accrediting Commission of Community and Junior Colleges/Western Association of Schools and Colleges. The executive office is located in Visalia and there are twelve campuses throughout California. The registered nursing program is located solely on the Visalia campus.

The college received initial Board approval for an accelerated LVN to RN program in December 2005. The program is accelerated in that there are not traditional academic breaks. Course hours are offered over twenty-week terms; the academic load for each term is equal to a 15-week semester. After completion of prerequisite courses, LVN to RN enrollees can complete the program in two terms.

In June 2008 the Board granted approval for the program to add a generic associate degree (ADN) option. The curriculum for the generic program is an adaption of the California Community College Chancellor’s Office ADN Curriculum Model. Some components of the original LVN to RN program were retained, including the scheduling of twenty-week terms. Eligible students can complete the generic ADN program in four twenty-week terms.

Deferred Approval Status
A regularly scheduled continuing approval visit was conducted on October 25 & 26, 2011, by Kelly McHan and Kay Weinkam, Nursing Education Consultants. At the time of the visit the NCLEX pass rate for the previous academic year was 53.95%. Please see the attached NCLEX report showing SJVC’s NCLEX pass rates for each year since the first LVN to RN graduates.
completed the program in 2007. Findings included six areas of non-compliance: CCR 1431 NCEX-RN Pass Rate; CCR 1425 with reference to 1420(d), 1424(d) and 1424(h) Prior Approval of Faculty; CCR 1424(h) with reference to 1420(f) and 1425(f) Content Experts; CCR 1424 (1) Total Program Evaluation Plan; CCR 1427(a)(c)(d) Clinical Facilities; and CCR 1426.1(b)(1) and (2) with reference to 1424(d) Preceptorship. Three recommendations were made.

Four of the six areas of non-compliance were rapidly resolved with administrative oversight and correction of the items. The fifth item, the Total Program Evaluation Plan, required substantial corrective action, including an interim visit by this NEC conducted January 2012. With the program’s submission, in April 2012, of a comprehensive Total Program Evaluation Plan, the substandard NCLEX pass rate remained the sole regulatory non-compliance.

The November 2011 continuing approval visit was reported to the ELC on August 29, 2012. Board action at the September 27, 2012 Board meeting was “Defer Continuing Approval of San Joaquin Valley College Associate Degree Nursing Program.”

The program continued its NCLEX improvement action plan and submitted a progress report in November 2012. A follow-up interim visit to review the program’s implementation of the action plan was conducted in January 2013 by this NEC. Five recommendations related to CCR 1424 and 1426 were made and the NEC’s written progress report of the program’s actions for improvement was submitted to the ELC on March 6, 2013.

Substandard NCLEX Pass Rate
San Joaquin Valley College has sustained a substandard NLCEX pass rate for the past three consecutive academic years; 2010-2011, 2011-2012, and 2012-2013. The table below lists the pass rates for SJVC nursing program candidates along with the aggregate California and National rates for the same academic years.

<table>
<thead>
<tr>
<th>Academic Year July 1 – June 30</th>
<th>Nationwide % Pass</th>
<th>California % Pass</th>
<th>SJVC % Pass</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010/2011</td>
<td>87.73</td>
<td>87.64</td>
<td>53.95</td>
</tr>
<tr>
<td>2011/2012</td>
<td>88.92</td>
<td>88.99</td>
<td>60.29</td>
</tr>
<tr>
<td>2012/2013</td>
<td>87.03</td>
<td>87.96</td>
<td>67.53</td>
</tr>
</tbody>
</table>

Factors Contributing to Poor Student Performance
Following commencement of the generic ADN program in 2008, SJVC continued to enroll eligible LVNs into exclusively LVN to RN cohorts. The program enrolls one generic ADN cohort each spring and one LVN cohort each winter with 36 students in each cohort.

In an effort to address the continuing substandard NCLEX pass rate, the program engaged in data collection and analysis of student performance, including input from faculty and students. The program’s internal data reveals that the NCLEX pass rate of LVN to RN graduates has adversely affected the school’s overall NCLEX pass rate, as illustrated in the table below.
NCLEX Pass Rate by Program Option Type

<table>
<thead>
<tr>
<th>Academic Year</th>
<th>LVN to RN Option % Pass</th>
<th>Generic RN Option % Pass</th>
<th>All SJVC Graduates % Pass</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010/2011</td>
<td>54.28</td>
<td>53.85</td>
<td>53.95</td>
</tr>
<tr>
<td>2011/2012</td>
<td>52.5</td>
<td>79.3</td>
<td>60.29</td>
</tr>
<tr>
<td>2012/2013</td>
<td>61.8</td>
<td>79.41</td>
<td>67.53</td>
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</table>

The most recent graduates are a LVN to RN cohort and a generic RN cohort that graduated in November 2012. Sixty-eight of the seventy-one graduates sat for the NCLEX between November 2012 and June 2013. While the aggregate NCLEX pass rate for these graduates is 70.59%, the program has supplied its internal data showing that the pass rate for the generic RN option graduates is 79.3%.

The school submitted a progress report, received by the BRN 09-06-2013, showing the program’s analysis of factors contributing to the performance of LVN to RN option students throughout the program. The report, including changes the program has made since January 2012 to improve the overall program, is summarized below.

- Lack of foundational nursing theoretical concepts in LVN enrollees.
  - Student exam score data indicates that students in the LVN to RN “bridge” course do not possess basic nursing concepts at the level of corresponding generic RN students. During the NEC’s visit, program faculty also stated that as a group, students in LVN to RN option cohorts are deficient in basic Medical-Surgical knowledge and clinical skills. In order to ensure that future enrollees enter the program with the necessary foundational theoretical nursing concepts, the program changed the preadmission screening tool from the ATI Test of Essential Academic Skills to the ATI LVN Step Assessment; this preadmission screen assesses student comprehension and mastery of basic principles including adult medical surgical nursing, nursing care of children, management, fundamentals, pharmacology, nutrition, mental health, maternal newborn nursing, priority setting, and the nursing process.

- Admission policies
  - The minimum average GPA required for all prerequisites was raised from 2.0 to 2.5 in January 2013. The program does not require a minimum average GPA for prerequisite science courses and there is no policy limiting the number of repeats of prerequisite courses.
  - The program had not developed an admission policy related to the enrollment of LVNs who had challenged the VN board without completing a VN program. The progress report indicates that LVN students who challenged the VN board have consistently been unsuccessful in passing the NCLEX-RN. The college now has an admission policy requiring LVN applicants who cannot provide transcripts from a VN program to reach a score of 66.4 on the preadmission ATI LVN Step Assessment. In addition, these applicants must also achieve a score of 75% on a comprehensive exam taken from the first year curriculum of the generic RN option.
- Curriculum delivery
  - While class and clinical hours are identical between the two groups, curriculum delivery for LVN to RN students was designed to accommodate working students. For generic RN students, courses and clinical experiences are delivered over three week days. Classes for LVN to RN option students are delivered over two days of the week. LVN to RN option students attend all theory courses on Fridays, while these same courses are divided between two days of the week for generic RN option students.

- Grading Policy and Standards
  - The course grading standard required students to achieve 74% of total course points in order to pass courses and progress to the next term. Extra credit, written assignments, and quizzes, along with completion of ATI modules and remediation were factored into the course points. Effective January 2013, the grading policy was revised to require a minimum average score of 75% on exams. Points achieved from additional assignments are now added only after the student has achieved 75% average on course examinations.

- Student Employment and Residence Distance from the Campus
  - The RN program has identified that student employment while attending an accelerated nursing program is a contributing factor to poor student performance. The college’s Student Entrance Survey of the December 2011 LVN to RN option graduates showed that 23% of students planned to work 21-30 hours per week, while 45% planned to work more than 31 hours per week. The same survey for November 2012 graduates showed that 20% planned to work 21-30 hours per week and 33% planned to work 31 or more hours per week.
  - The program has also identified that the average commute for LVN to RN students is twice as far as the commute for generic RN students, with the 2011 and 2012 graduating LVN to RN cohorts commuting an average of 121-126 miles each way to attend the program. In contrast, the average commute for generic RN students is 58-68 miles each way.

In addition to the above specified changes already made, the program has reviewed and replaced various textbooks to support a more focused approach to clinical reasoning, improved student remediation methodologies, and provided faculty development resources.

The program has committed to provide significant resources for students who have not yet passed NCLEX. These include an open invitation for graduates to attend course lectures and skills labs, inviting graduates to attend upcoming Kaplan NCLEX reviews that are mandated for students, one-on-one tutoring with the director or a faculty member, use of campus resources in local areas, assistance with activation/reactivation of Virtual ATI or Kaplan NCLEX preparation programs, and financial reimbursement for completing the Virtual ATI NCLEX preparation program and waiting for the “green light” before taking NCLEX.

Currently enrolled generic RN option students include a group of 33 level two students expected to graduate in November 2013 and a group of 28 level one students expected to graduate in November 2014. One LVN to RN option cohort of 25 students is currently enrolled and will graduate in December 2013.
The school’s plans for upcoming enrollments include a LVN to RN option cohort in January 2014 with an expected graduation in December 2014, and a generic RN option cohort in April 2014 with an expected graduation in November 2015.

Education/Licensing Committee recommendation:

- Place program on Warning Status With Intent to Withdraw Program Approval.
- Allow program admission of planned LVN-RN cohort in January 2014 but no further enrollment of LVN-RN students until NCLEX-RN results of LVN-RN cohort graduating December 2013 are available and found to be at or above the minimum pass rate of 75%.
- The Nursing Education Consultant will continue to monitor the program as needed.

NEXT STEPS: Notify program of Board action.

FISCAL IMPACT, IF ANY: None.

PERSON TO CONTACT: Kelly McHan, MPH, RN Nursing Education Consultant
## NCLEX PASS RATES
### FIRST TIME CANDIDATES

2006-2014

<table>
<thead>
<tr>
<th></th>
<th>JUL-SEP</th>
<th>OCT-DEC</th>
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<th>APR-JUN</th>
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<tr>
<td></td>
<td>Taken</td>
<td>Passed</td>
<td>Percent</td>
<td>Taken</td>
<td>Passed</td>
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<td>0</td>
<td>0</td>
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<td>2007-2008</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2008-2009</td>
<td>6</td>
<td>6</td>
<td>100.00%</td>
<td>14</td>
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<td>2009-2010</td>
<td>24</td>
<td>21</td>
<td>87.50%</td>
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<td>2010-2011</td>
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<td>7</td>
<td>41.18%</td>
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<td>2011-2012</td>
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<td>0.00%</td>
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<tr>
<td>2012-2013</td>
<td>5</td>
<td>2</td>
<td>40.00%</td>
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<td>2013-2014</td>
<td>0</td>
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Source: NCSBN G1-G6 Reports

G:\NEC\ACCESS\NCLEX Information.mdb
Sept. 6, 2013

Board of Registered Nursing
Educational Licensing Committee
P.O. Box 944210
Sacramento, CA 94244-2100

Educational Licensing Committee:

I am writing this letter to assure the Board of Registered Nursing that San Joaquin Valley College (SJVC) acknowledges the seriousness of its current situation regarding the sub-standard NCLEX pass rate and is making every effort to correct the factors that are contributing to this situation.

The Registered Nursing program at SJVC includes one cohort of generic RN students and one cohort of LVN-RN students. The NCLEX pass rate is a blending of these two distinct groups. After receiving information regarding the substandard pass rate, for 2010-2011, the program immediately conducted an extensive investigation of the possible causes. Unfortunately, by the time we became aware of the situation Cohort 6 LVN–RN and Cohort 2 Generic RN were within 5 months of graduation. This diminished the opportunity for results of new changes to be fully realized for these two groups.

While the pass rate did not improve for LVN-RN Cohort 6 (52.5%), during the 2011-2012 rating period it significantly improved for the generic RN Cohort 2 (79.3%). It has become apparent that the LVN-RN students are at much greater risk for failing the NCLEX.

The results from the 2012-2013 NCLEX Report have verified that the generic RN students in Cohort 3 achieved a first time-pass rate of 79.4. All of the 34 generic RN applicants that graduated in November of 2012 have tested.

The current report for 2012-2013, indicates that once again the LVN-RN graduates have been substandard in their NCLEX attempt. There were 37 graduates in the LVN-RN Cohort 7. During the rating period from 2012-2013, 34 have tested and 13 have failed for an overall first time passing rate of 61.8.

In 2012-2013 the combined pass rate for the LVN-RN and Generic RN cohorts that graduated in November 2012 with a total of 68 students is 70.59. Although, we can demonstrate improvement we realize that we have not achieved the required outcome at this point.

Determining cause and effect for the substandard pass rate for LVN-RN graduates has proven to be a highly complex undertaking. SJVC has enlisted the support of Dr. Karin Roberts, an ATI Curriculum Consultant. Dr. Roberts conducted a 2-day visit in March 2013 and submitted a detailed analysis and recommendations for improvement. The report has been provided to Kelly McHan, our nursing consultant.
Based on Dr. Roberts's recommendations and a thorough analysis of data, the program has submitted a major curriculum revision exclusively for the LVN-RN program.

The major contributing factors to the poor performance of the LVN-RN graduates are:

1. **Admission Issues:**
   
a) The LVN-RN students lack the foundational theoretical knowledge equivalent to the generic RN students. Additionally, they are weak in the application of Pathophysiology. This was validated with the administration of the ATI Fundamentals Exam to LVN-RN Cohort 7 (Graduated Nov. 12). The results revealed that only 8 students out of 37 achieved the desired level 2 benchmark. In reviewing pre-admission testing options, the ATI LPN STEP exam has been selected to replace the TEAS (Test of Essential Academic Skills). The STEP is designed specifically to measure the foundational knowledge of the LVN-RN candidate. The program administered this exam to LVN-RN Cohort 8. This will provide a benchmark for assessing future cohorts on admission. The LPN STEP will be administered to LVN-RN Cohort 9 as a pre-admission screen for foundational knowledge. The program will identify a benchmark score after results from several cohorts can be reviewed and analyzed to correlate with NCLEX success and success in the program.

b) **Challenge LVNs**
   
An additional concern for the program has been the admission of applicants who did not complete an LVN program and achieved licensure through challenging the LVN exam. LVN-RN students that have challenged the LVN boards have consistently been unsuccessful in passing the NCLEX. During the admissions process for Cohort 8 it was revealed that 10 of the 65 qualified applicants had not attended an LVN program. In reviewing current admission practices there is a need to clarify the policy regarding LVN’s who challenged the LVN Board. In order to determine the competency of these applicants the following admissions requirements for LVN-RN applicants that have attained their LVN Licensure through the challenge process will be established:

Applicants who cannot provide transcripts from an LVN program are required to:

1. Achieve a benchmark of 66.4 on the ATI STEP Exam (Consultant recommendation)
2. Achieve a score of 75% on the Final Exam for Terms 1 & 2 of the current RN program (100 point exam which includes a study guide)

2. **Learning Environment:** The practice of teaching theory and skills lab on one day and providing one day for a 12-hour clinical has been determined to be a contributing factor to the sub-standard NCLEX pass rate. Students and faculty have difficulty maintaining engagement and promoting a positive
learning atmosphere. The manner of academic delivery for the LVN-RN program will be changed to include one additional day of instruction. Clinicals will be reduced to 8 or 10 hours in duration.

3. **Excessive Work:** The program was originally designed to support the working LVN through a bridge program to attain their Registered Nursing status. Unfortunately, the nature of the 2-day per week schedule has allowed the students to work excessively. Any future LVN-RN cohorts will be delivered with a 3-day per week schedule. This will provide a more balanced teaching and learning environment.

4. **Excessive Travel:** Students have been admitted who chose to travel from great distances. The average miles traveled for LVN-RN students ranges from 121-126 miles each way. The average for the generic RN cohorts ranges from 58-68 miles each way. Adding an additional day to the program will discourage this practice.

5. **Academic Rigor:** It has been determined through review of student files that lack of rigor has contributed significantly to the sub-standard pass rate. Students who have failed the NCLEX were found to have marginally passed nursing courses. It has been noted they have passed courses based on homework and assignments while consistently failing exams and quizzes. This has verified the lack of content mastery in these individuals. The current practice of requiring students to pass courses with a 75% on exams and quizzes has resulted in a smaller cohort that is stronger academically.

6. **English as a Second Language:** Entrance and Exit Surveys have indicated that the student population within the nursing program ranges from 30-40% English as a second language. This has been addressed with the implementation of the ATI Achieve Program which provides faculty and students with recommendations and options for supporting students that are language challenged. Additionally, the program has provided faculty with information and educational support related to promoting success with this student population.

As we have implemented changes, we are optimistic with the indicators that we have observed regarding the improved ATI testing scores. Evidence of improvement has included stronger student performance on the Fundamentals and Maternal-Newborn assessments. In addition, the current LVN-RN Cohort 8 has completed 6 of the required ATI proctored assessments. On these 6, they have demonstrated significant improvement over the last two LVN-RN cohorts. They have scored above the national average on two of the assessment, Leadership and Pediatrics.

Faculty development activities have focused on increasing assessment skills, increased awareness of student resources, and a broader depth of knowledge relative to the current NCLEX test plan.

**Supporting Student Success:** The college provides students with a wide range of resources that support NCLEX success. These include a complete ATI program of assessment and remediation and a mandatory 4-day Kaplan review, scheduled toward the end of the program to promote test taking strategies.

Although it is our goal that graduates pass the NCLEX on the first attempt, we do continue to reach out to all graduates until they successfully pass the NCLEX. This practice is consistent with the mission and philosophy of the college. Over the entire course of the program 298 students have graduated.
Currently, 241 have attained status as Registered Nurses. This results in a program-wide pass rate of 82.53%.

Our efforts to support our graduates and promote their success have included:

1. The program director contacts students who have not been successful in passing the NCLEX. They are encouraged to utilize the resources that are provided to prepare to retake the exam. This includes Kaplan and ATI NCLEX preparation programs.
2. Graduates are extended open invitations to attend lectures or skills lab.
3. Graduates are made aware of upcoming Kaplan reviews and invited to attend.
4. Graduates are strongly encouraged to fully participate in the Virtual ATI that has been provided.
5. If assistance with reactivation of Virtual ATI or Kaplan has been requested, we facilitated this for them.
6. Graduates are provided one-on-one tutoring with faculty/director
7. Graduates are provided the use of campus resources in local areas

In conclusion, SJVC is prepared to take whatever measures are necessary to promote and sustain the success of our graduates in passing the NCLEX. We continue to work with Kelly McHan, MPH, RN, our nursing consultant, to implement changes and identify and correct deficiencies.

The nursing program has the full support of campus administration and corporate leadership to provide an academically sound, high quality education to our students that will ensure their ability to successfully pass the NCLEX.

Respectfully,

Janine A. Spencer, RN, Ed.D
Registered Nursing Program Director
San Joaquin Valley College
Visalia Campus
### TABLE C1 - NCLEX Results

**Pass Rates by Student Cohorts**

<table>
<thead>
<tr>
<th>LVN-RN Cohort 1</th>
<th>LVN-RN Cohort 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduation Date - 10/14/2007</td>
<td>Graduation Date - 11/9/2012</td>
</tr>
<tr>
<td>First-Time Pass Rate: 85%</td>
<td>13 students pending</td>
</tr>
<tr>
<td>Current Pass Rate: 100%</td>
<td>3 students not yet tested</td>
</tr>
<tr>
<td></td>
<td>First-Time Pass Rate:  61.76%</td>
</tr>
<tr>
<td></td>
<td>Current Pass Rate:  61.76%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LVN-RN Cohort 2</th>
<th></th>
<th>RN/LVN-RN Cohort 1</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduation Date - 8/29/2008</td>
<td>Current Pass Rate:  100%</td>
<td>Graduation Date - 3/13/2011</td>
<td>Current Pass Rate:  72.72%</td>
</tr>
<tr>
<td>First-Time Pass Rate: 61.76%</td>
<td></td>
<td>First-Time Pass Rate: 48.5%</td>
<td></td>
</tr>
<tr>
<td>Current Pass Rate: 100%</td>
<td></td>
<td>Current Pass Rate: 72.72%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LVN-RN Cohort 3</th>
<th></th>
<th>RN Cohort 2</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduation Date - 7/12/2009</td>
<td>Current Pass Rate:  100%</td>
<td>Graduation Date - 1/12/2012</td>
<td>Current Pass Rate: 93.33%</td>
</tr>
<tr>
<td>First-Time Pass Rate: 88.46%</td>
<td></td>
<td>First-Time Pass Rate: 79.31%</td>
<td></td>
</tr>
<tr>
<td>Current Pass Rate: 100%</td>
<td></td>
<td>Current Pass Rate: 93.33%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LVN-RN Cohort 4</th>
<th></th>
<th>RN Cohort 3</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduation Date - 5/9/2010</td>
<td>Current Pass Rate:  84.21%</td>
<td>Graduation Date - 11/8/2012</td>
<td>Current Pass Rate: 79.41%</td>
</tr>
<tr>
<td>6 students pending</td>
<td></td>
<td>7 students still pending</td>
<td></td>
</tr>
<tr>
<td>First-Time Pass Rate: 51.35%</td>
<td></td>
<td>First-Time Pass Rate: 79.41%</td>
<td></td>
</tr>
<tr>
<td>Current Pass Rate: 84.21%</td>
<td></td>
<td>Current Pass Rate: 79.41%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LVN-RN Cohort 5</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduation Date - 12/17/2010</td>
<td>Current Pass Rate:  78.57%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 students pending</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First-Time Pass Rate: 60.71%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Pass Rate: 78.57%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LVN-RN Cohort 6</th>
<th></th>
<th>Total RNs: 241</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduation Date - 12/23/2011</td>
<td>Total Grads: 298</td>
<td>Pending: 51</td>
<td></td>
</tr>
<tr>
<td>8 students pending</td>
<td></td>
<td>Not Tested: 6</td>
<td></td>
</tr>
<tr>
<td>1 student not tested yet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First-Time Pass Rate: 52.5%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Pass Rate: 80.00%</td>
<td></td>
<td></td>
<td></td>
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</table>

Program-wide Pass Rate: 82.53%
<table>
<thead>
<tr>
<th>TABLE D1 - ATI TESTING SUMMARY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>RN Fundamentals</td>
</tr>
<tr>
<td>LVN-RN Cohort 7 (2010)</td>
</tr>
<tr>
<td>LVN-RN Cohort 8 (2010)</td>
</tr>
<tr>
<td>Nutrition</td>
</tr>
<tr>
<td>LVN-RN Cohort 7 (2007)</td>
</tr>
<tr>
<td>LVN-RN Cohort 8 (2010)</td>
</tr>
<tr>
<td>Maternal Newborn</td>
</tr>
<tr>
<td>LVN-RN Cohort 6 (2010)</td>
</tr>
<tr>
<td>LVN-RN Cohort 7 (2010)</td>
</tr>
<tr>
<td>LVN-RN Cohort 8 (2010)</td>
</tr>
<tr>
<td>Nursing Care of Children</td>
</tr>
<tr>
<td>LVN-RN Cohort 6 (2007)</td>
</tr>
<tr>
<td>LVN-RN Cohort 7 (2010)</td>
</tr>
<tr>
<td>LVN-RN Cohort 8 (2010)</td>
</tr>
<tr>
<td>Mental Health</td>
</tr>
<tr>
<td>LVN-RN Cohort 6 (2010)</td>
</tr>
<tr>
<td>LVN-RN Cohort 7 (2010)</td>
</tr>
<tr>
<td>LVN-RN Cohort 8 (2010)</td>
</tr>
<tr>
<td>Leadership</td>
</tr>
<tr>
<td>LVN-RN Cohort 7 (2010)</td>
</tr>
<tr>
<td>LVN-RN Cohort 8 (2010)</td>
</tr>
<tr>
<td>Pharmacology</td>
</tr>
<tr>
<td>LVN-RN Cohort 6 (2010)</td>
</tr>
<tr>
<td>LVN-RN Cohort 7 (2010)</td>
</tr>
<tr>
<td>LVN-RN Cohort 8 (2010)</td>
</tr>
<tr>
<td>Adult Medical-Surgical</td>
</tr>
<tr>
<td>LVN-RN Cohort 6 (2010)</td>
</tr>
<tr>
<td>LVN-RN Cohort 7 (2010)</td>
</tr>
<tr>
<td>LVN-RN Cohort 8 (2010)</td>
</tr>
<tr>
<td>Comprehensive Predictor</td>
</tr>
<tr>
<td>LVN-RN Cohort 6 (2010)</td>
</tr>
<tr>
<td>LVN-RN Cohort 7 (2010) B</td>
</tr>
<tr>
<td>LVN-RN Cohort 7 (2010) C</td>
</tr>
<tr>
<td>LVN-RN Cohort 8 (2010)</td>
</tr>
</tbody>
</table>
Janine Spencer  
8400 West Mineral King  
Visalia, CA  93291

Dear Dr. Spencer,

I want to commend your school on their improvement in ATI Content Mastery Assessment scores. These scores reflect favorably on the consultation visit made at your school last spring and the comprehensive remediation plan you have developed and implemented. I have attached a document that provides the reliability and validity scores of these tests. Of particular note is the relationship between these assessments and students’ scores on the Comprehensive Predictor Assessment. Each of ATI’s Content Mastery Series assessments significantly predicts students’ later performance on the Comprehensive Predictor (a measure of NCLEX preparedness). Subsequently, the upward trend your students are demonstrating is an indicator of their expected score on the Comprehensive Predictor as well as the NCLEX.

Once again, I want to commend you and your faculty and students on the hard work being done and assessment scores that are reflective of academic improvement. Thank you for sharing this information with me.

Sincerely,

Karin K Roberts, PhD, RN, CNE

Karin K Roberts, PhD, RN , CNE  
Manager Nursing Education and Curriculum  
Assessment Technologies Institute  
11161 Overbrook Rd  
Leawood, KS  66211
ACTION REQUESTED: Licensing Examination Pass Rate Standard (EDP-I-29 rev. 8/13, 09/11; approved 2/09)

REQUESTED BY: Michael Jackson, MSN, RN
Chairperson, Education/Licensing Committee

BACKGROUND: CCR 1431 establishes 75% as the minimum acceptable annual NCLEX-RN pass rate for first time test-taker graduates of a program, and identifies actions to be taken when a program’s graduates do not meet this performance threshold. BRN procedure EDP-I-29 Licensing Examination Pass Rate Standard provides an explanation of the procedure followed per CCR 1431. This procedure, created in 2009, was recently reviewed by the BRN Nursing Education Consultant group and revised to ensure clarity and consistency with current regulation. As with the previous version, this procedure will be placed in the Director’s Handbook that is provided to all prelicensure program directors and content will be reviewed with the program directors at the Annual BRN Update.

NEXT STEPS: Insert in Program Directors Handbook and distribute to prelicensure program directors.

FISCAL IMPACT, IF ANY: None.

PERSON(S) TO CONTACT: Leslie A. Moody, RN, MSN, MAEd
Nursing Education Consultant
LICENSING EXAMINATION PASS RATE STANDARD

Procedure for Management of Prelicensure Nursing Program
Substandard NCLEX-RN Performance

Regulatory Authority:
CCR section 1431. Licensing Examination Pass Rate Standard
“The nursing program shall maintain a minimum pass rate of seventy-five percent (75%) for first time licensing exam candidates.
(a) A program exhibiting a pass rate below seventy-five percent (75%) for first time candidates in an academic year shall conduct a comprehensive program assessment to identify variables contributing to the substandard pass rate and shall submit a written report to the board. The report shall include the findings of the assessment and a plan for increasing the pass rate including specific corrective measures to be taken, resources, and timeframe.
(b) A board-approval visit will be conducted if a program exhibits a pass rate below seventy-five percent (75%) for first time candidates for two (2) consecutive academic years.
(c) The board may place a program on warning status with intent to revoke the program’s approval and may revoke approval if a program fails to maintain the minimum pass rate pursuant to section 2788 of the code.”

Procedure:
NCLEX-RN licensing examination statistics are distributed to programs on a quarterly basis. The Nursing Education Consultant (NEC) reviews the statistics and makes recommendations as needed after the end of each academic year (July 1 – June 30), which is the period used when assessing compliance with CCR Section 1431. The following steps will be taken when a program’s performance fails to meet the minimum requirement of passing for 75% of first time test-takers completing the NCLEX-RN exam in an academic year.
1. First academic year of substandard performance:
The NEC will send written notice to the program director advising of the program’s noncompliance with CCR Section 1431 Licensing Examination Pass Rate Standard and that the program shall:
a. conduct a comprehensive program assessment to identify variables contributing to the substandard pass rate, and
b. submit to the program’s assigned NEC a written report that includes the findings of the assessment and a plan for increasing the pass rate including specific corrective measures to be taken, resources, and timeframe.
The NEC will:

a. report to Education Licensing Committee (ELC) in the Minor Curriculum Revision-Progress Report section regarding the noncompliance and progress report submitted by the program, and

b. continue to monitor the program’s implementation of the corrective plan including the program’s NCLEX-RN outcomes, and

c. if a continuing approval visit occurs during this period, document first-year noncompliance with CCR Section 1431 and actions taken to improve outcomes in the consultant’s visit report.

2. Second consecutive academic year of substandard performance the NEC will:

a. notify the program director and the college administrator, in writing, of noncompliance with CCR Section 1431 for a second consecutive year, and

b. within six months, schedule a board approval visit that will include meeting with the program director, school administrator, and program faculty, and other activities necessary to determine whether an effective corrective action plan is being implemented, and

c. present a written report of findings to the ELC as a continuing approval agenda item with program representation required at that meeting. If the program is scheduled for a continuing approval visit during this period, evaluation of the program’s actions will be done as part of the scheduled visit, and second-year noncompliance with CCR Section 1431 along with actions taken to improve will be documented in the consultant’s visit report. Program representatives will be required to attend the ELC meeting when the findings are presented. The ELC will review the report and make recommendations regarding the program’s status at the next Board meeting.

If there is evidence the program cannot correct substandard performance, ELC recommendation and action of the Board may include placing the program on warning status with intent to revoke the program’s approval or revocation of the program’s approval pursuant to section 2788 of the Business and Professions code, and/or other actions deemed necessary.
AGENDA ITEM: 7.7
DATE: November 6, 2013

ACTION REQUESTED: BRN 2012-2013 Annual School Survey

REQUESTED BY: Michael Jackson, MSN, RN
Chairperson, Education/Licensing Committee

BACKGROUND:
The BRN 2012-2013 Annual School Survey is available online for nursing programs to complete. The BRN requests nursing programs to complete the survey as soon as possible so data can be compiled and reported in a timely manner. The deadline for submitting responses is November 15, 2013. The time period for the data being collected is from August 1, 2012 to July 31, 2013 and the survey census date is October 15, 2013.

All nursing program directors in California should have received e-mail notification of the survey on October 1, 2013. In order for schools to obtain access to the survey in a timely manner, they are asked to notify the Board of any program director email address changes as soon as possible, or if email notification regarding the survey is not received.

The survey collects data on enrollments, graduations, faculty, etc. from California pre-licensure nursing programs. While much of the content remains similar, revisions are made in order to collect more accurate data or to obtain information on current issues. The UCSF research center completes the data collection and reporting on behalf of the BRN. Reports compiled from data collected from previous surveys can be found on the BRN Web site at http://rn.ca.gov/forms/pubs.shtml.

Assistance for survey respondents is available from the BRN’s Nursing Education Consultants and research specialist for content and from UCSF staff for technical issues. The Board anticipates that a draft statewide report will be available for the January/February 2014 Education Licensing Committee meeting and regional reports in March/April 2014. Data will be presented in aggregate form and will describe overall trends for both statewide and regional areas.

NEXT STEPS: Collect data and prepare reports.

FISCAL IMPACT, IF ANY: None

PERSON TO CONTACT: Julie Campbell-Warnock
Research Program Specialist
NCLEX Pass Rate Update

Michael Jackson, RN, MSN
Chairperson, Education/Licensing Committee

The Board of Registered Nursing receives quarterly reports from the National Council of State Boards of Nursing (NCSBN) about the NCLEX-RN test results by quarter and with an annual perspective. The following tables show this information for the last 12 months and by each quarter.

**NCLEX RESULTS – FIRST TIME CANDIDATES**

<table>
<thead>
<tr>
<th>JURISDICTION</th>
<th>TOTAL TAKING TEST</th>
<th>PERCENT PASSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>California*</td>
<td>11,449</td>
<td>85.26</td>
</tr>
<tr>
<td>United States and Territories</td>
<td>154,954</td>
<td>84.29</td>
</tr>
</tbody>
</table>

*Includes (5), (6), (3) and (4) “re-entry” candidates. Effective April 1, 2013, the 2013 NCLEX-RN Test Plan and the higher Passing Standard of 0.00 logit was implemented and remains effective through March 31, 2016. A logit is defined as a unit of measurement to report relative differences between candidate ability estimates and exam item difficulties.

The Nursing Education Consultants (NECs) monitor the NCLEX results of their assigned programs. Current procedure provides that after each academic year (July 1-June 30), if there is substandard performance (below 75% pass rate for first time candidates), the NEC requests the program director submit a report outlining the program's action plan to address this substandard performance. Should the substandard performance continue in the second academic year, an interim visit is scheduled and a written report is submitted to the Education/Licensing Committee. If there is no improvement in the next quarter, a full approval visit is scheduled within six months. A report is made to the Education /Licensing Committee following the full approval visit.

**NEXT STEP(s):**
Continue to monitor results.

**FISCAL IMPACT:**
None.

**PERSON(S) TO CONTACT:**
Katie Daugherty, MN, RN
(916) 574-7685
California Board of Registered Nursing

NCLEX-RN Pass Rates First Time Candidates
Comparison of National US Educated and CA Educated Pass Rates
By Degree Type

Academic Year July 1, 2013-June 30, 2014

<table>
<thead>
<tr>
<th>Academic Year</th>
<th>July-Sept #Tested</th>
<th>Oct-Dec #Tested</th>
<th>Jan-Mar #Tested</th>
<th>April-June #Tested</th>
<th>2013-2014 Cumulative Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>National-Associate Degree rates**</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td>CA-Associate Degree rates**</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>National-BSN+ELM rates**/***</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>CA-BSN+ELM rates**/***</td>
</tr>
<tr>
<td>National US Educated- All degree types *</td>
<td>53,734 (80.7)</td>
<td></td>
<td></td>
<td></td>
<td>28,656 (79.5)</td>
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<tr>
<td>CA Educated- All degree types*</td>
<td>4,057 (81.6)</td>
<td></td>
<td></td>
<td></td>
<td>2,327 (83.3)</td>
</tr>
<tr>
<td>National-BSN+ELM rates**/***</td>
<td>23,710 (82.0)</td>
<td></td>
<td></td>
<td></td>
<td>1,724 (79.4)</td>
</tr>
</tbody>
</table>

*National rate for All Degree types includes four categories of results: Diploma, AD, BSN+ELM, and Special Codes. Use of the Special Codes category may vary from state to state. In CA, the Special Codes category is most commonly used for re-entry candidates such as eight year retake candidates wishing to reinstate an expired license per CCR 1419.3(b). The CA aggregate rate for the All degree types includes AD, BSN+ELM, and Special Codes but no diploma program rates since there are no diploma programs in CA. CA rates by specific degree type exclude special code counts since these are not reported by specific degree type.

**National and CA rates reported by specific degree type include only the specific results for the AD or BSN+ELM categories.

***ELM program rates are included in the BSN degree category by NCSBN.

Note: This report includes quarter to quarter corrections NCSBN has made in data. April 1, 2013 the NCLEX RN Test Plan changed and the Passing Standard became 0.00 logit.

Source: National Council of State Boards Pass Rate Reports
### Trended Comparison of California and Nationwide Pass Rates

**July 1, 1995 – June 30, 2013**

#### U.S. Educated First-Time Candidates

<table>
<thead>
<tr>
<th>Year</th>
<th>California</th>
<th>Nationwide</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># candidates</td>
<td>% Pass</td>
</tr>
<tr>
<td>1995-1996</td>
<td>5,443</td>
<td>89.93</td>
</tr>
<tr>
<td>1996-1997</td>
<td>5,805</td>
<td>87.18</td>
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<td>5,375</td>
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<td>2000-2001</td>
<td>4,952</td>
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<tr>
<td>2001-2002</td>
<td>5,018</td>
<td>84.38</td>
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<td>2002-2003</td>
<td>5,666</td>
<td>85.03</td>
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<td>2003-2004</td>
<td>6,011</td>
<td>84.81</td>
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<tr>
<td>2004-2005</td>
<td>6,327</td>
<td>84.31</td>
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<tr>
<td>2005-2006</td>
<td>7,237</td>
<td>86.50</td>
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<tr>
<td>2006-2007</td>
<td>8,330</td>
<td>88.21</td>
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<td>2007-2008</td>
<td>9,151</td>
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<tr>
<td>2008-2009</td>
<td>10,499</td>
<td>87.90</td>
</tr>
<tr>
<td>2009-2010</td>
<td>11,141</td>
<td>88.83</td>
</tr>
<tr>
<td>2010-2011</td>
<td>11,183</td>
<td>87.64</td>
</tr>
<tr>
<td>2011-2012</td>
<td>10,733</td>
<td>88.99</td>
</tr>
<tr>
<td>2012-2013*</td>
<td>10,875</td>
<td>87.96</td>
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*4/1/2013 Test Plan and Passing standard change (0.00 logit)
<table>
<thead>
<tr>
<th>Data Source: NCSBN Quarterly Pass Rate Reports</th>
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</tr>
</thead>
<tbody>
<tr>
<td>July 1–June 30</td>
<td><strong>#Tested</strong></td>
<td><strong>%Pass</strong></td>
</tr>
<tr>
<td>96-97</td>
<td>7,147</td>
<td>50.1</td>
</tr>
<tr>
<td>97-98</td>
<td>6,322</td>
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<td>12-13</td>
<td>7,717</td>
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Source: NCSBN and CA BRN ATS Reports

Year to Year pass rate changes may be due to one or more factors, including, but not limited to:

* Global economy changes and changes in the RN labor market (fewer RN retirements/less turnover; etc.) in the U.S.
* Retrogression (limited visas available); slowed recruitment of internationally educated RNs by U.S. employers
* 2010 BRN Social Security number requirements for all applicants
* Differences in international nursing education as compared with the U.S.; English language proficiency
* Differences in a country’s nursing regulations and scope of practice as compared to the U.S.
* Differences in health care delivery systems as compared with the U.S.
* Differences in candidate preparation for the NCLEX examination as compared with the U.S.
AGENDA ITEM: 7.9
DATE: November 6, 2013

ACTION REQUESTED: Licensing Program Overview and Statistics

REQUESTED BY: Michael Jackson, BSN, RN, Chairperson
Education/Licensing Committee

BACKGROUND:

Program Update:
The Board of Registered Nursing Licensing Program is beginning to receive applications for fall 2013 graduates. The applications cannot be processed prior to the graduation or completion date provided by the nursing programs on the Individual Candidate Roster Director Approval forms. Interim Permits (IP) are issued the day after the applicant is deemed eligible for the NCLEX-RN examination.

Pending the implementation of BreEZe, the Mailroom, Cashiering Unit and Licensing Unit worked overtime on September 28 and 29th. This was to open incoming mail, cashier as many applications as possible and enter the applications on the existing ATS system to ensure the applicant information would migrate to BreEZe. If the applicant information was not on ATS, the entire application would have to be created.

The computer conversion to BreEZe was implemented on October 8, 2013. As with any new system, there is a learning curve. Until staff is comfortable with the new system, there will be an increase in the time it takes to complete application evaluations. We will re-direct staff where needed to ensure the work is processed as timely as possible.

I attended the annual Deans and Directors conference in October. We discussed the use of the Individual Candidate Roster Director Approval form; specifically, determining a student’s status. Graduate, Already has previous degree; Non-Graduate; LVN 30-Unit Option and Entry Level Master’s Program. A student can have only one status; however, rosters were being received with more than one status checked.

Other topics discussed: receipt of questionable documents; on-line programs issuing diplomas based on life experience rather than completion of an academic program; evaluations completed by credentialing evaluation services and credit given for courses completed outside of the United States.

A continuing problem is schools not sending notification when a student did not complete the program, and with students knowing they did not complete the program taking the examination, because they received an eligibility letter from the Board. If this continues to be a problem, the Board will discuss other methods for processing applications to ensure that only fully qualified applicants are tested.

Statistics:
The statistics for the last two fiscal years and the first three months of fiscal year 2013/14 are attached.

Issues:

• Applications are still being received from students who attended nursing programs in the Philippines beginning in 2004/2005 who do not complete the clinical cases, required as part of the curriculum, concurrently with the associated theoretical instruction. California Code of Regulations Section 1426 (d) requires that theory and clinical practice be concurrent in the following nursing areas: geriatrics, medical-surgical, mental health/psychiatric nursing, obstetrics and pediatrics.

Because the schools are aware of the issue, applicants previously found to not meet requirements are resending the same clinical case information; however, the dates have been changed so they appear to have been completed concurrently with the associate theoretical instruction.

• We are still receiving questionable transcripts and nursing licenses from the Cameroon, Philippines, Nigeria, Sierra Leone, and Armenia. We are routinely contacting nursing programs and asking if the applicant(s) attended the program. This is a lengthy process, but one we feel is necessary to have a level of assurance that the student(s) really attended the program.

• Another increasing problem is the receipt of multiple sets of documentation from the same nursing program for the same applicant. Each set contains different information; i.e., different hours of completed theoretical instruction and clinical practice. Because of the discrepancies we cannot always determine if the completed nursing program meets our education requirements.

• We are still receiving applications from students who attended on-line programs offering degrees based on work and/or life experiences. The student can receive a degree without ever speaking to an instructor, opening a book or attending classes. The degree can be awarded in as few as 7 days. A transcript for an applicant who completed one of these programs was sent from a company based in the United Arab Emirates.

NEXT STEPS: None.

FISCAL IMPACT, IF ANY: None.

PERSON TO CONTACT: Bobbi Pierce, Staff Services Manager I Licensing Standards and Evaluations (916) 515-5258
<table>
<thead>
<tr>
<th>DESCRIPTIONS</th>
<th>FISCAL YEAR 2011/12</th>
<th>FISCAL YEAR 2012/13</th>
<th>FISCAL YEAR 2013/14 (July 1, 2013 to October 3, 2013)</th>
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**Applications pending – Initial evaluation is complete; additional documentation required to complete file or applicant needs to register with testing vendor**
AGENDA ITEM: 8.1
DATE: November 6, 2013

ACTION REQUESTED: Positions on Bills of Interest to the Board, and any other Bills of Interest to the Board introduced during the 2013-2014 Legislative Session.

REQUESTED BY: Erin Niemela, Chair Legislative Committee

BACKGROUND:

<table>
<thead>
<tr>
<th>Assembly Bills</th>
<th>Senate Bills</th>
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<tbody>
<tr>
<td>AB 154</td>
<td>SB 271</td>
</tr>
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<td>AB 186</td>
<td>SB 352</td>
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<td>AB 213</td>
<td>SB 410</td>
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<td>AB 259</td>
<td>SB 430</td>
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<td>AB 291</td>
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<td>AB 361</td>
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<td>AB 633</td>
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FINANCIAL IMPACT, IF ANY: None

PERSON TO CONTACT: Kay Weinkam, M.S., RN, CNS Nursing Education Consultant (916) 574-7600
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<tr>
<th>BILL #</th>
<th>AUTHOR</th>
<th>SUBJECT</th>
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<tbody>
<tr>
<td>AB 154</td>
<td>Atkins</td>
<td>Abortion</td>
<td>Support (8/7)</td>
<td>Support (9/11)</td>
<td>Chapter 662, Statutes of 2013</td>
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<td>AB 186</td>
<td>Maienschein</td>
<td>Professions and vocations: military spouses: temporary licenses</td>
<td>Watch (8/7)</td>
<td>Watch (9/11)</td>
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<td>AB 213</td>
<td>Logue</td>
<td>Healing arts: licensure and certification requirements: military experience</td>
<td>Oppose (5/8)</td>
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<td>AB 259</td>
<td>Logue</td>
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<td>Watch (5/8)</td>
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<td>Healing arts: licensure exemption</td>
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**Bold** denotes a bill that was chaptered or vetoed since the last Board meeting, or the bill was amended with the amendments not available in writing at the time of the Board meeting.
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BILL ANALYSIS

AUTHOR: Atkins

SPONSOR: ACCESS Women’s Health Justice
American Civil Liberties Union of California
Black Women for Wellness
California Latinas for Reproductive Justice
NARAL Pro-Choice California
Planned Parenthood Affiliates of California

BILL NUMBER: AB 154

BILL STATUS: Chapter 662, Statutes of 2013

SUBJECT: Abortion

DATE LAST AMENDED: 6/24/13

SUMMARY:
Existing law makes it a public offense, punishable by a fine not exceeding $10,000 or imprisonment, or both, for a person to perform or assist in performing a surgical abortion if the person does not have a valid license to practice as a physician and surgeon, or to assist in performing a surgical abortion without a valid license or certificate obtained in accordance with some other law that authorizes him or her to perform the functions necessary to assist in performing a surgical abortion.

Existing law also makes it a public offense, punishable by a fine not exceeding $10,000 or imprisonment, or both, for a person to perform or assist in performing a nonsurgical abortion if the person does not have a valid license to practice as a physician and surgeon or does not have a valid license or certificate obtained in accordance with some other law authorizing him or her to perform or assist in performing the functions necessary for a nonsurgical abortion. Under existing law, nonsurgical abortion includes termination of pregnancy through the use of pharmacological agents.

Existing law, the Nursing Practice Act, provides for the licensure and regulation of registered nurses, including nurse practitioners and certified nurse-midwives, by the Board of Registered Nursing. Existing law, the Physician Assistant Practice Act, provides for the licensure and regulation of physician assistants by the Physician Assistant Committee of the Medical Board of California.

Existing law authorizes the Office of Statewide Health Planning and Development to designate experimental health workforce projects as approved projects that, among other things, teach new skills to existing categories of health care personnel. The office has designated a pilot project, known as the Access through Primary Care Project, relating to the provision of health care services involving pregnancy.
ANALYSIS:
This bill would state that it is the intent of the Legislature to enact legislation that would expand access to reproductive health care in California by allowing qualified health care professionals to perform early abortions.

Amended analysis as of 3/19/13:
The subject of the bill has been changed from Healing arts: reproductive health care to Abortion.

This bill would instead make it a public offense, punishable by a fine not exceeding $10,000 or imprisonment, or both, for a person to perform an abortion if the person does not have a valid license to practice as a physician and surgeon, except that it would not be a public offense for a person to perform an abortion by medication or aspiration techniques in the first trimester of pregnancy if he or she holds a license or certificate authorizing him or her to perform the functions necessary for an abortion by medication or aspiration techniques.

The bill would also require a nurse practitioner, certified nurse-midwife, or physician assistant to complete training, as specified, in order to perform an abortion by aspiration techniques, and would indefinitely authorize a nurse practitioner, certified nurse-midwife, or physician assistant who completed a specified training program and achieved clinical competency to continue to perform abortions by aspiration techniques.

The bill would delete the references to a nonsurgical abortion and would delete the restrictions on assisting with abortion procedures. The bill would also make technical, nonsubstantive changes.

Amended analysis as of 4/30:
This bill amendment would require a nurse practitioner or certified nurse-midwife to adhere to standardized procedures developed in compliance with subdivision (c) of Business and Professions Code 2725 that specifies the following:
- Extent of supervision by a physician and surgeon with relevant training and expertise.
- Procedures for transferring patients to the care of the physician and surgeon or a hospital.
- Procedures for obtaining assistance and consultation from a physician and surgeon.
- Procedures for providing emergency care until physician assistance and consultation are available.
- Method of periodic review of the provisions of the standardized procedures.

It would also be considered unprofessional conduct for any nurse practitioner or certified nurse-midwife to perform an abortion by aspiration techniques pursuant to Section 2253 without prior completion of training and validation of clinical competency.

Amended analysis as of 6/24:
Changes to clarify code sections to which the bill applies; non-substantive language changes.

BOARD POSITION: Support (6/12/13; 9/11/13)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Support (5/8/13; 8/7/13)

SUPPORT:
ACCESS Women's Health Justice (co-source)
ACLU of California (co-source)
Black Women for Wellness (co-source)
California Latinas for Reproductive Justice (co-source)
NARAL Pro-Choice California (co-source)
Planned Parenthood Affiliates of California (co-source)
ACT for Women and Girls
American College of Nurse-Midwives
American Nurses Association/California
Asian Communities for Reproductive Justice
Bay Area Communities for Health Education
Board of Registered Nursing
Business and Professional Women of Nevada County
California Academy of Physician Assistants
California Association for Nurse Practitioners
California Church IMPACT
California Communities United Institute
California Family Health Council
California Medical Association
California National Organization for Women
California Nurse-Midwives Association
California Women's Health Alliance
California Women's Law Center
Cardea Institute
Center on Reproductive Rights and Justice at UC Berkeley Law
Choice USA
Citizens for Choice
Forward Together
Fresno Barrios Unidos
Khmer Girls in Action
Law Students for Reproductive Justice
League of Women Voters of California
National Asian Pacific American Women's Forum
National Association of Social Workers, California Chapter
National Center for Lesbian Rights
National Council of Jewish Women - California
National Health Law Program
National Latina Institute for Reproductive Health
National Network of Abortion Funds
Nevada County Citizens for Choice
Nursing Students for Choice- UCSF
Physicians for Reproductive Health
Planned Parenthood Advocacy Project of Los Angeles County
Planned Parenthood Mar Monte
Planned Parenthood of Santa Barbara, Ventura and San Luis Obispo Counties, Inc.
Planned Parenthood of the Pacific Southwest
Planned Parenthood Shasta Pacific Action Fund
Reproductive Justice Coalition of Los Angeles
SEIU
Students for Reproductive Justice at Stanford University
Women's Community Clinic
Women's Health Specialists of California
OPPOSE:
California Catholic Conference
Capitol Resource Family Impact
City of Shasta Lake, Greg Watkins, City Councilman
Coalition for Women and Children
Concerned Women for America of California
John Paul the Great Catholic University Students for Life
Life Legal Defense Fund
Pro-Life Mission: International
San Jose State Students for Life
Traditional Values Coalition
University of Southern California Students for Life
Assembly Bill No. 154

CHAPTER 662

An act to amend Section 2253 of, and to add Sections 2725.4 and 3502.4 to, the Business and Professions Code, and to amend Section 123468 of the Health and Safety Code, relating to healing arts.

[Approved by Governor October 9, 2013. Filed with Secretary of State October 9, 2013.]

LEGISLATIVE COUNSEL'S DIGEST

AB 154, Atkins. Abortion.

Existing law makes it a public offense, punishable by a fine not exceeding $10,000 or imprisonment, or both, for a person to perform or assist in performing a surgical abortion if the person does not have a valid license to practice as a physician and surgeon, or to assist in performing a surgical abortion without a valid license or certificate obtained in accordance with some other law that authorizes him or her to perform the functions necessary to assist in performing a surgical abortion. Existing law also makes it a public offense, punishable by a fine not exceeding $10,000 or imprisonment, or both, for a person to perform or assist in performing a nonsurgical abortion if the person does not have a valid license to practice as a physician and surgeon or does not have a valid license or certificate obtained in accordance with some other law authorizing him or her to perform or assist in performing the functions necessary for a nonsurgical abortion. Under existing law, nonsurgical abortion includes termination of pregnancy through the use of pharmacological agents.

Existing law, the Nursing Practice Act, provides for the licensure and regulation of registered nurses, including nurse practitioners and certified nurse-midwives, by the Board of Registered Nursing. Existing law, the Physician Assistant Practice Act, provides for the licensure and regulation of physician assistants by the Physician Assistant Board within the jurisdiction of the Medical Board of California.

This bill would instead make it a public offense, punishable by a fine not exceeding $10,000 or imprisonment, or both, for a person to perform an abortion if the person does not have a valid license to practice as a physician and surgeon, except that it would not be a public offense for a person to perform an abortion by medication or aspiration techniques in the first trimester of pregnancy if he or she holds a license or certificate authorizing him or her to perform the functions necessary for an abortion by medication or aspiration techniques. The bill would also require a nurse practitioner, certified nurse-midwife, or physician assistant to complete training, as specified, and to comply with standardized procedures or protocols, as specified, in order to perform an abortion by aspiration techniques, and...
would indefinitely authorize a nurse practitioner, certified nurse-midwife, or physician assistant who completed a specified training program and achieved clinical competency to continue to perform abortions by aspiration techniques. The bill would delete the references to a nonsurgical abortion and would delete the restrictions on assisting with abortion procedures. The bill would also make technical, nonsubstantive changes.

Because the bill would change the definition of crimes, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

The people of the State of California do enact as follows:

SECTION 1. Section 2253 of the Business and Professions Code is amended to read:

2253. (a) Failure to comply with the Reproductive Privacy Act (Article 2.5 (commencing with Section 123460) of Chapter 2 of Part 2 of Division 106 of the Health and Safety Code) constitutes unprofessional conduct.

(b) (1) Except as provided in paragraph (2), a person is subject to Section 2052 if he or she performs an abortion, and at the time of so doing, does not have a valid, unrevoked, and unsuspended license to practice as a physician and surgeon.

(2) A person shall not be subject to Section 2052 if he or she performs an abortion by medication or aspiration techniques in the first trimester of pregnancy, and at the time of so doing, has a valid, unrevoked, and unsuspended license or certificate obtained in accordance with the Nursing Practice Act (Chapter 6 (commencing with Section 2700)) or the Physician Assistant Practice Act (Chapter 7.7 (commencing with Section 3500)), that authorizes him or her to perform the functions necessary for an abortion by medication or aspiration techniques.

(c) In order to perform an abortion by aspiration techniques pursuant to paragraph (2) of subdivision (b), a person shall comply with Section 2725.4 or 3502.4.

SEC. 2. Section 2725.4 is added to the Business and Professions Code, to read:

2725.4. Notwithstanding any other provision of this chapter, the following shall apply:

(a) In order to perform an abortion by aspiration techniques pursuant to Section 2253, a person with a license or certificate to practice as a nurse practitioner or a certified nurse-midwife shall complete training recognized by the Board of Registered Nursing. Beginning January 1, 2014, and until January 1, 2016, the competency-based training protocols established by
Health Workforce Pilot Project (HWPP) No. 171 through the Office of Statewide Health Planning and Development shall be used.

(b) In order to perform an abortion by aspiration techniques pursuant to Section 2253, a person with a license or certificate to practice as a nurse practitioner or a certified nurse-midwife shall adhere to standardized procedures developed in compliance with subdivision (c) of Section 2725 that specify all of the following:

1. The extent of supervision by a physician and surgeon with relevant training and expertise.
2. Procedures for transferring patients to the care of the physician and surgeon or a hospital.
3. Procedures for obtaining assistance and consultation from a physician and surgeon.
4. Procedures for providing emergency care until physician assistance and consultation are available.
5. The method of periodic review of the provisions of the standardized procedures.

(c) A nurse practitioner or certified nurse-midwife who has completed training and achieved clinical competency through HWPP No. 171 shall be authorized to perform abortions by aspiration techniques pursuant to Section 2253, in adherence to standardized procedures described in subdivision (b).

(d) It is unprofessional conduct for any nurse practitioner or certified nurse-midwife to perform an abortion by aspiration techniques pursuant to Section 2253 without prior completion of training and validation of clinical competency.

SEC. 3. Section 3502.4 is added to the Business and Professions Code, to read:

3502.4. (a) In order to receive authority from his or her supervising physician and surgeon to perform an abortion by aspiration techniques pursuant to Section 2253, a physician assistant shall complete training either through training programs approved by the board pursuant to Section 3513 or by training to perform medical services which augment his or her current areas of competency pursuant to Section 1399.543 of Title 16 of the California Code of Regulations. Beginning January 1, 2014, and until January 1, 2016, the training and clinical competency protocols established by Health Workforce Pilot Project (HWPP) No. 171 through the Office of Statewide Health Planning and Development shall be used as training and clinical competency guidelines to meet this requirement.

(b) In order to receive authority from his or her supervising physician and surgeon to perform an abortion by aspiration techniques pursuant to Section 2253, a physician assistant shall comply with protocols developed in compliance with Section 3502 that specify:

1. The extent of supervision by a physician and surgeon with relevant training and expertise.
2. Procedures for transferring patients to the care of the physician and surgeon or a hospital.
(3) Procedures for obtaining assistance and consultation from a physician and surgeon.
(4) Procedures for providing emergency care until physician assistance and consultation are available.
(5) The method of periodic review of the provisions of the protocols.
(c) The training protocols established by HWPP No. 171 shall be deemed to meet the standards of the board. A physician assistant who has completed training and achieved clinical competency through HWPP No. 171 shall be authorized to perform abortions by aspiration techniques pursuant to Section 2253, in adherence to protocols described in subdivision (b).
(d) It is unprofessional conduct for any physician assistant to perform an abortion by aspiration techniques pursuant to Section 2253 without prior completion of training and validation of clinical competency.

SEC. 4. Section 123468 of the Health and Safety Code is amended to read:
123468. The performance of an abortion is unauthorized if either of the following is true:
(a) The person performing the abortion is not a health care provider authorized to perform an abortion pursuant to Section 2253 of the Business and Professions Code.
(b) The abortion is performed on a viable fetus, and both of the following are established:
(1) In the good faith medical judgment of the physician, the fetus was viable.
(2) In the good faith medical judgment of the physician, continuation of the pregnancy posed no risk to life or health of the pregnant woman.

SEC. 5. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.
## BOARD OF REGISTERED NURSING
### LEGISLATIVE COMMITTEE
November 6, 2013

### BILL ANALYSIS

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<th>Mitchell</th>
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<td>SUBJECT:</td>
<td>Medi-Cal: Health homes for Medi-Cal enrollees</td>
<td>DATE LAST AMENDED:</td>
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### SUMMARY:
Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions. Existing federal law authorizes a state, subject to federal approval of a state plan amendment, to offer health home services, as defined, to eligible individuals with chronic conditions.

### ANALYSIS:
This bill would authorize the department, subject to federal approval, to create a health home program for enrollees with chronic conditions, as prescribed, as authorized under federal law. This bill would provide that those provisions shall not be implemented unless federal financial participation is available and additional General Fund moneys are not used to fund the administration and service costs, except as specified. This bill would require the department to ensure that an evaluation of the program is completed, if created by the department, and would require that the department submit a report to the appropriate policy and fiscal committees of the Legislature within 2 years after implementation of the program.

**Amended analysis as of 4/4:**
Changes do not affect the Board.

**Amended analysis as of 5/24:**
The amendment refers to the source of funding:

*Except as provided in Section 14127.6, the nonfederal share shall be provided by funds from local governments, private foundations, or any other source line permitted under federal law.*

**Amended analysis as of 6/19:**
This bill changes “partners” to “team members” and adds other healthcare/medical professionals and entities to the list of health home team members.

**Amended analyses of 9/3 and 9/6:**
This bill clarified and enhanced language with no changes to language related to nurse practitioners.
BOARD POSITION: Support (6/12/13; 9/11/13)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Support (8/7/13)

SUPPORT:
Corporation for Supportive Housing (co-sponsor)
Western Center on Law & Poverty (co-sponsor)
AARP
AFSCME
A Community of Friends
Alameda County Board of Supervisors
ALS Association of Great Sacramento, Greater Orange County and Greater San Diego
California Association of Addiction Recovery Resources
California Association of Alcohol and Drug Program Executives
California Association of Alcoholism and Drug Abuse Counselors
California Black Health Network
California Communities United Institute
California Council of Community Mental Health Agencies
California Immigrant Policy Center
California Mental Health Directors Association
California Opioid Maintenance Providers
California Pan Ethnic Health Network
California State Association of Counties
Century
Children Now
Children's Defense Fund - California
City of San Diego
Community Clinic Association of Los Angeles County
Community Resource Center
County of Santa Clara, Board of Supervisors
Department of Human Services, City of Oakland
Disability Rights California
Downtown Women's Center
First Place for Youth
Health Access California
Hitzke Development Corporation
Home For Good
Housing California
Leading Age California
Los Angeles Homeless Services Authority
Los Angeles Regional Reentry Partnership
Mental Health America of California
National Association of Social Workers - California Chapter
Non Profit Housing Association of Northern California
Pacific Clinics
San Diego Housing Commission
San Diego Housing Federation
Senior Community Centers
St. Anthony Foundation
United Homeless Healthcare Partners
United Ways of California

OPPOSE:
None verified 9/9/13
Assembly Bill No. 361

CHAPTER 642

An act to add Article 3.9 (commencing with Section 14127) to Chapter 7 of Part 3 of Division 9 of the Welfare and Institutions Code, relating to Medi-Cal.

[Approved by Governor October 8, 2013. Filed with Secretary of State October 8, 2013.]

LEGISLATIVE COUNSEL'S DIGEST

AB 361, Mitchell. Medi-Cal: Health Homes for Medi-Cal Enrollees and Section 1115 Waiver Demonstration Populations with Chronic and Complex Conditions.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions. Existing federal law authorizes a state, subject to federal approval of a state plan amendment, to offer health home services, as defined, to eligible individuals with chronic conditions.

This bill would authorize the department, subject to federal approval, to create a health home program for enrollees with chronic conditions, as prescribed, as authorized under federal law. This bill would provide that those provisions shall not be implemented unless federal financial participation is available and additional General Fund moneys are not used to fund the administration and service costs, except as specified. This bill would require the department to ensure that an evaluation of the program is completed, if created by the department, and would require that the department submit a report to the appropriate policy and fiscal committees of the Legislature within 2 years after implementation of the program.

The people of the State of California do enact as follows:

SECTION 1. The Legislature finds and declares all of the following:
(a) The Health Homes for Enrollees with Chronic Conditions option (Health Homes option) under Section 2703 of the federal Patient Protection and Affordable Care Act (Affordable Care Act) (42 U.S.C. Sec. 1396w-4) offers an opportunity for California to address chronic and complex health conditions through a “whole person” approach, while achieving the “Triple Aim” goals of improved patient care, improved health, and reduced per capita total costs. It is an opportunity to reverse determinants that lead to poor health outcomes and high costs among Medi-Cal beneficiaries.
(b) For example, people who frequently use hospitals for reasons that could have been avoided with more appropriate care incur high Medi-Cal costs and suffer high rates of early mortality due to the complexity and severity of their conditions and, often, their negative social determinants of health. Frequent users have difficulties accessing regular or preventive care and complying with treatment protocols, and the significant number who are homeless have no place to store medications, cannot adhere to a healthy diet or maintain appropriate hygiene, face frequent victimization, and lack rest when recovering from illness. Frequent hospital users who are not homeless survive on extremely low incomes and live in communities with limited resources and services.

(c) Increasingly, health providers are partnering with community behavioral health and social services providers to offer a person-centered interdisciplinary system of care that effectively addresses the needs of enrollees with multiple chronic or complex conditions, including frequent hospital users and people experiencing chronic homelessness, in settings where enrollees live. These health homes help people with chronic and complex conditions to access better care and better health, while decreasing costs.

(d) Federal guidelines allow the state to access enhanced federal financial participation for health home services under the Health Homes option for multiple target populations to achieve more than one policy goal.

SEC. 2. Article 3.9 (commencing with Section 14127) is added to Chapter 7 of Part 3 of Division 9 of the Welfare and Institutions Code, to read:

Article 3.9. Health Homes for Medi-Cal Enrollees and Section 1115 Waiver Demonstration Populations with Chronic and Complex Conditions

14127. For purposes of this article, the following definitions shall apply:

(a) "Department" means the State Department of Health Care Services.

(b) "Federal guidelines" means all federal statutes, and all regulatory and policy guidelines issued by the federal Centers for Medicare and Medicaid Services regarding the Health Homes for Enrollees with Chronic Conditions option under Section 2703 of the federal Patient Protection and Affordable Care Act (Affordable Care Act) (42 U.S.C. Sec. 1396w-4), including the State Medicaid Director Letter issued on November 16, 2010.

(c) (1) "Health home" means a provider or team of providers designated by the department that satisfies all of the following:

(A) Meets the criteria described in federal guidelines.

(B) Offers a whole person approach, including, but not limited to, coordinating other available services that address needs affecting a participating individual’s health.

(C) Offers services in a range of settings, as appropriate, to meet the needs of an individual eligible for health home services.
(2) A lead provider may contract with Medi-Cal providers, including, but not limited to, a managed care health plan, a community clinic, a mental health plan, a hospital, physicians, a clinical practice or clinical group practice, a rural health clinic, a community health center, a community mental health center, substance use disorder treatment professionals, school-based health centers, community health workers, community-based service organizations, a home health agency, nurse practitioners, physician’s assistants, social workers, and other paraprofessionals, to the extent that contracting with these providers is allowed under federal Medicaid law. Health home providers shall also establish noncontractual relationships with, and provide linkages to, housing providers.

(3) For purposes of serving the population identified in subdivision (c) of Section 14127.3, the department may require a lead provider to be a physician, a community clinic, a mental health plan, a community-based organization, a county health system, or a hospital.

(4) The department may determine the model of health home it intends to create, including any entity, provider, or group of providers operating as a health team, as a team of health care professionals, or as a designated provider, as those terms are defined in Sections 256a-1 and 1396w-4(h)(5) and (h)(6) of Title 42 of the United States Code, respectively.

(d) “Health Home Program” means all of the state plan amendments and relevant waivers the department seeks and the federal Centers for Medicare and Medicaid Services approves.

(e) “Homeless” has the same meaning as that term is defined in Section 91.5 of Title 24 of the Code of Federal Regulations. A “chronically homeless individual” means a homeless individual with a condition limiting his or her activities of daily living who has been continuously homeless for a year or more, or had at least four episodes of homelessness in the past three years. For purposes of this article, an individual who is currently residing in transitional housing, as defined in Section 50675.2 of the Health and Safety Code, or who has been residing in permanent supportive housing, as defined in Section 50675.14 of the Health and Safety Code, for less than two years shall be considered a chronically homeless individual if the individual was chronically homeless prior to his or her residence.

14127.1. Subject to federal approval, the department may do all of the following to create a California Health Home Program (Health Home Program), as authorized under Section 2703 of the Affordable Care Act:

(a) Design, with opportunity for public comment, a program to provide health home services to Medi-Cal beneficiaries and Section 1115 waiver demonstration populations with chronic conditions.

(b) Contract with new providers, existing Medi-Cal providers, Medi-Cal managed care plans, or counties, or one or more of these entities, to provide health home services, as provided in Section 14128.

(c) Submit any necessary applications to the federal Centers for Medicare and Medicaid Services for one or more state plan amendments and any necessary Section 1115 waiver amendments to provide health home services to Medi-Cal beneficiaries, to newly eligible Medi-Cal beneficiaries upon
Medicaid expansion under the Affordable Care Act, and, if applicable, to Low Income Health Program (LIHP) enrollees in counties with LIHPs willing to match federal funds.

(d) Define the populations of eligible individuals.

(e) Develop a payment methodology, including, but not limited to, fee-for-service or per member, per month payment structures that may include tiered payment rates that take into account the intensity of services necessary to outreach to, engage, and serve the populations the department identifies.

(f) Identify the specific health home services needed for each population targeted in the Health Home Program, consistent with subdivision (b) of Section 14127.2.

(g) Submit applications and operate, to the extent permitted by federal law and to the extent federal approval is obtained, more than one health home state plan amendment and any necessary Section 1115 waiver amendments for distinct populations, different providers or contractors, or specific geographic areas.

(h) Limit the availability of health home services geographically.

14127.2. (a) The department may design one or more state plan amendments and any necessary Section 1115 waiver amendments to provide health home services to children or adults, or both, pursuant to Section 14127.1, and, considering consultation with stakeholders, shall develop the geographic criteria, beneficiary eligibility criteria, and provider eligibility criteria for each state plan amendment.

(b) Subject to federal approval for receipt of the enhanced federal reimbursement, services provided under the Health Home Program established pursuant to this article shall include all of the following:

1. Comprehensive and individualized care management.
2. Care coordination and health promotion, including connection to medical, mental health, and substance use disorder care.
3. Comprehensive transitional care from inpatient to other settings, including appropriate followup.
4. Individual and family support, including authorized representatives.
5. Referral to relevant community and social services supports, including, but not limited to, connection to housing for participants who are homeless or unstably housed, transportation to appointments needed to manage health needs, healthy lifestyle supports, child care when appropriate, and peer recovery support.
6. Health information technology to identify eligible individuals and link services, if feasible and appropriate.

14127.3. (a) If the department creates a Health Home Program pursuant to this article, the department shall determine whether a health home state plan amendment that targets adults is operationally viable.

(b) (1) In determining whether a health home state plan amendment that targets adults is operationally viable, the department shall consider whether a state plan amendment and any necessary Section 1115 waiver amendments could be designed in a manner that minimizes the impact on the General
Fund, whether the department has the capacity to administer the health home state plan amendment through the state, a contracting entity, a county, or regional approach, and whether a sufficient provider network exists for providing health home services to populations the department intends to target, including the populations described in subdivision (c).

(2) If the department determines that a health home state plan amendment that targets adults is operationally viable pursuant to paragraph (1), then the department shall design a state plan amendment and any necessary Section 1115 waiver amendments to target and provide health home services to beneficiaries who meet the criteria specified in subdivision (c).

(3) (A) If the department determines a health home state plan amendment that targets adults is not operationally viable, then the department shall inform the appropriate policy and fiscal committees of the Legislature, within 120 days of that determination, of the reasons the program is not operationally viable as described in paragraph (1), and about current efforts underway by the department that help to address health care issues experienced by homeless Medi-Cal beneficiaries.

(B) The requirement for informing the appropriate policy and fiscal committees of the Legislature under subparagraph (A) is inoperative four years after the date the report is due, pursuant to Section 10231.5 of the Government Code.

(c) A state plan amendment and any necessary Section 1115 waiver amendments submitted pursuant to this section shall target adult beneficiaries who meet both of the following criteria:

1. Have current diagnoses of chronic, physical health, mental health, or substance use disorders prevalent among frequent hospital users.

2. Have a level of severity in conditions established by the department, based on one or more of the following factors:
   (A) Frequent inpatient hospital admissions, including hospitalization for medical, psychiatric, or substance use related conditions.
   (B) Excessive use of crisis or emergency services.
   (C) Chronic homelessness.

(d)(1) For the purposes of providing health home services to the population identified in subdivision (c), the department shall select health home providers or providers who plan to subcontract with health home team members with all of the following:

(A) Demonstrated experience working with frequent hospital or emergency department users.

(B) Demonstrated experience working with people who are chronically homeless.

(C) The capacity and administrative infrastructure to participate in the Health Home Program, including the ability to meet requirements of federal guidelines.

(D) A viable plan, with roles identified among providers of the health home, to do all of the following:
   (i) Reach out to and engage frequent hospital or emergency department users and chronically homeless eligible individuals.
(ii) Link eligible individuals who are homeless or experiencing housing instability to permanent housing, such as supportive housing.

(iii) Ensure coordination and linkages to services needed to access and maintain health stability, including medical, mental health, and substance use care, as well as social services and supports to address social determinants of health.

(2) The department may design additional provider criteria to those identified in paragraph (1) after consultation with stakeholder groups who have expertise in engagement and services for the population identified in subdivision (c).

(3) The department may authorize health home providers eligible under this subdivision to serve Medi-Cal enrollees through a fee-for-service or managed care delivery system that may include supplemental payments, and may allow for county-operated and other public and private providers to participate in this program.

(4) If the department designs a state plan amendment designed to serve the population identified in subdivision (c), the department shall design strategies to outreach to, engage, and provide health home services to the population identified in subdivision (c), based on consultation with stakeholders who have expertise in engaging, providing services to, and designing programs addressing the needs of, the population.

(5) If the department creates a health home program that targets adults described in subdivision (c), the department may also submit state plan amendments and any necessary waiver amendments targeting other adult populations.

14127.4. (a) The department shall administer this article in a manner that attempts to maximize federal financial participation, consistent with federal law.

(b) Except as provided in Section 14127.6, the nonfederal share shall be provided by funds from local governments, private foundations, or any other source permitted under state and federal law, including Section 1903(a) of the federal Social Security Act (42 U.S.C. Sec. 1396b(a)) and Section 433.51 of Title 42 of the Code of Federal Regulations, and may be used for administration, service delivery, evaluation, and design of the Health Home Program. The department, or counties contracting with the department, may also enter into risk-sharing and social impact bond program agreements to fund services under this article.

14127.5. (a) If the department creates a Health Home Program, the department shall ensure that an evaluation of the program is completed and shall, within two years after implementation, submit a report to the appropriate policy and fiscal committees of the Legislature. Stakeholders, including philanthropy, nonprofit organizations, and patient advocates, may participate in the department's evaluation design.

(b) The requirement for submitting the report under subdivision (a) is inoperative four years after the date the report is due, pursuant to Section 10231.5 of the Government Code.
14127.6. (a) The Health Home Program shall be implemented only if and to the extent federal financial participation is available and the federal Centers for Medicare and Medicaid Services approves any state plan amendments and any necessary waivers sought pursuant to this article.

(b) Except as provided in subdivision (c), this article shall be implemented only if no additional General Fund moneys are used to fund the administration and costs of services.

(c) Notwithstanding subdivision (b), if the department projects, based on analysis of current and projected expenditures for health home services prior to, during, or after the first eight quarters of implementation, that this article can be implemented in a manner that does not or will not result in a net increase in ongoing General Fund costs for the Medi-Cal program, the department may use state funds to fund any Health Home Program costs.

(d) The department may use new funding in the form of enhanced federal financial participation for health home services that are currently provided to fund additional costs for new Health Home Program services.

(e) The department shall seek to fund the creation, implementation, and administration of the program with funding other than state general funds.

(f) The department may revise or terminate the Health Home Program any time after the first eight quarters of implementation if the department finds that the program fails to result in reduced inpatient stays, hospital admission rates, and emergency department visits, or results in substantial General Fund expense without commensurate decreases in Medi-Cal costs among program participants.

14128. (a) In the event of a judicial challenge of the provisions of this article, this article shall not be construed to create an obligation on the part of the state to fund any payment from state funds due to the absence or shortfall of federal funding.

(b) For the purposes of implementing this article, the department may enter into exclusive or nonexclusive contracts on a bid or negotiated basis, and may amend existing managed care contracts to provide or arrange for services under this article. Contracts may be statewide or on a more limited geographic basis. Contracts entered into or amended under this section shall be exempt from the provisions of Chapter 2 (commencing with Section 10290) of Part 2 of Division 2 of the Public Contract Code and Chapter 6 (commencing with Section 14825) of Part 5.5 of Division 3 of the Government Code, and shall be exempt from the review or approval of any division of the Department of General Services.

(c) (1) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may implement, interpret, or make specific the process set forth in this article by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions, without taking regulatory action, until such time as regulations are adopted. It is the intent of the Legislature that the department be provided temporary authority as necessary to implement program changes until completion of the regulatory process.
(2) The department shall adopt emergency regulations no later than two years after implementation of this article. The department may readopt, up to two times, any emergency regulation authorized by this section that is the same as or substantially equivalent to an emergency regulation previously adopted pursuant to this section.

(3) The initial adoption of emergency regulations implementing this article and the readoptions of emergency regulations authorized by this section shall be deemed an emergency and necessary for the immediate preservation of the public peace, health, safety, or general welfare. Initial emergency regulations and readoptions authorized by this section shall be exempt from review by the Office of Administrative Law. The initial emergency regulations and readoptions authorized by this section shall be submitted to the Office of Administrative Law for filing with the Secretary of State and shall remain in effect for no more than 180 days, by which time final regulations may be adopted.
BILL ANALYSIS

AUTHOR: Salas  BILL NUMBER: AB 633

SPONSOR: Salas  BILL STATUS: Chapter 591, Statutes of 2013

SUBJECT: Emergency medical services: civil liability  DATE LAST AMENDED: 8/26/13

SUMMARY:
Under existing law, a person who, in good faith and not for compensation, renders emergency medical or nonmedical care or assistance at the scene of an emergency is not liable for civil damages resulting from any act or omission, except as specified.

Existing law further provides that a person who has completed a basic cardiopulmonary resuscitation course that complies with specified standards and who in good faith renders emergency cardiopulmonary resuscitation at the scene of an emergency is not liable for any civil damages as a result of any act or omission, except as specified.

ANALYSIS:
This bill would prohibit a provider from adopting or enforcing a policy prohibiting an employee from voluntarily providing emergency medical services, including, but not limited to, cardiopulmonary resuscitation, in response to a medical emergency. This prohibition would not apply to a long-term health care facility, a community care facility, adult day health care centers, or residential care facility for the elderly if there is a "do not resuscitate" or "Physician Orders for Life Sustaining Treatment" forms or an advance health care directive that prohibits resuscitation in effect for the person upon whom the resuscitation would otherwise be performed.

Amended analysis as of 5/13:
An employer shall not adopt or enforce a policy or practice of prohibiting an employee from voluntarily providing emergency medical services, including, but not limited to, cardiopulmonary resuscitation, in response to a medical emergency.

This bill adds A health facility, as defined in section 1250, that is licensed by the State Department of Public Health to the list of facilities to which this section would not apply if there is a “do not resuscitate” or Physician Orders for Life Sustaining Treatment form, or an advance health care directive that prohibits resuscitation in effect for the individual.

Amended analysis as of 6/10:
This bill would provide that an employer is not liable for any civil damages or criminal and administrative discipline or penalties resulting from an act or omission of an employee who voluntarily provides emergency medical services, or resulting from an employee’s violation of certain employer policies regarding emergency medical resuscitation.
Amended analysis as of 6/20:
This bill as amended provides that in the event of an emergency, any available employee may voluntarily provide emergency medical services if a trained and authorized employee is not immediately available or is otherwise unable or unwilling to provide emergency medical assistance.

Amended analysis as of 7/8:
This bill removes the amendments of 6/10 related to employer liability.

Amended analysis as of 8/26:
This bill’s provisions do not impose any express or implied duty on an employer to train its employees regarding emergency medical services or cardiopulmonary resuscitation.

BOARD POSITION: Watch (6/12/13; 9/11/13)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Watch (5/8/13; 8/7/13)

SUPPORT:
American College of Emergency Physicians
California Advocates for Nursing Home Reform
California Ambulance Association
California Chamber of Commerce
California Fire Chiefs Association
California Professional Firefighters
California Rescue Paramedic Association
Civil Justice Association of California
Clinica Sierra Vista
Hall Ambulance Service Incorporated
Leading Age

OPPOSE:
None verified as of 8/28
Assembly Bill No. 633

CHAPTER 591

An act to add Section 1799.103 to the Health and Safety Code, relating to emergency medical services.

[Approved by Governor October 5, 2013. Filed with Secretary of State October 5, 2013.]

LEGISLATIVE COUNSEL'S DIGEST

AB 633, Salas. Emergency medical services: civil liability.

Under existing law, a person who, in good faith and not for compensation, renders emergency medical or nonmedical care or assistance at the scene of an emergency is not liable for civil damages resulting from any act or omission, except as specified. Existing law further provides that a person who has completed a basic cardiopulmonary resuscitation course that complies with specified standards, and who in good faith renders emergency cardiopulmonary resuscitation at the scene of an emergency is not liable for any civil damages as a result of any act or omission, except as specified. Existing law provides that a health care provider, including any licensed clinic, health dispensary, or health facility, is not liable for professional negligence or malpractice for any occurrence or result solely on the basis that the occurrence or result was caused by the natural course of a disease or condition, or was the natural or expected result of reasonable treatment rendered for the disease or condition.

This bill would prohibit an employer from having a policy of prohibiting an employee from providing voluntary emergency medical services, including, but not limited to, cardiopulmonary resuscitation, in response to a medical emergency, except as specified. The bill would state that these provisions do not impose any express or implied duty on an employer to train its employees regarding emergency medical services or cardiopulmonary resuscitation.

The people of the State of California do enact as follows:

SECTION 1. Section 1799.103 is added to the Health and Safety Code, to read:

1799.103. (a) An employer shall not adopt or enforce a policy prohibiting an employee from voluntarily providing emergency medical services, including, but not limited to, cardiopulmonary resuscitation, in response to a medical emergency, except as provided in subdivisions (b) and (c).
(b) Notwithstanding subdivision (a), an employer may adopt and enforce a policy authorizing employees trained in emergency services to provide those services. However, in the event of an emergency, any available employee may voluntarily provide emergency medical services if a trained and authorized employee is not immediately available or is otherwise unable or unwilling to provide emergency medical services.

(c) Notwithstanding subdivision (a), an employer may adopt and enforce a policy prohibiting an employee from performing emergency medical services, including, but not limited to, cardiopulmonary resuscitation, on a person who has expressed the desire to forgo resuscitation or other medical interventions through any legally recognized means, including, but not limited to, a do-not-resuscitate order, a Physician Orders for Life Sustaining Treatment form, an advance health care directive, or a legally recognized health care decisionmaker.

(d) This section does not impose any express or implied duty on an employer to train its employees regarding emergency medical services or cardiopulmonary resuscitation.
BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
November 6, 2013

BILL ANALYSIS

AUTHOR: Medina BILL NUMBER: AB 1057

SPONSOR: Medina BILL STATUS: Chapter 693, Statutes of 2013

SUBJECT: Professions and vocations: licenses: military service DATE LAST AMENDED: 6/3/13

SUMMARY:
Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs.

Existing law authorizes a licensee or registrant whose license expired while the licensee or registrant was on active duty as a member of the California National Guard or the United States Armed Forces to, upon application, reinstate his or her license without penalty and without examination, if certain requirements are satisfied, unless the licensing agency determines that the applicant has not actively engaged in the practice of his or her profession while on active duty, as specified.

ANALYSIS:
This bill would require each board to inquire in every application for licensure if the applicant is serving in, or has previously served in, the military.

Amended analysis as of 4/9:
This bill would require each board, commencing January 1, 2015, to inquire in every application for licensure if the applicant is serving in, or has previously served in, the military.

Amended analysis as of 6/3:
This bill changes the wording from “applicant” to “individual applying for licensure.”

BOARD POSITION: Support if amended (6/12/13). Watch (9/11/13)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Support if amended (5/8/13; 8/7/13)

SUPPORT:
Board of Behavioral Sciences

OPPOSE: None on file
Assembly Bill No. 1057

CHAPTER 693

An act to add Section 114.5 to the Business and Professions Code, relating to professions and vocations.

[Approved by Governor October 10, 2013. Filed with Secretary of State October 10, 2013.]

LEGISLATIVE COUNSEL'S DIGEST

AB 1057, Medina. Professions and vocations: licenses: military service. Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law authorizes a licensee or registrant whose license expired while the licensee or registrant was on active duty as a member of the California National Guard or the United States Armed Forces to, upon application, reinstate his or her license without penalty and without examination, if certain requirements are satisfied, unless the licensing agency determines that the applicant has not actively engaged in the practice of his or her profession while on active duty, as specified.

This bill would require each board, commencing January 1, 2015, to inquire in every application for licensure if the individual applying for licensure is serving in, or has previously served in, the military.

The people of the State of California do enact as follows:

SECTION 1. Section 114.5 is added to the Business and Professions Code, to read:

114.5. Commencing January 1, 2015, each board shall inquire in every application for licensure if the individual applying for licensure is serving in, or has previously served in, the military.
BOARD OF REGISTERED NURSING  
LEGISLATIVE COMMITTEE  
November 6, 2013  

BILL ANALYSIS

AUTHOR: Hernandez, E. BILL NUMBER: SB 271
SPONSOR: Hernandez, E. BILL STATUS: Chapter 384, Statutes of 2013
SUBJECT: Associate Degree Nursing Scholarship Program DATE LAST AMENDED: 8/6/13

SUMMARY:
Existing law establishes, until January 1, 2014, the statewide Associate Degree Nursing (A.D.N.) Scholarship Pilot Program in the Office of Statewide Health Planning and Development (OSHPD) to provide scholarships to registered nursing students, in accordance with prescribed requirements, in counties determined to have the most need. Existing law provides that the program be funded from the Registered Nurse Education Fund, administered by the Health Professions Education Foundation within the office.

ANALYSIS:
This bill would extend the operation of this program indefinitely and makes related changes.

Amended analysis as of 8/6:
This bill adds a requirement that the OSHPD post A.D.N. Scholarship Program statistics and updates on its Web site.

BOARD POSITION: Support (4/10/13; 9/11/13)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:
AFSCME
Association of California Healthcare Districts
California Association for Health Services at Home
California Hospital Association
California Nurses Association
California State Board of Registered Nursing
California Optometric Association
Hospital Corporation of America
United Nurses Association of California/Union of Health Care Professionals

OPPOSE: None
None verified as of 9/4.
An act to amend Sections 128400 and 128401 of the Health and Safety Code, relating to public health.

[Approved by Governor September 27, 2013. Filed with Secretary of State September 27, 2013.]

LEGISLATIVE COUNSEL’S DIGEST

SB 271, Hernandez. Associate Degree Nursing Scholarship Program. Existing law establishes, until January 1, 2014, the statewide Associate Degree Nursing (A.D.N.) Scholarship Pilot Program in the Office of Statewide Health Planning and Development to provide scholarships to students, in accordance with prescribed requirements, in counties determined to have the most need. Existing law provides that the program be funded from the Registered Nurse Education Fund, and administered by the Health Professions Education Foundation within the office.

This bill would extend the operation of this program indefinitely and would require the office to post A.D.N. Scholarship Program statistics and updates on its Internet Web site. The bill would also make related technical changes.

The people of the State of California do enact as follows:

SECTION 1. Section 128400 of the Health and Safety Code is amended to read:

128400. There is hereby established in the State Treasury the Registered Nurse Education Fund. All money in the fund shall be used for the purposes specified in the California Registered Nurse Education Program established pursuant to this article. This fund shall receive money collected pursuant to subdivision (d) of Section 2815 and Section 2815.1 of the Business and Professions Code.

SEC. 2. Section 128401 of the Health and Safety Code is amended to read:

128401. (a) The Office of Statewide Health Planning and Development shall adopt regulations establishing the statewide Associate Degree Nursing (A.D.N.) Scholarship Program.

(b) Scholarships under the program shall be available only to students in counties determined to have the most need. Need in a county shall be established based on consideration of all the following factors:

(1) Counties with a registered nurse-to-population ratio equal to or less than 500 registered nurses per 100,000 individuals.
(2) County unemployment rate.
(3) County level of poverty.
(c) A scholarship recipient shall be required to complete, at a minimum, an associate degree in nursing and work in a medically underserved area in California upon obtaining his or her license from the Board of Registered Nursing.
(d) The Health Professions Education Foundation shall consider the following factors when selecting recipients for the A.D.N. Scholarship Program:
   (1) An applicant’s economic need, as established by the federal poverty index.
   (2) Applicants who demonstrate cultural and linguistic skills and abilities.
   (e) The program shall be funded from the Registered Nurse Education Fund established pursuant to Section 128400 and administered by the Health Professions Education Foundation within the office. The Health Professions Education Foundation shall allocate a portion of the moneys in the fund for the program established pursuant to this section, in addition to moneys otherwise allocated pursuant to this article for scholarships and loans for associate degree nursing students.
   (f) No additional staff or General Fund operating costs shall be expended for the program.
   (g) The Health Professions Education Foundation may accept private or federal funds for purposes of the A.D.N. Scholarship Program.
   (h) The Office of Statewide Health Planning and Development shall post A.D.N. Scholarship Program statistics and updates on its Internet Web site.
AUTHOR: Pavley  BILL NUMBER: SB 352

SPONSOR: California Academy of Physician Assistants; California Association of Physician Groups  BILL STATUS: Chapter 286, Statutes of 2013

SUBJECT: Medical assistants: supervision  DATE LAST AMENDED: 6/19/13

SUMMARY: Existing law authorizes a medical assistant to perform specified services relating to the administration of medication and performance of skin tests and simple routine medical tasks and procedures upon specific authorization from and under the supervision of a licensed physician and surgeon or podiatrist, or in a specified clinic upon specific authorization of a physician assistant, nurse practitioner, or nurse-midwife.

ANALYSIS: This bill would delete the requirement that the services performed by the medical assistant be in a specified clinic when under the specific authorization of a physician assistant, nurse practitioner, or nurse-midwife. The bill would also delete several obsolete references and make other technical, nonsubstantive changes.

Amended analysis as of 4/10: This bill would delete the requirement that the services performed by the medical assistant be in a specified clinic when under the specific authorization of a physician assistant, nurse practitioner, or certified nurse-midwife. The bill would also delete several obsolete references and make other conforming, technical, and nonsubstantive changes.

Amended analysis as of 6/19: The bill would prohibit a nurse practitioner, certified nurse-midwife, or physician assistant from authorizing a medical assistant to perform any clinical laboratory test or examination for which the medical assistant is not authorized, as specified, a violation of which would constitute unprofessional conduct.

BOARD POSITION: Oppose (6/12/13)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Oppose (5/8/13; 8/7/13)

SUPPORT: California Academy of Physician Assistants (co-source)
California Association of Physician Groups (co-source)
California Academy of Family Physicians
California Association for Nurse Practitioners
California Optometric Association
United Nurses Associations of California/Union of Health Care Professionals

OPPOSE:
Board of Registered Nursing
California Nurses Association
National Nurses United
Senate Bill No. 352

CHAPTER 286

An act to amend Section 2069 of the Business and Professions Code, relating to healing arts.

[Approved by Governor September 9, 2013. Filed with Secretary of State September 9, 2013.]

LEGISLATIVE COUNSEL’S DIGEST

SB 352, Pavley. Medical assistants: supervision.

Existing law authorizes a medical assistant to perform specified services relating to the administration of medication and performance of skin tests and simple routine medical tasks and procedures upon specific authorization from and under the supervision of a licensed physician and surgeon or podiatrist, or in a specified clinic upon specific authorization of a physician assistant, nurse practitioner, or nurse-midwife. Existing law requires the Board of Registered Nursing to issue a certificate to practice nurse-midwifery to a qualifying applicant who is licensed pursuant to the Nursing Practice Act.

This bill would delete the requirement that the services performed by the medical assistant be in a specified clinic when under the specific authorization of a physician assistant, nurse practitioner, or certified nurse-midwife. The bill would prohibit a nurse practitioner, certified nurse-midwife, or physician assistant from authorizing a medical assistant to perform any clinical laboratory test or examination for which the medical assistant is not authorized, as specified, a violation of which would constitute unprofessional conduct. The bill would also delete several obsolete references and make other clarifying, conforming, technical, and nonsubstantive changes.

The people of the State of California do enact as follows:

SECTION 1. Section 2069 of the Business and Professions Code is amended to read:

2069. (a) (1) Notwithstanding any other law, a medical assistant may administer medication only by intradermal, subcutaneous, or intramuscular injections and perform skin tests and additional technical supportive services upon the specific authorization and supervision of a licensed physician and surgeon or a licensed podiatrist. A medical assistant may also perform all these tasks and services upon the specific authorization of a physician assistant, a nurse practitioner, or a certified nurse-midwife.
(2) The supervising physician and surgeon may, at his or her discretion, in consultation with the nurse practitioner, certified nurse-midwife, or physician assistant, provide written instructions to be followed by a medical assistant in the performance of tasks or supportive services. These written instructions may provide that the supervisory function for the medical assistant for these tasks or supportive services may be delegated to the nurse practitioner, certified nurse-midwife, or physician assistant within the standardized procedures or protocol, and that tasks may be performed when the supervising physician and surgeon is not onsite, if either of the following apply:

(A) The nurse practitioner or certified nurse-midwife is functioning pursuant to standardized procedures, as defined by Section 2725, or protocol. The standardized procedures or protocol, including instructions for specific authorizations, shall be developed and approved by the supervising physician and surgeon and the nurse practitioner or certified nurse-midwife.

(B) The physician assistant is functioning pursuant to regulated services defined in Section 3502, including instructions for specific authorizations, and is approved to do so by the supervising physician and surgeon.

(b) As used in this section and Sections 2070 and 2071, the following definitions apply:

(1) “Medical assistant” means a person who may be unlicensed, who performs basic administrative, clerical, and technical supportive services in compliance with this section and Section 2070 for a licensed physician and surgeon or a licensed podiatrist, or group thereof, for a medical or podiatry corporation, for a physician assistant, a nurse practitioner, or a certified nurse-midwife as provided in subdivision (a), or for a health care service plan, who is at least 18 years of age, and who has had at least the minimum amount of hours of appropriate training pursuant to standards established by the board. The medical assistant shall be issued a certificate by the training institution or instructor indicating satisfactory completion of the required training. A copy of the certificate shall be retained as a record by each employer of the medical assistant.

(2) “Specific authorization” means a specific written order prepared by the supervising physician and surgeon or the supervising podiatrist, or the physician assistant, the nurse practitioner, or the certified nurse-midwife as provided in subdivision (a), authorizing the procedures to be performed on a patient, which shall be placed in the patient’s medical record, or a standing order prepared by the supervising physician and surgeon or the supervising podiatrist, or the physician assistant, the nurse practitioner, or the certified nurse-midwife as provided in subdivision (a), authorizing the procedures to be performed, the duration of which shall be consistent with accepted medical practice. A notation of the standing order shall be placed on the patient’s medical record.

(3) “Supervision” means the supervision of procedures authorized by this section by the following practitioners, within the scope of their respective practices, who shall be physically present in the treatment facility during the performance of those procedures:
(A) A licensed physician and surgeon.
(B) A licensed podiatrist.
(C) A physician assistant, nurse practitioner, or certified nurse-midwife as provided in subdivision (a).

(4) “Technical supportive services” means simple routine medical tasks and procedures that may be safely performed by a medical assistant who has limited training and who functions under the supervision of a licensed physician and surgeon or a licensed podiatrist, or a physician assistant, a nurse practitioner, or a certified nurse-midwife as provided in subdivision (a).

(c) Nothing in this section shall be construed as authorizing any of the following:
    (1) The licensure of medical assistants.
    (2) The administration of local anesthetic agents by a medical assistant.
    (3) The board to adopt any regulations that violate the prohibitions on diagnosis or treatment in Section 2052.
    (4) A medical assistant to perform any clinical laboratory test or examination for which he or she is not authorized by Chapter 3 (commencing with Section 1200).
    (5) A nurse practitioner, certified nurse-midwife, or physician assistant to be a laboratory director of a clinical laboratory, as those terms are defined in paragraph (8) of subdivision (a) of Section 1206 and subdivision (a) of Section 1209.
    (d) A nurse practitioner, certified nurse-midwife, or physician assistant shall not authorize a medical assistant to perform any clinical laboratory test or examination for which the medical assistant is not authorized by Chapter 3 (commencing with Section 1200). A violation of this subdivision constitutes unprofessional conduct.
    (e) Notwithstanding any other law, a medical assistant shall not be employed for inpatient care in a licensed general acute care hospital, as defined in subdivision (a) of Section 1250 of the Health and Safety Code.
BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
November 6, 2013

BILL ANALYSIS

AUTHOR: Padilla          BILL NUMBER: SB 440
SPONSOR: Padilla          BILL STATUS: Chapter 720, Statutes of 2013
SUBJECT: Public postsecondary education:
          Student Transfer Achievement Reform Act
DATE LAST AMENDED: 9/3/13

SUMMARY:
Existing law establishes the California Community Colleges and the California State University as
two of the segments of public postsecondary education in this state. Existing law, the Student
Transfer Achievement Reform Act, encourages community colleges to facilitate the acceptance of
credits earned at other community colleges toward the associate degree for transfer. The act also
requires the California State University to guarantee admission with junior status to a community
college student who meets the requirements for the associate degree for transfer. A student
admitted to the California State University pursuant to the act is entitled to receive priority over all
other community college transfer students, excluding community college students who have
entered into a transfer agreement between a community college and the California State University
prior to the fall term of the 2012–13 academic year.

ANALYSIS:
This bill would express the finding and declaration of the Legislature that intersegmental faculty of
the California Community Colleges and the California State University have developed transfer
model curricula in many of the most commonly transferred majors between the 2 segments. The
bill would express the intent of the Legislature to endorse and encourage the use of transfer model
curricula as the preferred basis for associate degrees for transfer and the development of
community college areas of emphasis that articulate with the 25 most popular majors for transfer
students. The bill would require community college districts to create an associate degree for
transfer in every major offered by that district that has an approved transfer model curriculum
before the commencement of the 2014-15 academic year, thereby imposing a state-mandated local
program.

The bill would require California State University campuses to accept transfer model curriculum-
aligned associate degrees for transfer in each of the California State University degree options, as
defined, within a major field.

Amended analysis as of 4/25:
This bill amendment would require a community college, before the commencement of the 2016-
17 academic year, to create an associate degree for transfer in every major and to require that the
CSU accept these degrees, and develop an admission redirection process for students who complete
these degrees but are denied admission to the CSU campus to which they have applied.
Amended analysis as of 5/24:
This bill amendment adds, as components of a student-centered communication and marketing strategies to increase the visibility of the associate degree for transfer pathway for all students in California, the following:
Information on the pathway prominently displayed in all community college counseling offices and transfer centers; Associate degree for transfer pathway information provided to all first-year community college students developing an education plan to aid them in making informed educational choices; Targeted outreach to first-year students through campus orientations and existing student support services programs (federal TRIO programs), including, but not necessarily limited to, First-Generation Experience, MESA, and Puente.

Amended analysis as of 8/5:
This bill would provide that admission to the CSU under these provisions does not guarantee admission for specific majors or campuses.

This bill would provide that the guarantee of admission for those community college students described above includes admission to a program or major and concentration that is either similar to the student’s community college transfer model curriculum-aligned associate degree for transfer or may be completed with 60 semester units of study beyond that degree for transfer, the determinations to be made by the campus to which the student is admitted.

Amended analysis as of 9/3:
This bill clarifies language; no substantive changes.

BOARD POSITION: Watch (4/10/13); Support (6/12/13; 9/11/13)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Support (5/8/13)

SUPPORT: (as of 8/5/13)
Advancement Project
Alliance for College Ready Public Schools
Alliance for a Better Community
California Campus Compact
California Communities United Institute
California Competes
California Hospital Association
Campaign for College Opportunity
Central Valley Higher Education Consortium
Families in Schools
Gay-Straight Alliance Network
Girls, Inc.
Hispanas Organized for Political Equality
Hispanic Bar Association of Orange County
Hispanic Foundation of Silicon Valley
Hispanic Scholarship Fund
Inland Coalition
Inland Empire Economic Partnership
InnerCity Struggle
League of Woman Voters of California
Long Beach City College
Los Angeles Area Chamber of Commerce
Los Angeles Urban League
Mexican American Legal Defense and Educational Fund
Middle College High School at San Joaquin Delta College
National Council of La Raza
Napa Valley College
Parent Institute for Quality Education
Project Grad Los Angeles
Public Advocates
Regional Economic Association Leaders of California
Sacramento Metro Chamber of Commerce
San Francisco Chamber of Commerce
Stanislaus County Office of Education
State Center Community College District
Southern California College Access Network
The Education Trust - West
The Institute for College Access and Success
The Women's Foundation of California
Youth Policy Institute

OPPOSE: (as of 8/5/13)
Academic Senate of the California Community Colleges
Academic Senate of the California State University
An act to amend Sections 66746 and 66747 of, and to add Section 66748.5 to, the Education Code, relating to public postsecondary education.

[Approved by Governor October 10, 2013. Filed with Secretary of State October 10, 2013.]

LEGISLATIVE COUNSEL'S DIGEST

SB 440, Padilla. Public postsecondary education: Student Transfer Achievement Reform Act.

(1) Existing law establishes the California Community Colleges and the California State University as 2 of the segments of public postsecondary education in this state. Existing law, the Student Transfer Achievement Reform Act, encourages community colleges to facilitate the acceptance of credits earned at other community colleges toward the associate degree for transfer. The act also requires the California State University to guarantee admission with junior status to a community college student who meets the requirements for the associate degree for transfer, and provides that admission to the California State University under these provisions does not guarantee admission for specific majors or campuses. A student admitted to the California State University pursuant to the act is entitled to receive priority over all other community college transfer students, excluding community college students who have entered into a transfer agreement between a community college and the California State University prior to the fall term of the 2012–13 academic year.

This bill would express findings and declarations of the Legislature relating to timely progression from lower division coursework to degree completion. The bill would require community colleges to create an associate degree for transfer in every major and area of emphasis offered by that college for any approved transfer model curriculum, as prescribed, thereby imposing a state-mandated local program.

The bill would require California State University campuses to accept transfer model curriculum-aligned associate degrees for transfer in every major and concentration offered by that California State University, as specified. This bill would provide that the guarantee of admission for those community college students described above includes admission to a program or major and concentration that is either similar to the student’s community college transfer model curriculum-aligned associate degree for transfer or may be completed with 60 semester units of study beyond that degree for transfer, the determinations to be made by the campus to which the student is admitted. The bill would require the California State University to develop an admissions redirection process for students admitted pursuant to the
Student Transfer Achievement Reform Act who apply for admission to the California State University, but are not accepted into the campuses specifically applied to.

The bill would require the California Community Colleges and the California State University, in consultation with specified parties, to develop a student-centered communication and marketing strategy in order to increase the visibility of the associate degree for transfer pathway for all students in California. To the extent that this provision would create new duties for community college districts, it would constitute a state-mandated local program.

(2) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

The people of the State of California do enact as follows:

SECTION 1. The Legislature finds and declares all of the following:

(a) Since the enactment of the 1960 Master Plan for Higher Education, preparing students to transfer to a four-year university has been a core function of the California Community Colleges.

(b) Successful and timely progression from lower division coursework to degree completion is a basic principle of California higher education and is critical to the future of the state’s economy.

(c) The Public Policy Institute of California projects that California’s workforce will have one million fewer graduates than it needs in 2025, and that increasing transfer rates from community colleges to four-year postsecondary educational institutions could dramatically reduce the education skills gap.

(d) Today, one in every four jobs requires an associate degree or higher. In the near future, one in every three jobs will require an associate degree or higher.

(e) The size of the California Community Colleges and the California State University systems, which have the largest share of postsecondary students in the nation, allow the state to address the serious projected shortage of educated workers.

(f) To meet workforce demands in a cost-effective way, it is critical that we significantly increase the number of students obtaining an associate degree while preparing for transfer to a four-year college or university.

(g) Although the community college and state university segments have undertaken tremendous efforts to institute the new transfer pathway, current implementation efforts of Sections 66746 and 66747 of the Education Code alone are insufficient to ensure that the associate degree for transfer becomes the preferred transfer pathway for all students across the state.
SEC. 2. Section 66746 of the Education Code is amended to read:

66746. (a) Commencing with the fall term of the 2011–12 academic year, a student who earns an associate degree for transfer granted pursuant to subdivision (b) shall be deemed eligible for transfer into a California State University baccalaureate program when the student meets both of the following requirements:

1. Completion of 60 semester units or 90 quarter units that are eligible for transfer to the California State University, including both of the following:
   1. The Intersegmental General Education Transfer Curriculum (IGETC) or the California State University General Education-Breadth Requirements.
   2. A minimum of 18 semester units or 27 quarter units in a major or area of emphasis, as determined by the community college district and meeting the requirements of an approved transfer model curriculum.

2. Obtainment of a minimum grade point average of 2.0.

(b) (1) (A) As a condition of receipt of state apportionment funds, a community college district shall develop and grant associate degrees for transfer that meet the requirements of subdivision (a). A community college district shall not impose any requirements in addition to the requirements of this section, including any local college or district requirements, for a student to be eligible for the associate degree for transfer and subsequent admission to the California State University pursuant to Section 66747.

   (B) Before the commencement of the 2015–16 academic year, a community college shall create an associate degree for transfer in the major and area of emphasis offered by that college for any approved transfer model curriculum finalized prior to the commencement of the 2013–14 academic year.

   (C) A community college shall create an associate degree for transfer in every major and area of emphasis offered by that college for any approved transfer model curriculum approved subsequent to the commencement of the 2013–14 academic year within 18 months of the approval of the transfer model curriculum.

   (D) Before the commencement of the 2015–16 academic year, there shall be the development of at least two transfer model curriculum in areas of emphasis and, before the commencement of the 2016–17 academic year, there shall be the development of at least two additional transfer model curriculum in areas of emphasis.

2. The condition of receipt of state apportionment funding contained in paragraph (1) shall become inoperative if, by December 31, 2010, each of the state’s 72 community college districts has submitted to the Chancellor of the California Community Colleges, for transmission to the Director of Finance, signed certification waiving, as a local agency request within the meaning of paragraph (1) of subdivision (a) of Section 6 of Article XIII B of the California Constitution, any claim of reimbursement related to the implementation of this article.

(c) A community college district is encouraged to consider the local articulation agreements and other work between the respective faculties.
from the affected community college and California State University campuses in implementing the requirements of this section.

(d) Community colleges are encouraged to facilitate the acceptance of credits earned at other community colleges toward the associate degree for transfer pursuant to this section.

(e) This section shall not preclude enrollment in nontransferable student success courses or preclude students who are assessed below collegiate level from acquiring remedial noncollegiate level coursework in preparation for obtaining the associate degree. Remedial noncollegiate level coursework and nontransferable student success courses shall not be counted as part of the transferable units required pursuant to paragraph (1) of subdivision (a).

SEC. 3. Section 66747 of the Education Code is amended to read:

66747. (a) (1) Notwithstanding Chapter 4 (commencing with Section 66201), the California State University shall guarantee admission with junior status to any community college student who meets all of the requirements of Section 66746, with admission to a program or major and concentration, as applicable, that meets either of the following:

(A) Is similar to the student’s community college transfer model curriculum-aligned associate degree for transfer, as determined by the California State University campus to which the student is admitted.

(B) May be completed with 60 semester units of study beyond the community college transfer model curriculum-aligned associate degree for transfer, with completion ability determined by the California State University campus to which the student is admitted.

(2) Admission to the California State University, as provided under this article, does not guarantee admission for a specific major or campus.

(3) Notwithstanding Chapter 4 (commencing with Section 66201), the California State University shall grant a student priority admission to his or her local California State University campus and to a program or major and concentration that is similar to the student’s community college transfer model curriculum-aligned associate degree for transfer, as determined by the California State University campus to which the student is admitted.

(4) A California State University campus shall accept transfer model curriculum-aligned associate degrees for transfer in every major and concentration offered by that California State University campus that meets the requirements of paragraph (1). A California State University campus shall additionally make every effort to accept transfer model curriculum-aligned associate degrees for transfer in each of the California State University concentrations.

(5) As used in this section, a “concentration” is an area of specialization within a major degree program.

(b) A student admitted under this article shall receive priority over all other community college transfer students, in accordance with subdivision (b) of Section 66202, excluding community college students who have entered into a transfer agreement between a community college and the California State University prior to the fall term of the 2012–13 academic year. A student admitted pursuant to this article shall have met the
requirements of an approved transfer agreement consistent with subdivision (a) of Section 66202.

(c) The California State University shall develop an admissions redirection process for students admitted under this article who apply for admission to the California State University, but are not accepted into the California State University campuses specifically applied to. This process shall be aligned with the guaranteed admission into the California State University system under subdivision (a).

SEC. 4. Section 66748.5 is added to the Education Code, to read:

66748.5. The California Community Colleges and the California State University, in consultation with students, faculty, student service administrators, the State Department of Education, the California Education Round Table, and other key stakeholders, shall develop a student-centered communication and marketing strategy in order to increase the visibility of the associate degree for transfer pathway for all students in California that includes, but is not necessarily limited to, all of the following:

(a) Outreach to high schools in accordance with existing high school outreach programs and activities performed by the colleges and universities.

(b) Information on the pathway prominently displayed in all community college counseling offices and transfer centers.

(c) Associate degree for transfer pathway information provided to all first-year community college students developing an education plan to aid them in making informed educational choices.

(d) Targeted outreach to first-year students through campus orientations and student support services programs offered by the campus that may include, but are not necessarily limited to, Federal TRIO Programs, First-Generation Experience, MESA, and Puente.

(e) Information on the pathway prominently displayed in community college course catalogs.

(f) Information on the pathway prominently displayed on the Internet Web sites of each community college, each campus of the California State University, and on the CaliforniaColleges.edu Internet Web site.

SEC. 5. If the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.
AUTHOR: Yee BILL NUMBER: SB 718

SPONSOR: California Nurses Association BILL STATUS: Assembly Inactive File

SUBJECT: Hospitals: workplace violence prevention plan DATE LAST AMENDED: 9/3/13

SUMMARY:
Existing law regulates the operation of health facilities, including hospitals. Existing law, the California Occupational Safety and Health Act of 1973, imposes safety responsibilities on employers and employees, including the requirement that an employer establish, implement, and maintain an effective injury prevention program, and makes specified violation of these provisions a crime.

ANALYSIS:
This bill would require a hospital, as specified, as a part of its injury prevention program and in conjunction with affected employees, to adopt a workplace violence prevention plan designed to protect health care workers, other facility personnel, patients, and visitors from aggressive or violent behavior. As part of that plan, the bill would require a hospital to adopt safety and security policies, including, among others, a system for the reporting to the Division of Occupational Safety and Health of any incident of assault, as defined, or battery, as defined, against a hospital employee or patient, as specified. The bill would further require all medical staff and health care workers who provide direct care to patients to receive, at least annually, workplace violence prevention education and training, as specified. The bill would prohibit a hospital from preventing an employee from, or taking punitive or retaliatory action against an employee for, seeking assistance and intervention from local emergency services or law enforcement for a violent incident. The bill would also require a hospital to provide evaluation and treatment, as specified, for an employee who is injured or is otherwise a victim of a violent incident. The bill would require a hospital to report to the division any incident of assault, as defined, or battery, as defined, against a hospital employee or patient, as specified, and would authorize the division to assess a civil penalty against a hospital for failure to report an incident, as specified. The bill would further require the division to report to the relevant fiscal and policy committees of the Legislature information regarding incidents of violence at hospitals, as specified.

Amended analysis as of 4/4:
The bill would require a hospital to document and keep for 5 years a written record of all violent incidents against a hospital employee, as defined, and to report to the division any violent incident, as specified. The bill would also authorize the division to assess a civil penalty against a hospital for failure to report a violent incident, as specified. The bill would further require the division to report to the relevant fiscal and policy committees of the Legislature information regarding incidents of violence at hospitals, as specified, and to develop regulations implementing these provisions by January 1, 2015.
Amended analysis as of 5/15:
This bill would exclude the State Department of State Hospitals, the State Department of Developmental Services, and the Department of Corrections and Rehabilitation from the hospitals to which the bill applies.

Amended analysis as of 6/20:
This bill would require the Department of Occupational Safety and Health to post on its Web site a report regarding violent incidents at hospitals and to adopt regulations implementing these provisions by January 1, 2015.

Amended analysis as of 9/3:
This bill deletes reference to developing a workplace violence prevention plan. The bill specifies that it is those hospitals listed in Health and Safety Code Section 1250(a), (b), and (f) (general acute care hospitals, acute psychiatric hospitals, and special hospitals) can not prohibit an employee from, or take punitive or retaliatory action against an employee for, seeking assistance and intervention from local emergency services or law enforcement when a violent incident occurs.

BOARD POSITION: Support (6/18/13)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Support (5/8/13; 8/7/13)

SUPPORT: (as of 6/14/13)
California Nurses Association
California Labor Federation
Consumer Attorneys of California
Laborers’ Locals 777 and 792
National Association of Social Workers - California Chapter
United Nurses Association of California/Union of Health Care Professionals

OPPOSE: as of 6/14/13)
California Association of Joint Powers Authorities
California Hospital Association
SENATE BILL No. 718

Introduced by Senator Yee

February 22, 2013

An act to add Section 6401.8 to the Labor Code, relating to employment safety.

LEGISLATIVE COUNSEL'S DIGEST

SB 718, as amended, Yee. Hospitals: workplace violence prevention plan.

Existing law regulates the operation of health facilities, including hospitals.

Existing law, the California Occupational Safety and Health Act of 1973, imposes safety responsibilities on employers and employees, including the requirement that an employer establish, implement, and maintain an effective injury prevention program, and makes specified violation of these provisions a crime.

This bill would require a hospital, as specified, as a part of its injury prevention program and in conjunction with affected employees, to adopt a workplace violence prevention plan designed to protect health care workers, other facility personnel, patients, and visitors from aggressive or violent behavior. As part of that plan, the bill would require a hospital to adopt safety and security policies, including, among others, a system for the reporting to the Division of Occupational Safety and Health of any violent incident, as defined, against a hospital.
employee, as specified. The bill would further require all medical staff and health care workers who provide direct care to patients to receive, at least annually, workplace violence prevention education and training, as specified. The bill would prohibit a hospital, as specified, from preventing an employee from, or taking punitive or retaliatory action against an employee for, seeking assistance and intervention from local emergency services or law enforcement for a violent incident. The bill would also require a hospital to provide evaluation and treatment, as specified, for an employee who is injured or is otherwise a victim of a violent incident.

The bill would require a hospital to document and keep for 5 years a written record of all violent incidents against a hospital employee, as defined, and to report to the division any violent incident, as specified. The bill would also authorize the division to assess a civil penalty against a hospital for failure to report a violent incident, as specified. The bill would further require the division to post on its Internet Web site a report regarding violent incidents at hospitals, as specified, and to adopt regulations implementing these provisions by January 1, 2015.

Because this bill would expand the scope of a crime, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.


The people of the State of California do enact as follows:

SECTION 1. Section 6401.8 is added to the Labor Code, to read:

6401.8. (a) Except as provided in subdivision (n), as a part of its injury prevention program required pursuant to Section 6401.7, a hospital described in subdivision (a), (b), or (f) of Section 1250 of the Health and Safety Code shall adopt a workplace violence prevention plan designed to protect health care workers, other facility personnel, patients, and visitors from aggressive or violent behavior. The plan shall include, but not be limited to, security considerations relating to all of the following:

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(1) Physical layout.
(2) Staffing, including staffing patterns and patient classification systems that contribute to the risk of violence or are insufficient to address the risk of violence.
(3) The adequacy of facility security systems, protocols, and policies, including, but not limited to, security personnel availability and employee alarm systems.
(4) Potential security risks associated with specific units or areas within the facility where there is a greater likelihood that a patient or other person may exhibit violent behavior.
(5) Uncontrolled public access to any part of the facility.
(6) Potential security risks related to working late night or early morning hours.
(7) Employee security in areas surrounding the facility, including, but not limited to, employee parking areas.
(8) The use of a trained response team that can assist employees in violent situations.
(9) Policy and training related to appropriate responses to violent acts:
(10) Efforts to cooperate with local law enforcement regarding violent acts in the facility.
(b) As part of its workplace violence prevention plan, a hospital shall adopt safety and security policies, including, but not limited to, all of the following:
(1) Personnel training policies designed to protect personnel, patients, and visitors from aggressive or violent behavior, including education on how to recognize the potential for violence, how and when to seek assistance to prevent or respond to violence, and how to report violent incidents to the appropriate law enforcement officials.
(2) A system for responding to violent incidents and situations involving violence or the risk of violence, including, but not limited to, procedures for rapid response by which an employee is provided with immediate assistance if the threat of violence against that employee appears to be imminent, or if a violent act has occurred or is occurring.
(3) A system for investigating violent incidents and situations involving violence or the risk of violence. When investigating these incidents, the hospital shall interview any employee involved in the incident or situation.
(4) A system for reporting, monitoring, and recordkeeping of violent incidents and situations involving the risk of violence.

(5) A system for reporting violent incidents to the division pursuant to subdivision (h).

(6) Modifications to job design, staffing, security, equipment, or facilities as determined necessary to prevent or address violence against hospital employees.

(e) The plan shall be developed in conjunction with affected employees, including their recognized collective bargaining agents; if any. Individuals or members of a hospital committee responsible for developing the security plan shall be familiar with hospital safety and security issues, as well as the identification of aggressive and violent predicting factors. In developing the workplace violence prevention plan, the hospital shall consider guidelines or standards on violence in health care facilities issued by the division, the federal Occupational Safety and Health Administration, and if available, the State Department of Public Health.

(d) All medical staff and health care workers who provide direct care to patients shall, at least annually, receive workplace violence prevention education and training that is designed in such a way as to provide an opportunity for interactive questions and answers with a person knowledgeable about the workplace violence prevention plan, and that includes, but is not limited to, the following topics:

   (1) General safety measures.
   (2) Personal safety measures.
   (3) The assault cycle.
   (4) Aggression and violence predicting factors.
   (5) Obtaining patient history from a patient with violent behavior.
   (6) Characteristics of aggressive and violent patients and victims.
   (7) Verbal and physical maneuvers to diffuse and avoid violent behavior.
   (8) Strategies to avoid physical harm.
   (9) Restraining techniques.
   (10) Appropriate use of medications as chemical restraints.
   (11) Any resources available to employees for coping with violent incidents, including, by way of example, critical incident stress debriefing or employee assistance programs.
(e) All temporary personnel shall be oriented to the workplace violence prevention plan.

(f) A hospital shall provide evaluation and treatment for an employee who is injured or is otherwise a victim of a violent incident and shall, upon the request of the employee, provide access to follow-up counseling to address trauma or distress experienced by the employee, including, but not limited to, individual crisis counseling, support group counseling, peer assistance, and professional referrals.

(g) 6401.8. (a) A hospital described in subdivision (a), (b), or (f) of Section 1250 of the Health and Safety Code shall not prohibit an employee from, or take punitive or retaliatory action against an employee for, seeking assistance and intervention from local emergency services or law enforcement when a violent incident occurs.

(h) (1) In addition to the reports required by Section 6409.1, a hospital shall document and keep for a period of five years a written record of any violent incident against a hospital employee immediately after the incident is reported by that employee or any other employee to a manager, supervisor, or other hospital administrator. The hospital shall document and keep a written record of all violent incidents, regardless of whether the employee sustains an injury. This record shall include, but not be limited to, the date and time of the incident, the unit in which the incident occurred, a description of the circumstances surrounding the incident, and the hospital’s response to the incident.

(2) A hospital shall report to the division within 72 hours the information recorded pursuant to paragraph (1) regarding a violent incident. If the incident results in physical injury, involves the use of a firearm or other dangerous weapon, or presents an urgent or emergent threat to the welfare, health, or safety of hospital personnel, the hospital shall report the incident to the division within 24 hours.

(3) If a hospital fails to report a violent incident pursuant to paragraph (2), the division may assess a civil penalty against the hospital in an amount not to exceed one hundred dollars ($100) per day for each day that the incident is not reported following the
initial 72-hour or 24-hour period, as applicable pursuant to paragraph (2).

(c) The division may, at its discretion, conduct an inspection for any violent incident reported pursuant to subdivision (b).

(d) Nothing in this section requiring recordkeeping and reporting by an employer relieves the employer of the requirements of Section 6410.

(e) By January 1, 2015, and annually thereafter, the division shall, in a manner that protects patient and employee confidentiality, post a report on its Internet Web site containing information regarding violent incidents at hospitals, that includes, but is not limited to, the total number of reports and which specific hospitals filed reports pursuant to subdivision (b), the outcome of any related inspection or investigation, citations levied against a hospital based on a violent incident, and recommendations on how to prevent violent incidents at hospitals.

(f) By January 1, 2015, the division shall adopt regulations to implement the provisions of this section.

(g) For purposes of this section, “violent incident” shall include, but not be limited to, the following:

(1) The use of physical force against a hospital employee by a patient or a person accompanying a patient that results in or has a high likelihood of resulting in injury, psychological trauma, or stress, regardless of whether the employee sustains an injury.

(2) An incident involving the use of a firearm or other dangerous weapon, regardless of whether the employee sustains an injury.

(h) This section shall not apply to a hospital operated by the State Department of State Hospitals, the State Department of Developmental Services, or the Department of Corrections and Rehabilitation.

SEC. 2. No reimbursement is required by this act pursuant to Section 6 of Article XIIIB of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or
infraction, eliminates a crime or infraction, or changes the penalty
for a crime or infraction, within the meaning of Section 17556 of
the Government Code, or changes the definition of a crime within
the meaning of Section 6 of Article XIII B of the California
Constitution.
BILL ANALYSIS

AUTHOR: Correa  BILL NUMBER: SB 723

SPONSOR: Correa  BILL STATUS: Senate Consideration of the Governor’s Veto

SUBJECT: Veterans  DATE LAST AMENDED: 4/23/13

SUMMARY:
Existing law requires the Employment Development Department, in consultation and coordination with veterans’ organizations and veteran service providers, to research the needs of veterans throughout the state and develop a profile of veterans’ employment and training needs and to seek federal funding for those purposes.

ANALYSIS:
This bill would require the Employment Development Department and the Department of Consumer Affairs, on or before January 1, 2015, jointly to present a report to the Legislature addressing specified matters relating to military training programs and state credentialing programs.

AMENDED ANALYSIS of 4/23:
This bill would require the Employment Development Department and the Department of Consumer Affairs, on or before January 1, 2015, jointly to present a report to the Legislature containing best practices by state governments around the nation in facilitating the credentialing of veterans by using their documented military education and experience.

BOARD POSITION: Watch (4/10/13; 9/11/13)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Watch (5/8/13)

SUPPORT:
California Labor Federation, AFL-CIO
Veterans Caucus of the California Democratic Party

OPPOSE: None to date.
To the Members of the California State Senate:

I am returning Senate Bill 723 without my signature.

This measure requires a report on the best practices that other states use to give credentialing credit to veterans for their military education and experience.

I want to commend Senator Correa for his great work championing the causes of veterans. I agree with the Senator's goal to make sure our returning veterans get every advantage as they re-enter the civilian workforce. To that end, I am instructing all professional and occupational licensing boards to review their requirements for licensure to make sure military experience is counted where appropriate.

I don't think a general report as called for in this bill satisfies the author's intent to help veterans as much as the actions I'm setting in motion. If the licensing boards and commissions uncover the need to alter current laws to help veterans obtain licenses, I will work with the Senator to make that happen.

Sincerely,

Edmund G. Brown Jr.
Senate Bill No. 723

Passed the Senate  May 20, 2013

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Secretary of the Senate

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Passed the Assembly  September 4, 2013

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Chief Clerk of the Assembly

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This bill was received by the Governor this ________ day of ______________, 2013, at _____ o’clock ___м.

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Private Secretary of the Governor

Corrected 9-9-13
An act to add Section 325.51 to the Unemployment Insurance Code, relating to veterans.

LEGISLATIVE COUNSEL’S DIGEST

SB 723, Correa. Veterans.
Existing law requires the Employment Development Department, in consultation and coordination with veterans’ organizations and veteran service providers, to research the needs of veterans throughout the state and develop a profile of veterans’ employment and training needs and to seek federal funding for those purposes.
This bill would require the Employment Development Department and the Department of Consumer Affairs, on or before January 1, 2015, jointly to present a report to the Legislature containing best practices by state governments around the nation in facilitating the credentialing of veterans by using their documented military education and experience.

The people of the State of California do enact as follows:

SECTION 1. Section 325.51 is added to the Unemployment Insurance Code, immediately following Section 325.5, to read:
325.51. The Employment Development Department and the Department of Consumer Affairs, on or before January 1, 2015, jointly shall present a report to the Legislature containing best practices by state governments around the nation in facilitating the credentialing of veterans by using their documented military education and experience.
Approved _________________, 2013

_____________________
Governor
SUMMARY:
The following paragraphs reflect the provisions most relevant to the Board of Registered Nursing:

Existing law classifies certain controlled substances into designated schedules. Existing law requires the Department of Justice to maintain the Controlled Substance Utilization Review and Evaluation System (CURES) for the electronic monitoring of the prescribing and dispensing of Schedule II, Schedule III, and Schedule IV controlled substances by all practitioners authorized to prescribe or dispense these controlled substances.

Existing law requires dispensing pharmacies and clinics to report, on a weekly basis, specified information for each prescription of Schedule II, Schedule III, or Schedule IV controlled substances, to the department, as specified.

Existing law permits a licensed health care practitioner, as specified, or a pharmacist to apply to the Department of Justice to obtain approval to access information stored on the Internet regarding the controlled substance history of a patient under his or her care.

Existing law also authorizes the Department of Justice to provide the history of controlled substances dispensed to an individual to licensed health care practitioners, pharmacists, or both, providing care or services to the individual.

Existing law imposes various taxes, including taxes on the privilege of engaging in certain activities. The Fee Collection Procedures Law, the violation of which is a crime, provides procedures for the collection of certain fees and surcharges.

ANALYSIS:
This bill would establish the CURES Fund within the State Treasury to receive funds to be allocated, upon appropriation by the Legislature, to the Department of Justice for the purposes of funding CURES, and would make related findings and declarations.
This bill would require the Medical Board of California, the Dental Board of California, the California State Board of Pharmacy, the Veterinary Medical Board, the Board of Registered Nursing, the Physician Assistant Committee of the Medical Board of California, the Osteopathic Medical Board of California, the State Board of Optometry, and the California Board of Podiatric Medicine to increase the licensure, certification, and renewal fees charged to practitioners under their supervision who are authorized to prescribe or dispense controlled substances, by up to 1.16%, the proceeds of which would be deposited into the CURES Fund for support of CURES, as specified.

This bill would require licensed health care practitioners, as specified, and pharmacists to apply to the Department of Justice to obtain approval to access information stored on the Internet regarding the controlled substance history of a patient under his or her care, and, upon the happening of specified events, to access and consult that information prior to prescribing or dispensing Schedule II, Schedule III, or Schedule IV controlled substances.

This bill would declare that it is to take effect immediately as an urgency statute.

**Amended analysis as of 5/1:**
This bill amendment references the Board of Equalization.

**Amended analysis as of 5/14:**
This bill amendment adds an effective date of January 1, 2015, to the imposition of the tax on manufacturers of controlled substances. It allows health care service plans to voluntarily contribute to the CURES Fund.

**Amended analysis as of 5/24:**
This bill adds the Naturopathic Medical Committee of the Osteopathic Medical Board of California to the list of boards whose practitioners would be covered by this legislation.

This bill would require the named boards to charge practitioners who are authorized to prescribe, order, administer, furnish, or dispense substances a fee of up to 1.16% of the renewal fee that the licensee was subject to as of July 1, 2013.

This bill would additionally require the board [Medical Board of California] to periodically develop and disseminate to each licensed physician and surgeon and to each general acute care hospital in California information and educational materials relating to the assessment of a patient’s risk of abusing or diverting controlled substances and information relating to CURES.

**Amended analysis as of 5/28:**
This bill deletes the imposition of a tax upon manufacturers of controlled substances, as defined, that would have been initiated January 1, 2015. It allows pharmaceutical manufacturers to voluntarily contribute to the CURES Fund.

**Amended analysis as of 6/26:**
This bill revises some wording, but there are no substantive changes.

**Amended analysis as of 8/5:**
This bill provides for the imposition of a $6.00 fee for specified licensees, including those practitioners who are authorized to prescribe, order, administer, furnish, or dispense Schedule II-IV controlled substances to fund the CURES program; it deletes the provision for imposition of a 1.16% of the license renewal fee for these practitioners. The bill requires the regulating agency of
each of these licensees to bill and collect the fee at the time of license renewal, and deletes identifying these regulatory agencies in the bill’s language. The bill would authorize the Department of Consumer Affairs to reduce, by regulation, that fee to the reasonable cost of operating and maintaining CURES for the purpose of regulating those licensees, if the reasonable regulatory cost is less than $6.00 per licensee.

This bill would require, by January 1, 2016, or upon receipt of a federal Drug Enforcement Administration registration, whichever occurs later, health care practitioners authorized to prescribe, order, administer, furnish, or dispense controlled substances, as specified, to apply to the Department of Justice to obtain approval to access information stored on the Internet regarding the controlled substance history of a patient under their care.

The bill would require the Department of Justice, in conjunction with the Department of Consumer Affairs and certain licensing boards to, among other things, develop a streamlined application and approval process to provide access to the CURES database for licensed health care practitioners and pharmacists.

This bill removes the provision for it to take effect immediately as an urgency statute.

**Amended analysis as of 9/3:**
This bill establishes April 1, 2014, as the date for imposition of the $6.00 annual fee for those specified licensees including those authorized to prescribe, order, administer, furnish, or dispense controlled substances, and requires the regulating agency of each of those licensees to bill and collect that fee at the time of license renewal.

**BOARD POSITION:** Watch (6/12/13; 9/11/13)

**LEGISLATIVE COMMITTEE RECOMMENDED POSITION:** Watch (8/7/13)

**SUPPORT:** (verified 9/9/13)
California Attorney General Kamala Harris (Sponsor)
ALPHA Fund
American Cancer Society Cancer Action Network
American Medical Association
Association of California Healthcare Districts
Association of California Insurance Companies
Association of California Life and Health Insurance Companies
Association of Northern California Oncologists
Behind the Orange Curtain, the Documentary
California Academy of Physician Assistants
California Association for Nurse Practitioners
California Association of Joint Powers Authority
California Association of Oral and Maxillofacial Surgeons
California Chapter of the American College of Emergency Physicians
California Coalition on Workers' Compensation
California Hospital Association
California Joint Powers Insurance Authority
California Labor Federation
California Medical Association
California Narcotic Officers Association
OPPOSE: No confirmed opposition.
Senate Bill No. 809

CHAPTER 400

An act to add Sections 208, 209, and 2196.8 to the Business and Professions Code, and to amend Sections 11164.1, 11165, and 11165.1 of, and to add Section 11165.5 to, the Health and Safety Code, relating to controlled substances.

[Approved by Governor September 27, 2013. Filed with Secretary of State September 27, 2013.]

LEGISLATIVE COUNSEL'S DIGEST

SB 809, DeSaulnier. Controlled substances: reporting.

(1) Existing law classifies certain controlled substances into designated schedules. Existing law requires the Department of Justice to maintain the Controlled Substance Utilization Review and Evaluation System (CURES) for the electronic monitoring of the prescribing and dispensing of Schedule II, Schedule III, and Schedule IV controlled substances by all practitioners authorized to prescribe or dispense these controlled substances.

Existing law requires dispensing pharmacies and clinics to report, on a weekly basis, specified information for each prescription of Schedule II, Schedule III, or Schedule IV controlled substances, to the department, as specified.

This bill would establish the CURES Fund within the State Treasury to receive funds to be allocated, upon appropriation by the Legislature, to the Department of Justice for the purposes of funding CURES, and would make related findings and declarations.

This bill would, beginning April 1, 2014, require an annual fee of $6 to be assessed on specified licensees, including licensees authorized to prescribe, order, administer, furnish, or dispense controlled substances, and require the regulating agency of each of those licensees to bill and collect that fee at the time of license renewal. The bill would authorize the Department of Consumer Affairs to reduce, by regulation, that fee to the reasonable cost of operating and maintaining CURES for the purpose of regulating those licensees, if the reasonable regulatory cost is less than $6 per licensee. The bill would require the proceeds of the fee to be deposited into the CURES Fund for the support of CURES, as specified. The bill would also permit specified insurers, health care service plans, qualified manufacturers, and other donors to voluntarily contribute to the CURES Fund, as described.

(2) Existing law requires the Medical Board of California to periodically develop and disseminate information and educational materials regarding various subjects, including pain management techniques, to each licensed physician and surgeon and to each general acute care hospital in California.
This bill would additionally require the board to periodically develop and disseminate to each licensed physician and surgeon and to each general acute care hospital in California information and educational materials relating to the assessment of a patient’s risk of abusing or diverting controlled substances and information relating to CURES.

(3) Existing law permits a licensed health care practitioner, as specified, or a pharmacist to apply to the Department of Justice to obtain approval to access information stored on the Internet regarding the controlled substance history of a patient under his or her care. Existing law also authorizes the Department of Justice to provide the history of controlled substances dispensed to an individual to licensed health care practitioners, pharmacists, or both, providing care or services to the individual.

This bill would require, by January 1, 2016, or upon receipt of a federal Drug Enforcement Administration registration, whichever occurs later, health care practitioners authorized to prescribe, order, administer, furnish, or dispense controlled substances, as specified, and pharmacists to apply to the Department of Justice to obtain approval to access information stored on the Internet regarding the controlled substance history of a patient under their care. The bill would require the Department of Justice, in conjunction with the Department of Consumer Affairs and certain licensing boards, to, among other things, develop a streamlined application and approval process to provide access to the CURES database for licensed health care practitioners and pharmacists. The bill would make other related and conforming changes.

The people of the State of California do enact as follows:

SECTION 1. The Legislature finds and declares all of the following:

(a) The Controlled Substance Utilization Review and Evaluation System (CURES) is a valuable preventive, investigative, and educational tool for health care providers, regulatory agencies, educational researchers, and law enforcement. Recent budget cuts to the Attorney General’s Division of Law Enforcement have resulted in insufficient funding to support CURES and its Prescription Drug Monitoring Program (PDMP). The CURES PDMP is necessary to ensure health care professionals have the necessary data to make informed treatment decisions and to allow law enforcement to investigate diversion of prescription drugs. Without a dedicated funding source, the CURES PDMP is not sustainable.

(b) Each year CURES responds to more than 800,000 requests from practitioners and pharmacists regarding all of the following:

(1) Helping identify and deter drug abuse and diversion of prescription drugs through accurate and rapid tracking of Schedule II, Schedule III, and Schedule IV controlled substances.

(2) Helping practitioners make prescribing decisions.

(3) Helping reduce misuse, abuse, and trafficking of those drugs.
Schedule II, Schedule III, and Schedule IV controlled substances have had deleterious effects on private and public interests, including the misuse, abuse, and trafficking in dangerous prescription medications resulting in injury and death. It is the intent of the Legislature to work with stakeholders to fully fund the operation of CURES which seeks to mitigate those deleterious effects and serve as a tool for ensuring safe patient care, and which has proven to be a cost-effective tool to help reduce the misuse, abuse, and trafficking of those drugs.

(d) The following goals are critical to increase the effectiveness and functionality of CURES:

1. Upgrading the CURES PDMP so that it is capable of accepting real-time updates and is accessible in real-time, 24 hours a day, seven days a week.

2. Upgrading the CURES PDMP in California so that it is capable of operating in conjunction with all national prescription drug monitoring programs.

3. Providing subscribers to prescription drug monitoring programs access to information relating to controlled substances dispensed in California, including those dispensed through the United States Department of Veterans Affairs, the Indian Health Service, the Department of Defense, and any other entity with authority to dispense controlled substances in California.

4. Upgrading the CURES PDMP so that it is capable of accepting the reporting of electronic prescription data, thereby enabling more reliable, complete, and timely prescription monitoring.

SEC. 2. Section 208 is added to the Business and Professions Code, to read:

208. (a) Beginning April 1, 2014, a CURES fee of six dollars ($6) shall be assessed annually on each of the licensees specified in subdivision (b) to pay the reasonable costs associated with operating and maintaining CURES for the purpose of regulating those licensees. The fee assessed pursuant to this subdivision shall be billed and collected by the regulating agency of each licensee at the time of the licensee’s license renewal. If the reasonable regulatory cost of operating and maintaining CURES is less than six dollars ($6) per licensee, the Department of Consumer Affairs may, by regulation, reduce the fee established by this section to the reasonable regulatory cost.

(b) (1) Licensees authorized pursuant to Section 11150 of the Health and Safety Code to prescribe, order, administer, furnish, or dispense Schedule II, Schedule III, or Schedule IV controlled substances or pharmacists licensed pursuant to Chapter 9 (commencing with Section 4000) of Division 2.

(2) Wholesalers and nonresident wholesalers of dangerous drugs licensed pursuant to Article 11 (commencing with Section 4160) of Chapter 9 of Division 2.

(3) Nongovernmental clinics licensed pursuant to Article 13 (commencing with Section 4180) and Article 14 (commencing with Section 4190) of Chapter 9 of Division 2.
(4) Nongovernmental pharmacies licensed pursuant to Article 7 (commencing with Section 4110) of Chapter 9 of Division 2.

(c) The funds collected pursuant to subdivision (a) shall be deposited in the CURES Fund, which is hereby created within the State Treasury. Moneys in the CURES Fund shall, upon appropriation by the Legislature, be available to the Department of Consumer Affairs to reimburse the Department of Justice for costs to operate and maintain CURES for the purposes of regulating the licensees specified in subdivision (b).

(d) The Department of Consumer Affairs shall contract with the Department of Justice on behalf of the Medical Board of California, the Dental Board of California, the California State Board of Pharmacy, the Veterinary Medical Board, the Board of Registered Nursing, the Physician Assistant Board of the Medical Board of California, the Osteopathic Medical Board of California, the Naturopathic Medicine Committee of the Osteopathic Medical Board, the State Board of Optometry, and the California Board of Podiatric Medicine to operate and maintain CURES for the purposes of regulating the licensees specified in subdivision (b).

SEC. 3. Section 209 is added to the Business and Professions Code, to read:

209. The Department of Justice, in conjunction with the Department of Consumer Affairs and the boards and committees identified in subdivision (d) of Section 208, shall do all of the following:

(a) Identify and implement a streamlined application and approval process to provide access to the CURES Prescription Drug Monitoring Program (PDMP) database for licensed health care practitioners eligible to prescribe, order, administer, furnish, or dispense Schedule II, Schedule III, or Schedule IV controlled substances and for pharmacists. Every reasonable effort shall be made to implement a streamlined application and approval process that a licensed health care practitioner or pharmacist can complete at the time that he or she is applying for licensure or renewing his or her license.

(b) Identify necessary procedures to enable licensed health care practitioners and pharmacists with access to the CURES PDMP to delegate their authority to order reports from the CURES PDMP.

(c) Develop a procedure to enable health care practitioners who do not have a federal Drug Enforcement Administration (DEA) number to opt out of applying for access to the CURES PDMP.

SEC. 4. Section 2196.8 is added to the Business and Professions Code, to read:

2196.8. The board shall periodically develop and disseminate information and educational material regarding assessing a patient’s risk of abusing or diverting controlled substances and information relating to the Controlled Substance Utilization Review and Evaluation System (CURES), described in Section 11165 of the Health and Safety Code, to each licensed physician and surgeon and to each general acute care hospital in this state. The board shall consult with the State Department of Public Health, the boards and committees specified in subdivision (d) of Section 208, and the Department
of Justice in developing the materials to be distributed pursuant to this section.

SEC. 5. Section 11164.1 of the Health and Safety Code is amended to read:

11164.1. (a) (1) Notwithstanding any other provision of law, a prescription for a controlled substance issued by a prescriber in another state for delivery to a patient in another state may be dispensed by a California pharmacy, if the prescription conforms with the requirements for controlled substance prescriptions in the state in which the controlled substance was prescribed.

(2) All prescriptions for Schedule II, Schedule III, and Schedule IV controlled substances dispensed pursuant to this subdivision shall be reported by the dispensing pharmacy to the Department of Justice in the manner prescribed by subdivision (d) of Section 11165.

(b) Pharmacies may dispense prescriptions for Schedule III, Schedule IV, and Schedule V controlled substances from out-of-state prescribers pursuant to Section 4005 of the Business and Professions Code and Section 1717 of Title 16 of the California Code of Regulations.

SEC. 6. Section 11165 of the Health and Safety Code is amended to read:

11165. (a) To assist health care practitioners in their efforts to ensure appropriate prescribing, ordering, administering, furnishing, and dispensing of controlled substances, law enforcement and regulatory agencies in their efforts to control the diversion and resultant abuse of Schedule II, Schedule III, and Schedule IV controlled substances, and for statistical analysis, education, and research, the Department of Justice shall, contingent upon the availability of adequate funds in the CURES Fund, maintain the Controlled Substance Utilization Review and Evaluation System (CURES) for the electronic monitoring of, and Internet access to information regarding, the prescribing and dispensing of Schedule II, Schedule III, and Schedule IV controlled substances by all practitioners authorized to prescribe, order, administer, furnish, or dispense these controlled substances.

(b) The Department of Justice may seek and use grant funds to pay the costs incurred by the operation and maintenance of CURES. The department shall annually report to the Legislature and make available to the public the amount and source of funds it receives for support of CURES.

(c) (1) The operation of CURES shall comply with all applicable federal and state privacy and security laws and regulations.

(2) CURES shall operate under existing provisions of law to safeguard the privacy and confidentiality of patients. Data obtained from CURES shall only be provided to appropriate state, local, and federal public agencies for disciplinary, civil, or criminal purposes and to other agencies or entities, as determined by the Department of Justice, for the purpose of educating practitioners and others in lieu of disciplinary, civil, or criminal actions. Data may be provided to public or private entities, as approved by the Department of Justice, for educational, peer review, statistical, or research purposes, provided that patient information, including any information that
may identify the patient, is not compromised. Further, data disclosed to any
individual or agency as described in this subdivision shall not be disclosed,
sold, or transferred to any third party. The Department of Justice shall
establish policies, procedures, and regulations regarding the use, access,
evaluation, management, implementation, operation, storage, disclosure,
and security of the information within CURES, consistent with this
subdivision.

(d) For each prescription for a Schedule II, Schedule III, or Schedule IV
controlled substance, as defined in the controlled substances schedules in
federal law and regulations, specifically Sections 1308.12, 1308.13, and
1308.14, respectively, of Title 21 of the Code of Federal Regulations, the
dispensing pharmacy, clinic, or other dispenser shall report the following
information to the Department of Justice as soon as reasonably possible,
but not more than seven days after the date a controlled substance is
dispensed, in a format specified by the Department of Justice:

(1) Full name, address, and, if available, telephone number of the ultimate
user or research subject, or contact information as determined by the
Secretary of the United States Department of Health and Human Services,
and the gender, and date of birth of the ultimate user.

(2) The prescriber’s category of licensure, license number, national
provider identifier (NPI) number, if applicable, the federal controlled
substance registration number, and the state medical license number of any
prescriber using the federal controlled substance registration number of a
government-exempt facility.

(3) Pharmacy prescription number, license number, NPI number, and
federal controlled substance registration number.

(4) National Drug Code (NDC) number of the controlled substance
dispensed.

(5) Quantity of the controlled substance dispensed.

(6) International Statistical Classification of Diseases, 9th revision
(ICD-9) or 10th revision (ICD-10) Code, if available.

(7) Number of refills ordered.

(8) Whether the drug was dispensed as a refill of a prescription or as a
first-time request.

(9) Date of origin of the prescription.

(10) Date of dispensing of the prescription.

(e) The Department of Justice may invite stakeholders to assist, advise,
and make recommendations on the establishment of rules and regulations
necessary to ensure the proper administration and enforcement of the CURES
database. All prescriber and dispenser invitees shall be licensed by one of
the boards or committees identified in subdivision (d) of Section 208 of the
Business and Professions Code, in active practice in California, and a regular
user of CURES.

(f) The Department of Justice shall, prior to upgrading CURES, consult
with prescribers licensed by one of the boards or committees identified in
subdivision (d) of Section 208 of the Business and Professions Code, one
or more of the boards or committees identified in subdivision (d) of Section
208 of the Business and Professions Code, and any other stakeholder identified by the department, for the purpose of identifying desirable capabilities and upgrades to the CURES Prescription Drug Monitoring Program (PDMP).

(g) The Department of Justice may establish a process to educate authorized subscribers of the CURES PDMP on how to access and use the CURES PDMP.

SEC. 7. Section 11165.1 of the Health and Safety Code is amended to read:

11165.1. (a) (1) (A) (i) A health care practitioner authorized to prescribe, order, administer, furnish, or dispense Schedule II, Schedule III, or Schedule IV controlled substances pursuant to Section 11150 shall, before January 1, 2016, or upon receipt of a federal Drug Enforcement Administration (DEA) registration, whichever occurs later, submit an application developed by the Department of Justice to obtain approval to access information online regarding the controlled substance history of a patient that is stored on the Internet and maintained within the Department of Justice, and, upon approval, the department shall release to that practitioner the electronic history of controlled substances dispensed to an individual under his or her care based on data contained in the CURES Prescription Drug Monitoring Program (PDMP).

(ii) A pharmacist shall, before January 1, 2016, or upon licensure, whichever occurs later, submit an application developed by the Department of Justice to obtain approval to access information online regarding the controlled substance history of a patient that is stored on the Internet and maintained within the Department of Justice, and, upon approval, the department shall release to that pharmacist the electronic history of controlled substances dispensed to an individual under his or her care based on data contained in the CURES PDMP.

(B) An application may be denied, or a subscriber may be suspended, for reasons which include, but are not limited to, the following:

(i) Materially falsifying an application for a subscriber.

(ii) Failure to maintain effective controls for access to the patient activity report.

(iii) Suspended or revoked federal DEA registration.

(iv) Any subscriber who is arrested for a violation of law governing controlled substances or any other law for which the possession or use of a controlled substance is an element of the crime.

(v) Any subscriber accessing information for any other reason than caring for his or her patients.

(C) Any authorized subscriber shall notify the Department of Justice within 30 days of any changes to the subscriber account.

(2) A health care practitioner authorized to prescribe, order, administer, furnish, or dispense Schedule II, Schedule III, or Schedule IV controlled substances pursuant to Section 11150 or a pharmacist shall be deemed to have complied with paragraph (1) if the licensed health care practitioner or pharmacist has been approved to access the CURES database through the
process developed pursuant to subdivision (a) of Section 209 of the Business and Professions Code.

(b) Any request for, or release of, a controlled substance history pursuant to this section shall be made in accordance with guidelines developed by the Department of Justice.

(c) In order to prevent the inappropriate, improper, or illegal use of Schedule II, Schedule III, or Schedule IV controlled substances, the Department of Justice may initiate the referral of the history of controlled substances dispensed to an individual based on data contained in CURES to licensed health care practitioners, pharmacists, or both, providing care or services to the individual.

(d) The history of controlled substances dispensed to an individual based on data contained in CURES that is received by a practitioner or pharmacist from the Department of Justice pursuant to this section shall be considered medical information subject to the provisions of the Confidentiality of Medical Information Act contained in Part 2.6 (commencing with Section 56) of Division 1 of the Civil Code.

(e) Information concerning a patient’s controlled substance history provided to a prescriber or pharmacist pursuant to this section shall include prescriptions for controlled substances listed in Sections 1308.12, 1308.13, and 1308.14 of Title 21 of the Code of Federal Regulations.

SEC. 8. Section 11165.5 is added to the Health and Safety Code, to read:

11165.5. (a) The Department of Justice may seek voluntarily contributed private funds from insurers, health care service plans, qualified manufacturers, and other donors for the purpose of supporting CURES. Insurers, health care service plans, qualified manufacturers, and other donors may contribute by submitting their payment to the Controller for deposit into the CURES Fund established pursuant to subdivision (c) of Section 208 of the Business and Professions Code. The department shall make information about the amount and the source of all private funds it receives for support of CURES available to the public. Contributions to the CURES Fund pursuant to this subdivision shall be nondeductible for state tax purposes.

(b) For purposes of this section, the following definitions apply:

(1) “Controlled substance” means a drug, substance, or immediate precursor listed in any schedule in Section 11055, 11056, or 11057 of the Health and Safety Code.

(2) “Health care service plan” means an entity licensed pursuant to the Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code).

(3) “Insurer” means an admitted insurer writing health insurance, as defined in Section 106 of the Insurance Code, and an admitted insurer writing workers’ compensation insurance, as defined in Section 109 of the Insurance Code.

(4) “Qualified manufacturer” means a manufacturer of a controlled substance, but does not mean a wholesaler or nonresident wholesaler of
dangerous drugs, regulated pursuant to Article 11 (commencing with Section 4160) of Chapter 9 of Division 2 of the Business and Professions Code, a veterinary food-animal drug retailer, regulated pursuant to Article 15 (commencing with Section 4196) of Chapter 9 of Division 2 of the Business and Professions Code, or an individual regulated by the Medical Board of California, the Dental Board of California, the California State Board of Pharmacy, the Veterinary Medical Board, the Board of Registered Nursing, the Physician Assistant Committee of the Medical Board of California, the Osteopathic Medical Board of California, the State Board of Optometry, or the California Board of Podiatric Medicine.
AGENDA ITEM: 9.1
DATE: November 6, 2013

ACTION REQUESTED: Information Only: Complaint Intake and Investigations Update

REQUESTED BY: Cynthia Klein, RN, Chairperson

BACKGROUND:

PROGRAM UPDATES

COMPLAINT INTAKE:

Staff
Complaint Intake is fully staffed.

Due to lack of competitive compensation, we have been unable to recruit an NEC to cover the entire Enforcement Division.

Program
Fingerprint Requirement – We continue to refer the 1,222 licensees who failed to provide proof of fingerprint submission for the retroactive fingerprint project. These licenses were inactivated and are currently being referred to Complaint Intake for issuance of a citation and fine for non-compliance.

There are still a large number of nurses who do not fully meet the fingerprint requirements in CCR 1419(b). Approximately 75,398 nurses licensed between 1990-1998 submitted paper fingerprint cards but these cards are not part of the LiveScan process and the record of submission no longer exists. Approximately 97,041 nurses licensed by examination from 1998 – June 2008 were fingerprinted for review by the Department of Justice but must submit fingerprints for review by the FBI as it was not required prior to July 2008.

Christina Sprigg contacted DOJ in August 2013 to initiate the discussion. She was told all hard cards have been scanned into their system yet we continue to receive information from licensees regarding convictions we are not aware of. Stacie Berumen requested assistance from DOJ to identify how many licensees might need to be fingerprinted again to meet the electronic record requirement. An update will be provided.

Staff came in on overtime the weekend of October 6-7, 2013 to ensure all new complaints were entered and up to date in the legacy systems. Staff is acclimating to BreEZe and backlog updates will be provided at all future meetings.

Statistics
As of September 30, 2013, we received 2,324 complaints. The average time to close a complaint not referred to discipline went from 164 days in July 2012 to 123 days.
INVESTIGATIONS:

Staff
Both Investigation units are fully staffed.

Program
We continue to have issues obtaining documents, primarily from Kaiser North. In addition, we are now being told we must issue subpoenas in order to interview staff and managers. Failure of the facility to comply has and will continue to result in referrals to the Attorney General’s office to obtain court orders to enforce compliance. This is causing major delays in case completion timeframes with some exceeding 4 months.

Investigators are focused on clearing all the oldest cases by the end of the calendar year.

Southern Supervisor and Investigators presented information to CDPH South San Diego division on September 24, for approximately 50+ RN staff. They are responsible for Imperial and east county. A presentation was previously provided to the northern San Diego division.

Two southern investigators attended the Orange County RX Drug Coalition meeting on September 19th.

Southern Supervisor and an Investigator met with San Diego DA and State Department of Insurance for case review and meet and greet on September 18 and 19, 2013.

The California Department of Public Health requested BRN participation in the California Partnership to Improve Dementia Care. The southern Supervisor and an Investigator attended a meeting on August 21st. It is a working group and staff will continue to participate as needed.

The northern supervising investigator attended a joint training on September 24, hosted by the Emergency Medical Services Authority. The training was provided by the CA Office of Health Information and Integrity (CalOHII) regarding HIPAA and its applicability to regulatory function.

The northern supervisor is working with OHII to get informational training specific to the BRN and our regulating codes.

Two investigators are scheduled to attend the second annual National Elder Abuse Symposium provided by the California District Attorney’s Association in Anaheim in December 2013.

Statistics
The following are internal numbers (end of month) across all investigators not broken out on the performance measurement report.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total cases assigned</td>
<td>268</td>
<td>341</td>
<td>272</td>
<td>272</td>
<td>267</td>
<td>253</td>
</tr>
<tr>
<td>Total cases unassigned (pending)</td>
<td>135</td>
<td>136</td>
<td>123</td>
<td>117</td>
<td>72</td>
<td>104</td>
</tr>
<tr>
<td>Average days to case completion</td>
<td>293</td>
<td>311</td>
<td>261</td>
<td>272</td>
<td>238</td>
<td>292</td>
</tr>
<tr>
<td>Average cost per case</td>
<td>$4,223</td>
<td>$5,421</td>
<td>$3,215</td>
<td>$3,561</td>
<td>$3,028</td>
<td>$3,105</td>
</tr>
<tr>
<td>Cases closed</td>
<td>19</td>
<td>13</td>
<td>32</td>
<td>29</td>
<td>37</td>
<td>42</td>
</tr>
<tr>
<td>------------------------</td>
<td>----------</td>
<td>----------</td>
<td>----------</td>
<td>----------</td>
<td>----------</td>
<td>----------</td>
</tr>
<tr>
<td>Total cases assigned</td>
<td>266</td>
<td>279</td>
<td>270</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total cases unassigned (pending)</td>
<td>83</td>
<td>64</td>
<td>104</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average days to case completion</td>
<td>275</td>
<td>263</td>
<td>212</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average cost per case</td>
<td>$3,211</td>
<td>$3,194</td>
<td>$2,920</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cases closed</td>
<td>35</td>
<td>34</td>
<td>23</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

As of September 30, 2013, there were 605 DOI investigations pending.

Please review the enforcement statistics reports in 9.3 for additional breakdown of information.

**NEXT STEP:** Continue to review and adjust internal processes and monitor statistics for improvement in case processing time frames. Prepare for BreEZe implementation. Follow directions given by committee and/or board.

**FINANCIAL IMPACT, IF ANY:** None at this time. Updates will be provided at each DDC meeting for review and possible action.

**PERSON TO CONTACT:** Stacie Berumen  
Assistant Executive Officer  
(916) 574-7600
AGENDA ITEM: 9.2
DATE: November 6, 2013

ACTION REQUESTED: Information Only: Discipline and Probation Update

REQUESTED BY: Cynthia Klein, RN, Chairperson

BACKGROUND:

PROGRAM UPDATE

Staff
The Probation Unit is fully staffed with 6 monitors and one OT. One probation monitor is devoted to the BreeZe project full time; therefore, this workload is absorbed by the manager and other monitors.

The Discipline Unit is fully staffed with five case analysts, two legal support analysts, one cite and fine analyst and two OTs. We have been able to hire a retired annuitant for discipline, as well as one seasonal staff for probation and discipline. One discipline analyst continues to work on the Breeze project full-time; with her workload absorbed by the deputy chief. We will begin transitioning this case load back to the analyst gradually over the next couple months.

Program – Discipline
There are 1,936 open discipline cases with an average case load per analyst at 387. There are approximately 2,153 (total reflects discipline & probation as of October 3, 2013) cases at the AG’s office.

We are working with the liaison Deputies Attorney General to develop a plan of action for those cases over six months old without a pleading filed.

The Legal Support Analyst started preparing default decisions for the Attorney General’s Offices in Sacramento, effective October 1, 2012, and the Los Angeles office, effective July 1, 2013. We will continue this pilot project adding the San Diego Attorney General’s Office in or about January 2014. The Legal Support Analyst has been working under the direction of DCA Legal Counsel to prepare default decisions for the Oakland and San Francisco AG Offices for approximately three years.

Below reflects FY2014 to present (July 1, 2013-October 22, 2013)

<table>
<thead>
<tr>
<th>Decisions Adopted by Board</th>
<th>445</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pending Processing by legal support staff</td>
<td>83</td>
</tr>
<tr>
<td>Accusations/ PTR served</td>
<td>498</td>
</tr>
</tbody>
</table>

Staff continues to increase its usage of citation and fine as a constructive method to inform licensees and applicants of violations which do not rise to the level of formal disciplinary action.
The BRN continues to issue citations for address change violations pursuant to the California Code of Regulations §1409.1. The BRN website was updated with a reminder of the address change requirement.

The BRN continues to issue citations for failure to comply with the fingerprint requirement pursuant to the California Code of Regulations §1419, §1419.1 and §1419.3

Citation information below reflects FY2014 to present (July 1, 2013 – October 3, 2013).

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of citations issued</td>
<td>187</td>
</tr>
<tr>
<td>Total fines ordered</td>
<td>$82,175.00</td>
</tr>
<tr>
<td>Fines paid (amounts include payments from fines</td>
<td>$79,478.00</td>
</tr>
<tr>
<td>issued in prior fiscal year)</td>
<td></td>
</tr>
<tr>
<td>Citations pending issuance</td>
<td>2000+</td>
</tr>
</tbody>
</table>

The Discipline Unit continues to work on the NURSYS discipline data comparison project (SCRUB). The status of the documents reviewed:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referred to the Attorney General</td>
<td>735</td>
</tr>
<tr>
<td>Pleadings Received</td>
<td>623</td>
</tr>
<tr>
<td>Default Decisions Effective</td>
<td>283</td>
</tr>
<tr>
<td>Stipulated Decisions Effective</td>
<td>183</td>
</tr>
<tr>
<td>Referred to Cite and Fine</td>
<td>74</td>
</tr>
<tr>
<td>Closed Without Action (Action taken by CA (prior to 2000) but not reported to Nursys or information approved at time of licensure)</td>
<td>940</td>
</tr>
</tbody>
</table>

AG Costs:

As of October 15, 2013, the BRN has expended $1,684,870 at the AG’s office on the NURSYS SCRUB cases.

Statistics - Discipline

Please review additional statistical information which can be found under item 9.3.

Program – Probation

The case load per probation monitor is approximately 126.

Two of the probation monitors attended the “How to Testify in the Courtroom” class offered by the DCA training office. They found this class very beneficial in their position with the probation unit. Two more of the probation monitors will be attending the class on October 24, 2013.
Statistics – Probation

Below are the statistics for the Probation program from July 1, 2013 to October 22, 2013

<table>
<thead>
<tr>
<th>Probation Data</th>
<th>Numbers</th>
<th>% of Active</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>206</td>
<td>27%</td>
</tr>
<tr>
<td>Female</td>
<td>550</td>
<td>73%</td>
</tr>
<tr>
<td>Chemical Dependency</td>
<td>388</td>
<td>52%</td>
</tr>
<tr>
<td>Practice Case</td>
<td>212</td>
<td>28%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Conviction</td>
<td>156</td>
<td>20%</td>
</tr>
<tr>
<td>Advanced Certificates</td>
<td>76</td>
<td>10%</td>
</tr>
<tr>
<td>Southern California</td>
<td>397</td>
<td>52%</td>
</tr>
<tr>
<td>Northern California</td>
<td>359</td>
<td>48%</td>
</tr>
<tr>
<td>Pending with AG/Board</td>
<td>80</td>
<td>11%</td>
</tr>
<tr>
<td>License Revoked YTD</td>
<td>12</td>
<td>2%</td>
</tr>
<tr>
<td>License Surrendered YTD</td>
<td>22</td>
<td>3%</td>
</tr>
<tr>
<td>Terminated YTD</td>
<td>7</td>
<td>&gt;1%</td>
</tr>
<tr>
<td>Completed YTD</td>
<td>32</td>
<td>4%</td>
</tr>
<tr>
<td><strong>Active in-state probationers</strong></td>
<td><strong>756</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Completed/Revoked/Terminated/Surrendered YTD</strong></td>
<td><strong>73</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Tolled Probationers</strong></td>
<td>236</td>
<td></td>
</tr>
<tr>
<td><strong>Active and Tolled Probationers</strong></td>
<td><strong>992</strong></td>
<td></td>
</tr>
</tbody>
</table>

NEXT STEP:
Follow directions given by committee and/or board. Regain ability to prepare all default decisions.

FISCAL IMPACT, IF ANY:
AG’s budget line item will be closely monitored. Updates will be provided at each DDC meeting for review and possible action.

PERSON TO CONTACT:
Beth Scott, Deputy Chief of Discipline, Probation, and Diversion
(916) 574-8187
AGENDA ITEM: 9.3
DATE: November 6, 2013

ACTION REQUESTED: Information Only: Enforcement Division Statistics

REQUESTED BY: Cynthia Klein, RN, Chairperson

BACKGROUND:
Attached you will find statistics for the Enforcement Division. Please review the information provided.

NEXT STEP: Updates will be provided to the committee and board at each meeting. Follow directions given by committee and/or board.

FISCAL IMPACT, IF ANY: None at this time

PERSON TO CONTACT:
Stacie Berumen
Assistant Executive Officer
(916) 574-7600

Beth Scott, Deputy Chief of Discipline, Probation and Diversion
(916) 574-8187
### Complaint Intake

<table>
<thead>
<tr>
<th></th>
<th>JUL-13</th>
<th>AUG-13</th>
<th>SEP-13</th>
<th>YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Complaints Received</strong></td>
<td>189</td>
<td>496</td>
<td>399</td>
<td>1084</td>
</tr>
<tr>
<td>Closed w/o inv assignment</td>
<td>47</td>
<td>67</td>
<td>64</td>
<td>178</td>
</tr>
<tr>
<td>Assigned for investigation</td>
<td>133</td>
<td>457</td>
<td>350</td>
<td>940</td>
</tr>
<tr>
<td>Avg days to close or assign</td>
<td>15</td>
<td>47</td>
<td>10</td>
<td>28</td>
</tr>
<tr>
<td>Pending</td>
<td>130</td>
<td>104</td>
<td>86</td>
<td>86</td>
</tr>
</tbody>
</table>

### Convictions/Arrest Reports

<table>
<thead>
<tr>
<th></th>
<th>JUL-13</th>
<th>AUG-13</th>
<th>SEP-13</th>
<th>YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received</td>
<td>447</td>
<td>509</td>
<td>284</td>
<td>1240</td>
</tr>
<tr>
<td>Clsd/Assgn for investigation</td>
<td>442</td>
<td>518</td>
<td>357</td>
<td>1317</td>
</tr>
<tr>
<td>Avg days to close or assign</td>
<td>8</td>
<td>11</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Pending</td>
<td>89</td>
<td>80</td>
<td>7</td>
<td>7</td>
</tr>
</tbody>
</table>

### Total Intake

<table>
<thead>
<tr>
<th></th>
<th>JUL-13</th>
<th>AUG-13</th>
<th>SEP-13</th>
<th>YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received</td>
<td>636</td>
<td>1005</td>
<td>683</td>
<td>2324</td>
</tr>
<tr>
<td>Closed w/o inv assignment</td>
<td>55</td>
<td>87</td>
<td>84</td>
<td>226</td>
</tr>
<tr>
<td>Assigned for investigation</td>
<td>567</td>
<td>955</td>
<td>687</td>
<td>2209</td>
</tr>
<tr>
<td>Avg days to close or assign</td>
<td>10</td>
<td>29</td>
<td>10</td>
<td>18</td>
</tr>
<tr>
<td>Pending</td>
<td>219</td>
<td>184</td>
<td>93</td>
<td>93</td>
</tr>
</tbody>
</table>
### INVESTIGATIONS

**DESK INVESTIGATIONS**

<table>
<thead>
<tr>
<th></th>
<th>JUL-13</th>
<th>AUG-13</th>
<th>SEP-13</th>
<th>YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASSIGNMENTS</td>
<td>554</td>
<td>933</td>
<td>658</td>
<td>2145</td>
</tr>
<tr>
<td>CLOSED</td>
<td>677</td>
<td>721</td>
<td>738</td>
<td>2136</td>
</tr>
<tr>
<td>AVERAGE DAYS TO CLOSE</td>
<td>85</td>
<td>135</td>
<td>113</td>
<td>112</td>
</tr>
<tr>
<td>PENDING</td>
<td>2667</td>
<td>2825</td>
<td>2703</td>
<td>2703</td>
</tr>
</tbody>
</table>

### FIELD INVESTIGATIONS:

**NON-SWORN**

<table>
<thead>
<tr>
<th></th>
<th>JUL-13</th>
<th>AUG-13</th>
<th>SEP-13</th>
<th>YTD</th>
</tr>
</thead>
<tbody>
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### CLOSED W/O DISCIPLINE REFERRAL

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## ENFORCEMENT ACTIONS

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PM1: COMPLAINTS VOLUME - PM1: CONV/ARREST RPRTS VOLUME
Number of Complaints and Convictions/Arrest Orders Received within the specified time period.

PM2: CYCLE TIME-INTAKE
Average Number of Days to complete Complaint Intake during the specified time period.

PM3: CYCLE TIME-NO DISCIPLINE
Average Number of Days to complete Complaint Intake and Investigation steps of the Enforcement process for Closed Complaints not resulting in Formal Discipline during the specified time period.

PM4: CYCLE TIME-DISCIPLINE
Average Number of Days to complete the Enforcement process (Complaint Intake, Investigation, and Formal Discipline steps) for Cases Closed which had gone to the Formal Discipline step during the specified time period.
## CALIFORNIA BOARD OF REGISTERED NURSING
### ENFORCEMENT STATISTICS
September 30, 2013

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### Applicant Disciplinary Actions:

- (a) License Denied | 27 | 55 | 72 | 90 | 17 | 68 |
- (b) License Issued on Probation | 9 | 14 | 43 | 83 | 15 | 60 |

**Total, Applicant Discipline**: 36 | 69 | 115 | 173 | 32 | 128 |

### Licensee Disciplinary Actions:

- (a) Revocation | 243 | 273 | 227 | 304 | 153 | 612 |
- (b) Probation | 176 | 267 | 225 | 277 | 64 | 256 |
- (c) Suspension/Probation | 1 | 6 | 3 | 1 | 0 | 0 |
- (d) License Surrendered | 92 | 155 | 128 | 167 | 60 | 240 |
- (e) Public Reprimand/Reproval | 12 | 37 | 79 | 81 | 13 | 52 |
- (f) Decisions Other | 2 | 5 | 3 | 2 | 0 | 0 |

**Total, Licensee Discipline**: 526 | 743 | 665 | 832 | 290 | 1,160 |

### Process Used for Discipline (licensees)

- (a) Administrative Hearing | 58 | 102 | 121 | 106 | 11 | 44 |
- (b) Default Decision | 206 | 217 | 183 | 251 | 148 | 592 |
- (c) Stipulation | 262 | 424 | 361 | 475 | 131 | 524 |

**Total**: 526 | 743 | 665 | 832 | 290 | 1,160 |
AGENDA ITEM: 9.4
DATE: November 6, 2013

ACTION REQUESTED: Information Only: Diversion Program Update
REQUESTED BY: Cynthia Klein, RN, Chairperson

BACKGROUND:

Program Update

The BRN’s Diversion’s Program has hundreds of stories of nurses’ lives that have been changed by treatment and recovery support who are now living a life of successful recovery. Yet there is very little known about the public’s perceptions of recovery; most studies have examined the public's views of alcohol and drug use and misuse. One of the few if not only public surveys on recovery-related issues found that 39% of those polled knew someone (a family member, a close friend, or both) who is in recovery from addiction to alcohol or other drugs (Hart, 2004). In the survey when asked what definition best matches their understanding of someone “in recovery from addiction to alcohol or other drugs,” more than half (62%) said that it means the person is currently trying to stop using alcohol or illicit drugs. Only 22% said that the person in recovery is no longer using alcohol or illicit drugs. Even those who know someone in recovery overwhelmingly believe that someone in recovery is “trying to stop using alcohol or drugs.” (Hart, 2004). Abstinence is refraining from the ingestion of alcohol or other drugs. Recovery, however, is a lifestyle change and is the process by which the substance use disorder is recognized as problematic and avoided (Laudet, 2007). Many nurses indicate they are more patient, tolerant and compassionate as a result of the work they did in recovery.

On September 4, 2013, the Diversion Program staff participated in the Recovery Happens rally at the State Capitol in Sacramento California. There were over 5,000 participants at the rally. Several nursing students and professors were also at the rally and they indicated they were glad to see the Board of Registered Nursing’s (BRN) presence and support for the recovery community. The BRN is aware of the latest Center of Disease Control (CDC) reports that there is a prescription drug epidemic in this country (CDC 2011). The BRN acknowledges that our students and health care professionals are not immune to this epidemic and substance use disorders within the healthcare community. The Diversion Program is proactive in reaching the nursing community regarding addiction and recovery.

At the September 11th and 12th board meeting, staff set up a BRN information table with brochures and information relating to the Diversion Program, addiction and enforcement for anyone attending the meeting. This was the first time this type of information had been provided at a board meeting. Several students and other professionals received important information regarding the BRN, its Diversion and Enforcement Units. Staff was able to answer several questions of those individuals present. It was successful and the table may become part of the BRN’s outreach to the nursing community during future board meetings.
Contractor Update

The BRN received the annual report from Maximus. It outlines trends and statistics as it relates to all the Diversion Programs monitored by Maximus. This report is required by contract and is available for your review upon request.

Diversion Evaluation Committees (DEC)

The BRN has several registered nurses appointed as DEC members who are honored in the nursing community. The Diversion Program would like to take this opportunity to recognize Gordon Ogden, RN, MFT. He was inducted into the 2013 Central San Joaquin Valley Nursing Hall of Fame on September 19, 2013. This prestigious award honors the distinctive career of nurse leaders within the seven county regions of the Central San Joaquin Valley who have promoted the nursing profession through a lifetime of dedicated work and experience. Gordon is only the 10th person to ever receive this award. He has served in excellence as a faithful DEC member for the Board of Registered Nursing. Congratulations to him for this well-deserved recognition.

There are currently 2 vacancies at this time: two physicians. Recruitment efforts continue.

Statistics

The Statistical Summary Report for July and August 2013 is attached. As of August 31, 2013, there were 1,803 successful completions.

NEXT STEP: None

FINANCIAL IMPLICATION, IF ANY: None at this time. Updates will be provided at each DDC meeting for review and possible action.

PERSON TO CONTACT: Carol Stanford, Diversion Program Manager (916) 574-7616
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**NUMBER OF PARTICIPANTS:** 473 (as of August 31, 2013)
AGENDA ITEM: 9.5
DATE: November 6, 2013


REQUESTED BY: Cynthia Klein, RN, Chairperson

BACKGROUND:
Senate Bill 1441 (Ridley-Thomas, Chapter 548, Statutes of 2008) established in the Department of Consumer Affairs (DCA) the Substance Abuse Coordination Committee (SACC), which was comprised of the executive officers of the DCA healing arts boards and a designee of the State Department of Alcohol Drug Programs. The SACC was charged with, by January 1, 2010, formulating uniform and specific standards (Uniform Standards) in sixteen specified areas that each healing arts board would be required to use in dealing with substance-abusing licensees. The initial Uniform Standards were completed April 2010 and revised April 2011.

The enabling legislation was largely driven by the failure of the Medical Board’s Diversion Program, which was created in 1981. The program had been subject to five external audits in its 27-year history and had failed all five audits. The audits uniformly concluded that “…the program has inadequately monitored substance-abusing physicians and has failed to promptly terminate from the program, and appropriately refer for discipline, physicians who do not comply with the terms and conditions of the program, thus placing patients at risk of harm.” The Medical Board’s Diversion Program became inoperative on June 30, 2008. Another legislative consideration was health care licensing boards having inconsistent or nonexistent standards that guided the way they dealt with substance-abusing licensees.

In response to the legislative mandate, in March 2011, the Board promulgated a regulatory proposal revising its Disciplinary Guidelines to:

- incorporate the Uniform Standards (April 2010), by reference;
- require an Administrative Law Judge to apply the Uniform Standards where an applicant or licensee has a substance abuse disorder;
- revise standard and optional conditions in the Disciplinary Guidelines to reflect the Uniform Standards; and
- revise and update the standard and optional probation conditions for purposes of clarity, to reflect current Probation Program policies and procedures, as well as to make technical changes.

The regulatory proposal was not submitted to the Office of Administrative Law within the one-year time frame and expired.

The Board’s regulatory proposal did not adhere strictly to the Uniform Standards and differed in at least three ways. These differences were:

1. Permitted the Board to determine whether individual conditions were to be ordered. The Uniform Standards did not include this broad discretionary authority.
2. Specified two options for drug testing frequency: 1) as approved by the Board, or 2) at least 104 times per year for the first year then decreasing to at least 50 times per year thereafter. The Uniform
Standards required testing at least 104 times a year the first year and at least 50 times a year thereafter; the Board did not have the authority to require less than 104 times per year. This standard was significantly modified in the 2011 revision, including establishing two levels for drug testing (Year 1 52 – 104 tests; and Year 2+ 36 to 104 tests), providing for exceptions to the testing frequency, and requiring boards to collect and report historical and post-implementation data to measure outcomes and effectiveness.

3. Did not require the licensee to cease practice for the first 30 days of probation and to test twice a week during this period, as specified in the Uniform Standards.

In April 2012, Doreathrea Johnson, Deputy Director, DCA Legal Affairs, issued an opinion regarding the Uniform Standards addressing several questions/issues that had been raised concerning the Uniform Standards. The Legislative Counsel Bureau (Legislative Counsel) and the Office of the Attorney General (AG) had rendered opinions regarding the Uniform Standards, which were taken into consideration in Ms. Johnson making the following determinations:

1. Boards do not retain the discretion to modify the content of the specific terms or conditions that make up the Uniform Standards. (Concurs with Legislative Counsel and AG opinions.)
2. All uniform standards must be applied to cases involving substance-abusing licensees, unless the Uniform Standards specifically provide otherwise. (Concurs with Legislative Counsel and AG opinions.)
3. SACC is not the rulemaking entity with respect to Uniform Standards, and therefore does not have authority to adopt the Uniform Standards as regulations. (Concurs with AG opinion; Legislative Counsel concluded SACC had the authority.)

Ms. Johnson recommended boards move forward as soon as possible to implement the Uniform Standards mandated by Business and Professions Code, Section 315.

**Diversion/Discipline Committee Recommendations:** Direct staff to research, prepare and provide additional information for discussion at the January 2014 DDC meeting. The research is to include:

2. Determining the impact of implementing the Uniform Standards, including potential fiscal impact on Board and licensees.
3. Conferring with Legal Counsel regarding any conflicts between the Uniform Standards and existing laws and regulations; definition of “substance abusing licensee;” and inclusion of Standards in the Board’s Disciplinary Guidelines in contrast to adopting a separate regulation.
4. Monitor Pharmacy Board’s request for Attorney General’s Opinion on implementation of the Uniform Standards.

**NEXT STEP:** Further discussion at future Diversion/Discipline Committee meetings. DDC will provide updates at each board meeting.

**FISCAL IMPACT, IF ANY:** Dependent on Board decision regarding implementation of the Uniform Standards.

**PERSON TO CONTACT:** Stacie Berumen  
Assistant Executive Officer  
(916) 574-7600
At the April 10, 2013 Board meeting, the Board approved a request from the Nursing Practice Committee to appoint an advanced practice registered nurse (APRN) advisory committee. Suggested goals of the advisory committee were to review and recommend to the Board:

- Respond to the changing health care environment by addressing changes in rules and regulations.
- Respond to APRN regulations and need for updating for practice and education.
- Discuss scope of practice and educational issues.

Louise Bailey, Executive Officer, announced at the August 7, 2013, Nursing Practice Committee meeting that due to BRN budgetary constraints it is not possible to fund an APRN Advisory Committee. In order to move forward in providing the Nursing Practice Committee and Board the requested information, an internal Board staff workgroup has been established. Workgroup membership includes:

- Janette Wackerly, MBA, BSN, RN–SNEC-North and Nursing Practice Committee Staff Liaison
- Miyo Minato, MN, RN–SNEC-South and Nursing Education Committee Staff Liaison
- Katie Daugherty, MN, RN – NEC-North
- Carol McKay, MN, RN – NEC-South
- Julie Campbell-Warnock, MA – Research Program Specialist and BRN Representative to the APRN Workgroup for the California Action Coalition

The workgroup’s main task for Fiscal Year 2013-2014 is to focus primarily on identifying needed changes in existing Certified Nurse Practitioner rules and regulations here in California. In addition, the workgroup will be reviewing current information pertinent to all four nationally recognized APRN roles: Certified Registered Nurse Anesthetists (CRNAs), Certified Nurse-Midwives (CNMs), Clinical Nurse Specialists (CNSs) and Certified Nurse Practitioners (CNPs).

In FY 2013-2014 workgroup activities will encompass the following:

- Information gathering and review of pertinent national and state level materials; written analyses/conclusions.
- Written workgroup reports to the Nursing Practice Committee where the public will be provided ongoing opportunities to provide input and feedback.
Formulation of recommendations for California APRNs, specifically CNPs based on workgroup analyses/recommendations and the comments/input and feedback from the Nursing Practice Committee, the full Board, the public and key stakeholders.

**Highlights of Workgroup Activities**
The BRN staff workgroup is in the initial phases of its work. The following activities are in progress:

- Review of pertinent national and state level APRN information.
- Monitor legislation relating to APRN, most specifically CNP practice.
- Collaborate with other BRN staff monitoring legislation and regulatory development.
- Add a set of questions to the 2012-2013 Annual School Survey to determine: (1) Status of implementing CNP curriculum according to the four roles and the six population focus/foci described in the Consensus Model for APRN Regulation; (2) Program requirements for graduates in relation to taking the national certification exam in the designated role and population focus; (3) Data on which national exams are required; and (4) If the program officially tracks student success on the national certification exams.
- Develop an up-to-date database of California approved APRN educational programs, beginning with CNP programs.
- Compile an up-to-date list of key stakeholders and interested parties so the Board may keep them abreast of workgroup activities and solicit input/feedback on an ongoing basis.
- Identify methods for tracking workgroup activities, progress and reporting timelines.
- Assess and identify anticipated fiscal impact associated with any APRN regulatory changes.
- Develop a written “crosswalk” document comparing existing California CNP rules and regulations and National Council of State Boards of Nursing (NCSBN) 2012 APRN Model Act and Rules language based on the Consensus Model.
- Use the crosswalk to determine needed California CNP practice and education regulatory changes as a starting point.
- Consult with BRN legal counsel as needed.

Some preliminary workgroup beliefs/assumptions guiding workgroup activities at this juncture of review are:

- California has already adopted the title Advanced Practice Registered Nurse (APRN) in B&P Code Section 2725.5, however, further integration throughout the APRN regulations/rules may be needed.
- New CNPs are to be prepared with acute care and/or primary care competencies for adult-gerontology and pediatric populations and may be certified in one or more subtypes and foci based on transcript proof of multiple areas of educational preparation.
- California plans to enhance clarity in regulations and rules so it is clear that California APRNs practice under both their California RN license and their California APRN certification(s).
- All California newly certified APRNs are to be licensed RNs with required graduate degree preparation in at least one APRN role and population focus.
• All California newly certified APRNs must complete an accredited graduate level education program (graduate degree or post-master’s/doctorate certificate) and pass the required national certification examination for certification in California.
• APRN educational preparation and APRN role and population focus certification is to build on California RN licensure competencies.
• All APRNs are to be educationally prepared to provide a variety of services across the health wellness-illness continuum in at least one APRN role and at least one of six specific population focus/foci:
  o Family/Individual Across the Life Span
  o Adult-Gerontology(subtype acute and or primary)
  o Neonatal
  o Pediatrics(subtype acute and or primary)
  o Women’s Health/Gender Related
  o Psychiatric/Mental Health (across the life span)
• New California APRNs may complete graduate level education and be certified in one or more roles and population foci. Transcript evidence of role/population foci in each area will be required.
• California certification as an APRN in one role and at least one population foci will be required for all new APRNs while currently certified APRNs will be “grandfathered”.
• CA APRNs will only provide services for the role and population in which they are certified.
• APRN specialization beyond a California APRN role and population certification will not be assessed or regulated by the California BRN. Such specialty competency examination (for example in oncology etc.) will be assessed by professional nursing associations/organizations.
• Any such specialization designation beyond BRN approved APRN certification/population foci will not expand the APRNs scope of practice beyond the role and population foci in which the individual is California APRN certified.
• Regulatory language to accommodate APRNs seeking California APRN certification by endorsement will need to be revised to be congruent with any proposed regulatory changes/revisions.

Consensus Model for APRN Regulation
The Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, and Education (LACE) were published July 7, 2008; LACE refers to the following:
• **Licensure** refers to the requirement for APRN licensure/or certification; California uses the term Certification for all four APRN roles.
• **Accreditation** refers to the requirement that the APRN’s education program will have national nursing accreditation by a recognized accrediting body such as Commission on Collegiate Nursing Education (CCNE) or Accreditation Commission for Education in Nursing (ACEN).
• **Certification** in the Consensus Model context this means the Board of Nursing will require all new APRNs to successfully pass a national certification examination in their designated APRN role(s) and population focus/foci; each Board of Nursing will determine the specific national certification bodies that are acceptable in their respective jurisdiction.
• **Education** means the APRN graduate level education program is a Board approved graduate degree APRN program and a program that meets National APRN educational standards developed by organizations such as the National Organization of Nurse Practitioner Faculties (NONPF) and other such entities specifying current education standards for APRN programs.

The APRN Consensus Model defines APRN practice, identifies APRN titles to be used, and describes roles and population foci for APRN education and practice. The Model is explained in detail in the NCSBN attachment *Model for Uniform National Advanced Practice Registered Nurse (APRN) Regulation: A Handbook for Legislators*.

In addition to this attachment, NCSBN has developed a variety of tools to assist Boards of Nursing in implementing the APRN Consensus Model and enacting appropriate rules and regulations for implementation as appropriate to each state board. This information can be found on the NCSBN website at [https://www.ncsbn.org/4213.htm](https://www.ncsbn.org/4213.htm).

While California already has some of the Consensus Model categories/standards and regulatory language incorporated in existing rules and regulations, full implementation and suggested regulatory changes may not be currently applicable to California. The major task of the APRN workgroup for Fiscal Year 2013-2014 and moving forward is to review current California rules and regulations and make recommendations for changes where appropriate. The workgroup is working to determine the best way to incorporate the model regulations in California given the fact the Consensus Model advocates for independent practice and prescriptive authority across all Board of Nursing jurisdictions and these are not in place at this time in California.

The next APRN workgroup report will be presented at the January 2014 Nursing Practice Committee.

**NEXT STEPS:** Place on Board agenda.

**FISCAL IMPACT, IF ANY:**

**PERSON(S) TO CONTACT:** Janette Wackerly, MBA, BSN, RN  Supervising Nursing Education Consultant  Phone: (916) 574-7686  Email: janette.wackerly@dca.ca.gov
Model for Uniform National Advanced Practice Registered Nurse (APRN) Regulation: A Handbook for Legislators
**Introduction**

This legislative resource was developed in response to requests for information about advanced practice registered nurse (APRN) regulatory issues. It outlines the *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education*, which formulates national standards for uniform regulation of APRNs.

Model APRN regulation is aimed at public protection by ensuring uniformity across all jurisdictions. Uniformity of national standards and regulation not only allows for the mobility of nurses, it also serves the public by increasing access to care. Currently, each jurisdiction devises its own standards in regard to APRNs. This has resulted in a huge diversity of rules and regulations between jurisdictions. The lack of uniformity between jurisdictions leads to confusion on the part of the public, profession and related fields, given that even APRN titles differ from one jurisdiction to the next. The need for standardization also affects the livelihood of practicing APRNs and their ability to relocate to areas experiencing health care shortages. An APRN may have extensive experience in one jurisdiction, but is limited in mobility because moving to another jurisdiction would mean being subject to different qualifications or standards of practice.

The recommendations offered in this booklet present an APRN regulatory model that is a collaborative effort among APRN educators, accreditors, certifiers and licensure bodies. The recommendations reflect a collaboration among regulatory bodies to achieve a sound model and continued communication, with the goal of increasing the clarity and uniformity of APRN regulation. This document defines APRN practice, describes the APRN regulatory model, identifies the titles to be used, defines specialties, describes the roles and population foci, and presents strategies for implementation.

The model for APRN regulation is the product of substantial work conducted by the Advanced Practice Nursing Consensus Work Group and the National Council of State Boards of Nursing (NCSBN®), which came together to form the APRN Joint Dialogue Group, representing 144 organizations. Together, this group designed a framework whereby jurisdictions can implement and oversee the uniform licensure, accreditation, certification and education of APRNs.

We hope you use the information provided to guide your decisions with regard to APRN practice, licensure, education and certification.
Advanced Practice Registered Nurses (APRNs)

APRNs include certified registered nurse anesthetists (CRNAs), certified nurse-midwives (CNMs), clinical nurse specialists (CNSs) and certified nurse practitioners (CNPs). There are currently over 250,000 APRNs in the U.S. (U.S. Department of Health and Human Services Health Resources and Services Administration, 2010). Over the past several decades, the number of APRNs has increased and their capabilities have expanded, becoming a highly valued and an integral part of the health care system. APRNs provide care in a wide array of practice settings, including hospitals, physician offices, home care, nursing homes, schools and various types of clinics. Because of the importance of APRNs in caring for the current and future health needs of patients, the education, accreditation, certification and licensure of APRNs needs to be effectively aligned in order to continue to ensure patient safety while at the same time, expanding patient access to care.

APRN Definition

An APRN is a nurse with a graduate degree who has been licensed in an advanced role that builds on the competencies of registered nurses (RNs). Licensure as an APRN is contingent upon completion of an accredited graduate-level education program and passage of a national certification examination. An APRN must have extensive clinical experience, and have acquired advanced clinical knowledge and skills preparing him/her to provide direct care to patients. An APRN accepts responsibility and accountability for health promotion and/or maintenance, as well as the assessment, diagnosis and management of patient problems, which includes the administration and prescription of pharmacologic and nonpharmacologic interventions.

APRNs are licensed independent practitioners who are expected to practice within standards established or recognized by a licensing body. Each APRN is accountable to patients, the nursing profession and the licensing board to comply with the requirements of the jurisdiction's nursing law and to assure that quality advanced nursing care is rendered; to recognize limits of knowledge and experience; to plan for the management of situations beyond the APRN's expertise; and to consult with or refer patients to other health care providers, as appropriate.

APRN Roles

All APRNs are educationally prepared to provide a variety of services across the health wellness-illness continuum to at least one of six population foci: family/individual across the lifespan, adult-gerontology, pediatrics, neonatal, women’s health/gender-related or psych/mental health; however, the emphasis and implementation within each APRN role varies. The services or care provided by APRNs is not defined or limited by setting, but rather by patient care needs. Although all APRNs are educationally prepared to provide care to patients across the health wellness-illness continuum, the emphasis and implementation within each APRN role varies. Licensure and scope of practice are based on graduate education in one of the four roles and in one of the defined population foci.

Certified Registered Nurse Anesthetist (CRNA)

A CRNA is prepared to provide the full spectrum of patients’ anesthesia care and anesthesia-related care to individuals across the lifespan, whose health status may range from healthy through all recognized levels of acuity, including persons with immediate, severe, or life-threatening illnesses or injury. This care is provided in diverse settings, including hospital surgical suites; obstetrical delivery rooms; critical access hospitals; acute care; pain management centers; ambulatory surgical centers; and the offices of dentists, podiatrists, ophthalmologists and plastic surgeons.

Certified Nurse-Midwife (CNM)

A CNM provides a full range of primary health care services to women throughout the lifespan, including gynecologic care, family planning services, preconception care, prenatal and postpartum care, child birth, and care of a newborn. The practice includes treating the male partner of their female clients for sexually transmitted disease and reproductive health. This care is provided in diverse settings, which may include home, hospital, birth center and a variety of ambulatory care settings, including private offices, and community and public health clinics.

Clinical Nurse Specialist (CNS)

A CNS is a unique APRN role that integrates care across the continuum and through three spheres of influence: patient, nurse and system. The three spheres are overlapping and interrelated, but each sphere possesses a distinctive focus. The primary goal of a CNS is continuous improvement of patient outcomes and nursing care. Key elements of CNS practice are to create environments through mentoring and system changes that empower nurses to develop caring, evidence-based practices to alleviate patient distress; and facilitate ethical decision making. A CNS is responsible and accountable for diagnosis and treatment of health/illness states, disease management, health promotion, and prevention of illness and risk behaviors among individuals, families, groups and communities.
Certified Nurse Practitioner (CNP)

For a CNP, care along the wellness-illness continuum is a dynamic process in which direct primary and acute care is provided across settings. CNPs are members of the health delivery system, practicing autonomously in areas as diverse as family practice, pediatrics, internal medicine, geriatrics and women’s health care. CNPs are prepared to diagnose and treat patients with undifferentiated symptoms, as well as those with established diagnoses. Both primary and acute care CNPs provide initial, ongoing, and comprehensive care, including taking comprehensive histories, providing physical examinations, and other health assessment and screening activities, and diagnosing, treating, and managing patients with acute and chronic illnesses and diseases. This includes ordering, performing, supervising, and interpreting laboratory and imaging studies; prescribing medication and durable medical equipment; and making appropriate referrals for patients and families. Clinical CNP care includes health promotion, disease prevention, health education and counseling, as well as the diagnosis and management of acute and chronic diseases. CNPs are prepared to practice as primary care CNPs and/or acute care CNPs, which have separate national consensus-based competencies and separate certification processes.

Quality of APRN Care

The recent report published by the Institute of Medicine (IOM) stated “a number of barriers prevent nurses from being able to respond effectively to rapidly changing health care settings and an evolving health care system.” The report continues to state that “The United States has the opportunity to transform the health care system, and nurses can and should play a fundamental role in this transformation.” And that “Nurses should practice to the full extent of their education and training” (IOM, 2010).

The ability of APRNs to provide safe, cost-effective, high quality care that is comparable to care provided by physicians is well documented in many studies conducted over the past 30 years. The landmark study published in the Journal of the American Medical Association (JAMA) in 2000 provided definitive results demonstrating the quality of care provided by CNPs. In this study, the researchers evaluated the health status of patients receiving care from physicians or CNPs; however, the CNPs practiced independently without a mandatory relationship with a physician. The patients were assigned to a provider for primary care following an urgent care or emergency room visit. Researchers found the status of the CNP patients and the physician patients were comparable at the initial, six and 12 month visits. In a follow-up study two years later by some of the same researchers, the outcome was the same. The researchers determined that CNP care was comparable to that of a physician in all areas, including health status, satisfaction and use of specialists (Lenz, Mundinger, Kane, Hopkins, & Lin, 2004).

In a review of studies comparing nurses and doctors in providing primary care services, the authors concluded, “[t]he findings suggest that appropriately trained nurses can produce as high quality care as primary care doctors and achieve good health outcomes for patients. Indeed nurses providing first care for patients needing urgent attention tend to provide more health advice and achieve higher levels of patient satisfaction compared with doctors” (Laurent, Reeves, Hermens, Braspenninck, Grol, & Sibbald, 2009).

Beyond patient satisfaction, a 2009 study related to CNPs showed that the safety ratio of CNPs was significantly higher when compared to the safety ratios of medical doctors (MDs) and doctors of osteopathic medicine (DOs). The National Practitioner Data Bank ratio of malpractice and adverse actions for NPs was 1:173 compared to 1:4 for MDs and DOs (Pearson, 2009).

Studies showed that CNPs had more complete records, gave more advice to patients, and had longer consultations with patients (Horrocks, Anderson, & Salisbury, 2002). The difference in APRN approach to care is attributed to nursing education, which focuses on prevention, wellness and health maintenance (Gordon, 2010). This approach “results in better patient management with fewer visits to emergency rooms and hospitals” (Gordon, 2010). Overall, “nurse practitioners seemed to provide a quality of care that is at least as good, and in some ways better, than doctors” (Horrocks, Anderson, & Salisbury, 2002).

A study published in the American Journal of Public Health (1997) compared differences in obstetric care provided by obstetricians, family physicians and CNMs to low-risk patients. Researchers concluded that patients of the CNMs had lower cesarean rates than the other providers (8.8 percent for CNMs compared to 13.6 percent for obstetricians and 15.1 percent for family physicians). Overall, CNMs used 12.2 percent fewer expensive hospital resources than the other providers (Rosenblatt, Dobie, et al., 1997).

In 2006 findings of a study were published comparing perinatal outcomes in care provided by a physician or a CNM in a large inner city obstetric care setting. There were 375 patients studied and the researchers found no differences in neonatal (first six weeks after birth) outcomes and fewer interventions were used by the CNM group (Cragin & Kennedy, 2006).

A study published in 2003 compared surgical patients’ safety with anesthesia services provided by a CRNA or an
anesthesiologist (Pine, Holt, & Lou, 2003). Over 400,000 cases were studied in 22 states. Researchers found no statistically significant difference between mortality rates of patients treated by CRNAs independently versus those in which the CRNA collaborated with the anesthesiologist. In addition, the findings indicated that hospitals where CRNAs were the sole providers of anesthesia services (without anesthesiologists on staff) had results similar to those in hospitals in which anesthesiologists provided or directed anesthesia services (Pine, Holt, & Lou, 2003).

In 2001, the Center for Medicare & Medicaid Services allowed states to opt-out of the requirement for physician oversight of CRNA's provision of anesthesia care to patients. A new study of data from opt-out and non-opt-out states was published in Health Affairs in 2010. The researchers compared outcomes of care provided by CRNAs and anesthesiologists, each practicing independently and as a team. The Medicare A/B data were collected over seven years and the results indicated that in opt-out states, the CRNA solo group mortality rates were lower than that of the solo anesthesiologist group, both before and after the implementation of the opt-out. In addition, researchers found comparable surgical complication rates among the three provider groups leading them to conclude that removal of the supervision requirement for CRNAs does not increase surgical risks to patients (Dulisse & Cromwell, 2010).

Outcomes of care by CNSs on prenatal, maternal and infant health and cost through one year after delivery were published in the American Journal of Managed Care in 2001. The complex group of patients studied was women with a high risk of delivering low-birth weight babies. The patients received home care provided by CNSs or traditional care in the office setting. The group receiving care from CNSs experienced a lower infant mortality rate, fewer preterm babies, more twin pregnancies carried to term, fewer prenatal hospitalizations and fewer infant rehospitalizations with a cost savings of more than 750 hospital days and more than 2.8 million dollars. (Brooten, Youngblut, Brown, et al., 2001).

A 1994 study reviewed the effects of a discharge planning protocol implemented by CNSs as compared to the standard hospital discharge protocols. The researchers found from initial discharge to six weeks after discharge, patients who were in the medical intervention group had fewer readmissions to the hospital, fewer total days if rehospitalized, lower readmission charges and lower charges for health care services following discharge from the hospital. The researchers concluded the interventions by CNSs improved patient outcomes after hospitalization and decreased costs (Naylor, Brooten, Jones, et al., 1994).
Need for Uniform APRN Regulation

With the passage of the Affordable Care Act, the need for experienced nurses is more important than ever. Expansion of coverage will simultaneously create a demand for qualified care providers. APRNs are in a position to competently fill the gaps in access to care that will result when an estimated 32 million Americans become newly insured (Croft, 2010).

Currently, there is no uniform model of regulation of APRNs across the jurisdictions. Each jurisdiction independently determines the APRN legal scope of practice, the roles that are recognized, the level of prescriptive authority, the degree of collaboration, the criteria for entry into advanced practice and the certification examinations accepted for entry-level competence assessment. This has created a significant barrier for APRNs to easily move from jurisdiction to jurisdiction and also directly affects patients through decreased access to care.

Model APRN National Standards

The goal of the Consensus Model for APRN Regulation is to create consensus among the jurisdictions in their efforts to establish a common understanding in the APRN regulatory community that will continue to promote quality APRN education and practice; design a vision for APRN regulation, including education, accreditation, certification and licensure; set standards that protect the public; improve mobility and improve access to safe, quality APRN care.

The following section outlines the major components of the regulatory model developed by the Joint Dialogue Group. It identifies the title to be used, licensure requirements, and accreditation and education standards. Also included is a diagram that illustrates the structure and relation of the model entities.

* The population focus adult-gerontology encompasses the young adult to the older adult, including the elderly. APRNs educated and certified in the adult-gerontology population are educated and certified across both areas of practice and will be titled Adult-Gerontology CNP or CNS. In addition, all APRNs in any of the four roles providing care to the adult population, e.g., family or gender specific, must be prepared to meet the growing needs of the older adult population. Therefore, the education program should include didactic and clinical education experiences necessary to prepare APRNs with these enhanced skills and knowledge.

** The population focus, psychiatric/mental health, encompasses education and practice across the lifespan.

+ The CNS is educated and assessed through national certification processes across the continuum from wellness through acute care.

++ The CNP is prepared with the acute care CNP competencies and/or the primary care CNP competencies. At this point in time the acute care and primary care CNP delineation applies only to the pediatric and adult-gerontology CNP population foci. Scope of practice of the primary care or acute care CNP is not setting specific, but is based on patient care needs. Programs may prepare individuals across both the primary care and acute care CNP competencies. If programs prepare graduates across both sets of roles, the graduate must be prepared with the consensus-based competencies for both roles and must successfully obtain certification in both the acute and primary care CNP roles. CNP certification in the acute care or primary care roles must match the educational preparation for CNPs in these roles.
New National Standards for APRN Regulation

Title
The title “advanced practice registered nurse (APRN)” is the licensing title to be used for this subset of nurses who are prepared with advanced, graduate-level nursing knowledge to provide direct patient care in one of the four APRN roles. At a minimum, an individual must legally represent themselves, including in a legal signature, as an APRN and by the role. Only those who are licensed to practice as an APRN may use the APRN title or any of the APRN role titles. An APRN may also indicate the population and specialty title in which they are professionally recognized, in addition to the legal title of APRN and role.

Licensure
APRNs will be regulated via an APRN license. APRNs will be licensed as independent practitioners for practice at the level of one of the four APRN roles within at least one of the six identified population foci.

Boards of nursing have the responsibility to:
1. License APRNs (except in states where state boards of nurse-midwifery regulate nurse-midwives);
2. Ensure APRNs have completed the congruent education requirements and national certification examination;
3. Allow for mutual recognition of APRN licenses through the APRN Compact;
4. Have at least one APRN representative position on the board of nursing and utilize an APRN advisory committee that includes representatives of all four APRN roles; and
5. Institute a grandfathering clause that will exempt those APRNs already practicing in the state from new eligibility requirements.

Accreditation
All developing APRN education programs or tracks must be preapproved, have preaccreditation, or be accredited prior to admitting students. APRN education programs must be housed within graduate programs that are nationally accredited and their graduates must be eligible for national certification used for state licensure. Accreditation must be completed by a nursing accrediting organization that is recognized by the U.S. Department of Education (USDE) and/or the Council for Higher Education Accreditation (CHEA).

Accreditors have the responsibility to:
1. Evaluate and assess APRN education programs in light of the APRN core, role core and population core competencies;
2. Assess developing APRN education programs and tracks using established accreditation standards and granting preapproval, preaccreditation or accreditation prior to student enrollment;
3. Include an APRN on the visiting team when an APRN program/track is being reviewed; and
4. Monitor APRN educational programs throughout the accreditation period.

Certification
Individuals who have the appropriate education will sit for a certification examination to assess national competencies of the APRN core, role and at least one population focus area of practice for regulatory purposes.

Certification programs have the responsibility to:
1. Follow established certification testing and psychometrically sound, legally defensible standards for APRN examinations for licensure;
2. Assess the APRN core and role competencies across at least one population focus of practice;
3. Assess specialty competencies, if appropriate, separately from the APRN core, role and population-focused competencies;
4. Be nationally accredited by the American Board of Nursing Specialties (ABNS) or the National Commission for Certifying Agencies (NCCA);
5. Enforce congruence between education and certification examination;
6. Provide a mechanism to ensure ongoing competence and maintenance of certification; and
7. Participate in a mutually agreeable mechanism to ensure communication with boards of nursing and schools of nursing.

Education
APRN education consists of an extensive broad-based education, which includes appropriate clinical experiences, as well as coursework in graduate-level courses in advanced physiology/pathophysiology, advanced health assessment and advanced pharmacology, including pharmacodynamics, pharmacokinetics and pharmacotherapeutics.
APRN education programs/tracks leading to APRN licensure, including graduate degree granting and postgraduate certificate programs, have the responsibility to:

1. Follow established educational standards and ensure attainment of the APRN core, role core and population core competencies;
2. Be accredited by a nursing accrediting organization that is recognized by the USDE and/or CHEA;
3. Be preapproved, preaccredited or accredited prior to the acceptance of students, including all developing APRN education programs and tracks;
4. Ensure that graduates of the program are eligible for national certification and state licensure; and
5. Ensure that official documentation (e.g., transcripts) specifies the role and population focus of the graduate.

For entry into APRN practice and for regulatory purposes, APRN education must:

1. Be formal, comprehensive education with a graduate degree or postgraduate certificate;
2. Prepare the graduate to practice in one of the four identified APRN roles across at least one of the six population foci;
3. Provide a basic understanding of the principles for decision making in the identified role; and
4. Prepare the graduate to assume responsibility and accountability for health promotion and/or maintenance, as well as the assessment, diagnosis and management of patient problems, which includes the administration and prescription of pharmacologic and non-pharmacologic interventions.

APRN Specialization

Preparation in a specialty area of practice is optional, but if included, must build on the APRN role/population-focused competencies. APRNs cannot be licensed solely within a specialty area. Specialty practice represents a much more focused area of preparation and practice than does the APRN role/population focus level. Specialization does not expand an APRN’s scope of practice. A specialty evolves out of an APRN role/population focus and indicates that an APRN has additional knowledge and expertise in a more discrete area of specialty practice. Competence at the specialty level will not be assessed or regulated by boards of nursing, but rather by the professional organizations. Competency in the specialty areas could be acquired either by educational preparation or experience and assessed in a variety of ways through professional credentialing mechanisms. Professional certification in the specialty area of practice is strongly recommended.

Emergence of New APRN Roles and Population-foci

As nursing practice evolves and health care needs of the population change, new APRN roles or population-foci may evolve over time. An APRN role would encompass a unique or significantly differentiated set of competencies from any of the other APRN roles. For licensure, there must be clear guidance for national recognition of a new APRN role or population-focus.
Conclusion

Establishing uniform APRN regulations across all states is an ongoing collaborative process that is fluid and dynamic. As health care evolves and new standards and needs emerge, the Consensus Model for APRN Regulation will advance accordingly to allow APRNs to care for patients in a safe environment to the full potential of their nursing knowledge and skill.

A target date for full uniformity across all states is the year 2015. Because this model was developed through a consensus process with participation of APRN certifiers, accreditors, public regulators, educators and employers, it is expected that the recommendations will inform decisions made by each of these entities as they fully implement the Consensus Model for APRN Regulation.
**Organizations Represented at the Joint Dialogue Group Meetings**

- American Academy of Nurse Practitioners Certification Program
- American Association of Colleges of Nursing
- American Association of Nurse Anesthetists
- American College of Nurse-Midwives
- American Nurses Association
- American Organization of Nurse Executives
- Compact Administrators
- National Association of Clinical Nurse Specialists
- National League for Nursing Accrediting Commission
- National Organization of Nurse Practitioner Faculties
- National Council of State Boards of Nursing
- NCSBN APRN Advisory Committee Representatives (5)

**Organizations Participating in APRN Consensus Process**

- Academy of Medical-Surgical Nurses
- American College of Nurse-midwives Division of Accreditation
- American Academy of Nurse Practitioners
- American Academy of Nurse Practitioners Certification Program
- American Association of Colleges of Nursing
- American Association of Critical Care Nurses Certification
- American Association of Neuroscience Nurses
- American Association of Nurse Anesthetists
- American Association of Occupational Health Nurses
- American Board for Occupational Health Nurses
- American Board of Nursing Specialties
- American College of Nurse-Midwives
- American College of Nurse-Midwives Division of Accreditation
- American College of Nurse Practitioners
- American Holistic Nurses Association
- American Nephrology Nurses Association
- American Nurses Association
- American Nurses Credentialing Center
- American Organization of Nurse Executives
- American Psychiatric Nurses Association
- American Society of PeriAnesthesia Nurses
- American Society for Pain Management Nursing
- Association of Community Health Nursing Educators
- Association of Faculties of Pediatric Nurse Practitioners
- Association of Nurses in AIDS Care
- Association of PeriOperative Registered Nurses
- Association of Rehabilitation Nurses
- Association of State and Territorial Directors of Nursing
- Association of Women’s Health, Obstetric and Neonatal Nurses
- Board of Certification for Emergency Nursing
- Council on Accreditation of Nurse Anesthesia Educational Programs
- Commission on Collegiate Nursing Education
- Commission on Graduates of Foreign Nursing Schools
- District of Columbia Board of Nursing
- Department of Health
- Dermatology Nurses Association
- Division of Nursing, DHHS, HRSA
- Emergency Nurses Association
- George Washington University
- Health Resources and Services Administration
- Infusion Nurses Society
International Nurses Society on Addictions
International Society of Psychiatric-Mental Health Nurses
Kentucky Board of Nursing
National Association of Clinical Nurse Specialists
National Association of Neonatal Nurses
National Association of Nurse Practitioners in Women’s Health, Council on Accreditation
National Association of Pediatric Nurse Practitioners
National Association of School of Nurses
National Association of Orthopedic Nurses
National Certification Corporation for the Obstetric, Gynecologic, and Neonatal Nursing Specialties
National Conference of Gerontological Nurse Practitioners
National Council of State Boards of Nursing
National League for Nursing
National League for Nursing Accrediting Commission
National Organization of Nurse Practitioner Faculties
Nephrology Nursing Certification Commission
North American Nursing Diagnosis Association International
Nurses Organization of Veterans Affairs
Oncology Nursing Certification Corporation
Oncology Nursing Society
Pediatric Nursing Certification Board
Pennsylvania State Board of Nursing
Public Health Nursing Section of the American Public Health Association.
Rehabilitation Nursing Certification Board
Society for Vascular Nursing
Texas Nurses Association
Texas State Board of Nursing
Utah State Board of Nursing
Women’s Health, Obstetric & Neonatal Nurses
Wound, Ostomy, & Continence Nurses Society
Wound, Ostomy, & Continence Nursing Certification
References


