STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.
**BOARD OF REGISTERED NURSING**
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**Louise R. Bailey, MEd, RN, Executive Officer**

# BOARD MEETING AGENDA

**Hilton Orange County / Costa Mesa**
**Pac 1 Meeting Room**
**3050 Bristol Street**
**Costa Mesa, CA 92626**
**(714) 540-7000**

**September 17-18, 2014**

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**Wednesday, September 17, 2014 – 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
Beverly Hayden-Pugh, MA, RN
Elizabeth A. Woods, MSN, FNP, RN
Imelda Ceja-Butkiewicz

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

## 2.0 Public Comment for Items Not on the Agenda

## 3.0 Disciplinary Matters:

| Reinstatements | Termination/Modification of Probation |
|---|---|
| Judy Lisk | Renee Heard-Burroughs |
| Richard Merritt | Sarah Putchio |
| Raphael Obiora | Patricia Taber |
| Karyn O'Connor | |
| David Trower | |

## 4.0 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.

## 5.0 Adjournment

**Thursday, September 18, 2014 – 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
Beverly Hayden-Pugh, MA, RN
Elizabeth A. Woods, MSN, FNP, RN
Imelda Ceja-Butkiewicz

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

**2.0 Public Comment for Items Not on the Agenda**

**3.0 Review and Vote on Whether to Approve Minutes:**

- June 11-12, 2014, Meeting Minutes
- August 6, 2014, 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 Board and Committee Meeting Dates for 2015

6.2 Review and Vote on 2014 Sunset Report Draft

6.3 BRN Budget Report

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

7.1 Vote on Whether to Ratify Minor Curriculum Revision:

- California State University, Chico Baccalaureate Degree Nursing Program
- Holy Names University LVN to BSN Baccalaureate Nursing Degree Program
- Chabot College Associate Degree Nursing Program
- College of San Mateo Associate Degree Nursing Program
- College of the Canyons Associate Degree Nursing Program
- College of the Sequoias Associate Degree Nursing Program
- De Anza College Associate Degree Nursing Program
- Grossmont College Associate Degree Nursing Program
- ITT Technical Institute, Rancho Cordova Breckinridge School of Nursing Associate Degree Nursing Program

- Kaplan College Associate Degree Nursing Program
- Los Angeles Harbor College Associate Degree Nursing Program
- Los Angeles Valley College Associate Degree Nursing Program
- Sacramento City College Associate Degree Nursing Program
- Shepherd University Associate Degree Nursing Program
- Sierra College Associate Degree Nursing Program
- Southwestern College Associate Degree Nursing Program
- University of California, Irvine Nurse Practitioner Program
- University of San Diego Hahn School of Nursing Nurse Practitioner Program

Acknowledge Receipt of Program Progress Report:

- Long Beach City College Associate Degree Nursing Program
- Mt. San Jacinto College, MVC Associate Degree Nursing Program
- West Coast University – Inland Empire Campus Baccalaureate Degree Nursing Program

7.2 Vote on Whether to Approve Education/Licensing Sub-Committee Recommendations

A. Continue Approval of Prelicensure Nursing Program

- Simpson University Baccalaureate Degree Nursing Program
- Chabot College Associate Degree Nursing Program
- College of the Canyons Associate Degree Nursing Program
- Mt. San Antonio College Associate Degree Nursing Program
- Porterville College Associate Degree Nursing Program
- Sacramento City College Associate Degree Nursing Program
- San Bernardino Valley College Associate Degree Nursing Program
- University of San Diego Hahn School of Nursing Entry Level Master's Degree Nursing Program

B. Defer Action to Continue Approval of Prelicensure Nursing Program

- Holy Names University LVN to BSN Baccalaureate Degree Nursing Program
- Kaplan College Associate Degree Nursing Program

C. Continue Approval of Advance Practice Nursing Program

- Holy Names University Family Nurse Practitioner Program
- University of San Diego Hahn School of Nursing Nurse Practitioner Program

D. Approve Major Curriculum Revision

- California State University, Bakersfield Nurse Practitioner Program

7.3 Vote on Whether to Change Warning Status with Intent to Withdraw Approval to Defer Action to Continue Approval for East Los Angeles College Associate Degree Nursing Program

7.4 Vote on Whether to Grant Continuing Approval for ITT Technical Institute, Rancho Cordova Breckinridge School of Nursing Associate Degree Nursing Program

7.5 Vote on Whether to Place Shepherd University Associate Degree Nursing Program on Warning Status With Intent To Withdraw Approval

7.6 Vote on Whether to Grant Initial Approval of Prelicensure Nursing Program to Weimar Institute (previously known as Weimar College) Associate Degree Nursing Program

7.7 2013-14 ELC Goals & Objectives Achievement Report

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

| **Assembly Bills** | | **Senate Bills** |
|---|---|---|
| AB 186 | AB 2183 | SB 430 |
| AB 548 | AB 2198 | SB 723 |
| AB 790 | AB 2247 | SB 850 |
| AB 809 | AB 2346 | SB 911 |
| AB 1677 | AB 2396 | SB 1159 |
| AB 1841 | AB 2484 | SB 1239 |
| AB 2058 | AB 2514 | SB 1299 |
| AB 2062 | AB 2598 | |
| AB 2102 | AB 2720 | |
| AB 2144 | AB 2736 | |
| AB 2165 | | |

**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 Diversion Program Update and Statistics
9.3.1 Diversion Evaluation Committee Members

9.4 Update: "Uniform Standards Regarding Substance-Abusing Healing Arts Licensees" – Business and Professions Code, Section 315 et. seq.

9.5 Update: Enacted Amendments - Enforcement-Regulations
- 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

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

10.1 *Information Only:* Nurse Practitioner National Certifications

10.2 *Information Only:* Business and Professions Code Section § 2725.4 Abortion by aspiration techniques; Requirements

Curriculum, Training Plan, and Core Competencies for NPs and CNMs to perform abortion by aspiration technique: Section 2725.4 to Business and Professions Code, Nursing Practice Act. (HWPP-171)

10.3 *Information Only:* Updating Frequently Asked Questions Regarding Nurse Practitioner Practice

10.4 *Information Only:* Nurse Practitioner Laws and Regulations-Title 16 of the California Code of Regulation, Article 8, 1480-1484

Nursing Education Consultant APRN (Advanced Practice Registered Nurse) Workgroup suggested updating and revision of:

1. Section 1480 — Definitions
2. Section 1481 — Categories of Nurse Practitioners
3. Section 1482 — Requirements for Nurse Practitioner
4. **Grandfathering clause added for CNP**
5. Section 1483 — Evaluation of Credentials
6. Section 1483.1 — Approved APRN-NP Program Accreditation Required and Board Notification Process
7. Section 1483.2 — Application for APRN-NP Program Approval
8. Section 1483.3 — Changes to an Approved Program
9. Section 1484 — APRN-NP Education
10. Section — Clinical Practice Experience for Nurse Practitioner Student Enrolled in Out-of- State Based APRN-NP Programs

## 11.0 Public Comment for Items Not on the Agenda

## 12.0 Adjournment

## PUBLIC COMMENT FOR ITEMS NOT ON THE AGENDA

Note: The Committee may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting. (Government Code Section 11125 and 11125.7(a)).

**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: June 11-12, 2014

LOCATION: Hilton Sacramento Arden West
2200 Harvard Street
Sacramento, CA 95815

PRESENT: Raymond Mallel, President
Michael D. Jackson, MSN, RN, Vice President
Cynthia Klein, RN (absent June 11)
Beverly Hayden-Pugh, MA, RN (absent 6/12, commencing of Legislative Committee)
Elizabeth A. Woods, MSN, FNP, RN
Imelda Ceja-Butkiewicz

NOT PRESENT: Erin Niemela
Trande Phillips, RN
Jeanette Dong

ALSO PRESENT: Louise Bailey, M.Ed., RN, Executive Officer
Stacie Berumen, Assistant Executive Officer
Janette Wackerly, Supervising NEC
Katie Daugherty, NEC
Leslie Moody, NEC
Kay Weinkam, NEC
Carol MacKay, NEC
Susan Engle, NEC
Julie Campbell-Warnock, Research Program Specialist
Gina Sanchez, Licensing Program Manager
Claire Yazigi, Legal Counsel
Beth Scott, Discipline, Probation and Diversion Deputy Chief
Amanda Cantrell, Probation Monitor
Tammy Logan, Discipline Manager
Shannon Silberling, Complaint Intake and Investigations Deputy Chief
Carol Stanford, Diversion Program Manager
Kim Ott, Decisions and Appeals Analyst
Christyl Cobb, Decisions and Appeals Analyst
Ronnie Whitaker, Legislative and Regulatory Analyst
Rose Ramos, Administrative Assistant
Dian Vorters, Administrative Law Judge
Christina Jansen, Deputy Attorney General
Leslie Burgermyer, Deputy Attorney General

**Wednesday, June 11, 2014 – 9:00 am**

**1.0 Call to Order –** Raymond Mallel, President called the meeting to order at 9:14 am and had the members introduce themselves.

**2.0 Public Comment for Items Not on the Agenda**

No public comment.

**3.0 Disciplinary Matters**

| Reinstatements | | Termination/Modification of Probation |
|---|---|---|
| Jacque Bovee | Christianna McCarthy | Anthony Brown |
| Lawrence Jackson | Donna Crosby | Amber Liebelt (Rucker) |
| Judy Jordan (Cass) | Carl Hughes | Deborah Lucero-Aylor |
| | | Roshawn Pearson |

Meeting adjourned at 1:43 pm.

**4.0 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 3:10 pm. The closed session adjourned at 6:37 pm.

**Thursday, June 12, 2014 – 9:00 am**

**1.0 Call to Order**
Raymond Mallel, President, called the meeting to order at 9:09 a.m. and had the Board Members introduce themselves.

**2.0 Public Comment for Items Not on the Agenda**

No public comment.

**3.0 Review and Approve Minutes:**

- April 2-3, 2014, Meeting Minutes
- May 6, 2014, (Discipline) Meeting Minutes

No public comment.

MSC: Jackson/Ceja-Butkiewicz that the Board approve the Minutes from April 2-3, 2014, Board Meeting and the May, 6, 2014, Board Meeting (Discipline). 5/0/0

## 4.0 Report on Board Members' Activities

No activities to report.

## 5.0 Board and Department Activities

No Board and Department Activities to report.

## 5.1 Executive Officer Report

Louise Bailey, Executive Officer presented this report.

**Appointments & Retirement**

**Denise Brown, Director** - Denise was appointed by Governor Brown on January 9, 2012 as the Director of the California Department of Consumer Affairs (DCA), she has overseen the nearly 40 regulatory entities and other divisions and has more than 30 years of service with DCA. During her tenure she has held numerous positions within DCA and its various boards. Denise will retire on July 2, 2014 and members of the Board and staff extend a sincere thank you to her for the work that she has done to ensure Boards and Bureaus are protecting the consumers in California.

**Donald Chang** - Don was appointed assistant chief counsel at the California Department of Consumer Affairs in August 2012 and has served in multiple positions at the California Department of Consumer Affairs since 1979, including supervising attorney, supervising counsel and staff counsel I, II and III. He earned a Juris Doctorate degree from the University of California, Hastings College of the Law. Don was the assigned legal counsel to many boards within DCA including the Board of Registered Nursing from 2009 to 2014. Don will retire on July 30, 2014 and members of the Board and staff extend a sincere thank you for the years of legal guidance he has provided to the BRN.

**Awet Kidane** - has been appointed director of the California Department of Consumer Affairs effective July 3, 2014, following the retirement of director Denise Brown. Kidane has served as chief deputy director at the California Department of Consumer Affairs since 2012. He was chief of staff for California State Assemblymember Steven Bradford from 2009 to 2012 and senior advisor to California State Assembly Speaker Karen Bass from 2008 to 2009. Kidane served as a legislative consultant for the California State Assembly from 2003 to 2009, where he was an associate consultant from 2002 to 2003. This position requires Senate confirmation.

**Tracy Rhine** - has been appointed chief deputy director at the California Department of Consumer Affairs, where she has served as deputy director of legislative and policy review since 2012. Rhine served in multiple positions at the California Board of Behavioral Sciences from 2008 to 2012, including assistant executive officer and legislative analyst. She was a consultant for the California State Assembly Committee on Business, Professions and Consumer Protection from 2005 to 2008 and consultant for the California State Assembly Speaker's Office of Member Services from 2002 to 2005. Rhine was a graduate research assistant in Governor Gray Davis' Office of Innovation in 2002. This position does not require Senate confirmation.

**Cynthia Cipres Klein** - has been reappointed to the California Board of Registered Nursing, where she has served since 2012. Ms. Cipres Klein has been a registered nurse in the Internal Medicine - Sub-Specialty Clinic at Kaiser Permanente Medical Group, Riverside since 2013, where she has held multiple positions since 1998, including population care nurse, pediatric advice nurse and urgent care charge nurse. She was a nursing supervisor at U.S. Family Care West from 1997 to 1998 and registered nurse lead for the Universal Care Medical Group from 1996 to 1997. Ms. Cipres Klein was a registered nurse at Miller Children's Hospital from 1995 to 1996 and a medical records clerk at St. Jude Children's Research Hospital from 1991 to 1992. Her term expires June 1, 2018.

**Elizabeth (Betty) Woods** - has been reappointed to the California Board of Registered Nursing, where she has served since 2014. Ms. Woods has been a nurse practitioner at the Jewish Community Free Clinic since 2005. She was a registered nurse labor representative at the California Nurses Association from 1994 to 2007, an adjunct clinical professor at Sonoma State University from 1984 to 1995 and a nurse practitioner and sexual assault examiner at the Sonoma County Community Hospital from 1982 to 1988. Ms. Woods was a family nurse practitioner at Kaiser Permanente Medical Center, Santa Rosa from 1978 to 1996 and a registered nurse in the Hillcrest Hospital Intensive Care Unit from 1968 to 1978. She earned a Master of Science degree in nursing from Sonoma State University. Her term expires June 1, 2018.

## 5.2 Board's Budget Update

May Revise – The Governor's Revised Budget was made available May 13, 2014.

Out of State Travel Blanket – The department is required to prepare an annual Out-of-State-Travel (OST) Blanket, as specified in section 0760 of the State Administrative Manual, requesting approval for all anticipated trips for FY 2014/2015. The Board submitted its OST requests to the department on April 18, 2014. No travel was approved for the Board in FY 2013/2014 and it is anticipated that most of the requested trips may be eliminated for FY 2014/2015 due to budgetary constraints.

Budget Change Proposals (BCPs) – Due to BreEZe processes that have nearly doubled from what they used to be for the License and Renewals unit, the Board is looking at our current budget to determine how many BPC positions we can afford. The increased workload is presently being worked on by seasonal and intermittent staff; the Board is looking for permanent staff via the BCP process.

The Board's current year budget is going to be very tight and is being monitored to maintain the business of the Board and ensuring only necessary expenditures are being made.

## 5.3 Regulations

The Board's proposal to amend section 1419(c), Renewal of License, to increase the fine level of traffic infractions that the registered nurse is required to report at the time of license renewal from $300 to $1,000, was approved and it was effective as of 4/22/2014. The Office of Administrative Law (OAL) approved this regulation action pursuant to section 11349.3 of the Government Code.

Enforcement Regulations

This regulatory proposal is comprised of three changes that will strengthen the Board's Enforcement Program and better enable the Board to achieve its public protection mandate. The proposed changes are: 1) delegate to the Executive Officer the authority to approve voluntary settlement agreements for the revocation, surrender, or interim suspension of a license and report these actions at each board meeting; 2) define specified actions as unprofessional conduct; and 3) amend the Board's Disciplinary Guidelines to require an administrative law judge to render a proposed decision of license revocation, without an order staying the revocation, in cases where there is a finding of fact pertaining to specified sexual misconduct. In the April EO report it was stated that the rulemaking file had been approved by Agency and was submitted to the Office of Administrative Law (OAL) for approval. This statement was in error as the rulemaking file needed to first go to the Department of Finance for review and approval prior to submission to OAL. The rulemaking file has now been approved by the Department of Finance and will be submitted to OAL the week of June 16th.

## 5.4 Sunset Review Report

As reported previously, BRN staff is preparing the 2014 Sunset Review Report for the Senate Business, Professions and Economic Development Committee and the Assembly Business, Professions and Consumer Protection Committee who will jointly participate in the sunset oversight review in the fall of 2014. The review includes a detailed report of the Boards existing programs, financial state and staffing levels as well as current issues at the Board. On May 28, BRN staff met with Committee staff members/consultants to discuss some questions and issues to be addressed in the report. BRN staff is planning to have a draft of the report prepared for Board member review prior to the November 1 report due date.

## 5.5 Town Hall

On April 3, 2014 DCA and BRN were invited to participate in a Town Hall Meeting regarding BreEZe. The Town Hall was held at Modesto Junior College and led by Assemblymember Adam C. Gray, Assemblymember Kristin Olsen and Senator Cathleen Galgiani. There were three panels and Legislators asked panel members to present concerns, issues, and status for discussion. Many students and faculty from Modesto Junior college including, Lisa Riggs, Modesto Junior College Associate Program Director and Mark Basnight, Senior Director from Doctor's Medical Center Modesto were also in attendance. Awet Kidane, Chief Deputy Director of DCA, Stacie Berumen, Assistant Executive Officer and Christina Sprigg, Deputy Chief of Licensing and Administrative Services represented the Board. Stacie Berumen will give a brief overview of the Town Hall and provide updates to internal changes since the Town Hall.

## 5.6 Education Issues Workgroup

The Education Issues Workgroup (EIW) met on June 2, 2014 in Sacramento and the main focus of the meeting was to review the 2012-2013 Annual School Survey instrument and make edits as needed for the 2013-2014 survey document. As a result of the BRN being contacted by the Executive Officer of the California Committee on Employment of People with Disabilities, questions were added to collect aggregate data on the number of disabled nursing students and their disabilities. The collection of this data will assist this Committee

in collecting data they will need to report. Other current educational issues were also discussed, including the BRN sending out a separate survey to schools inquiring about their procedures for handling and support for military veterans with previous military health-care related education and experience. The workgroup includes nursing program directors and representatives from nursing related organizations, nursing employers, and the Community College Chancellor's

**5.7 BRN and Medical Board Meeting Regarding Certified Nurse-Midwives**

In May, a meeting was held with myself, BRN Legal Counsel, and the Executive Officer, staff, and attorneys for the Medical Board. The meeting was to discuss recent questions raised by the California Nurse-Midwives Association (CNMA) regarding scope of practice issues for individuals who wish to hold dual licensure as Certified Nurse Midwives (CNM) under BRN and Licensed Midwives (LM) under the Medical Board. Some issues discussed were the following:

1. No bar exists that would prevent an individual from holding dual licensure;
2. Currently, no 'fast-track' exists for CNMs to be licensed as LMs with Medical Board. If the Medical Board wishes to create an abbreviated educational route for CNMs to be licensed as LMs, it will have to do so through regulation;
3. Both BRN and MBC will have disciplinary jurisdiction over an individual holding dual licensure. Practice violations will be evaluated on a case-by-case basis.

DCA Legal counsel will issue a formal response letter to CNMA.

**5.8 Press Release**

Seven people plead guilty to charges of forgery for using fake transcripts to become licensed as Registered Nurses. All were arrested as a result of a multi-agency probe initiated by the Board of Registered Nursing (BRN) that involved the Division of Investigation (DOI), the U.S. Immigration and Customs Enforcement (ICE), Homeland Security Investigations (HSI) and the Internal Revenue Service (IRS).
Seven individuals applied for licenses to practice as Registered Nurses in California using false and forged nursing school transcripts from the Philippines. They now face up to three years in prison.

BRN licensing staff were instrumental in assisting with identifying the individuals involved and verifying they did not attend the nursing schools listed on applications for licensure. An eighth individual, the suspected-ringleader, currently resides in the Philippines. There is a warrant for her arrest.

At the request of the BRN, a Sacramento County Superior Court Judge ordered all seven not to practice as registered nurses. The Board of Registered Nursing filed and served accusations against them on May 16, 2014 and May 22, 2014 seeking revocation of their RN licenses.

All seven people are expected to be sentenced June 27, 2014.

## 5.9 Staff Recognition

On May 19, 2014 a BRN employee was presented with a Certificate of Commendation for service to the Division of Investigation (DOI). In a presentation by DOI, the employee was acknowledged for assistance provided to DOI in their undercover investigation of a fraudulent transcripts purchasing ring. Over 100 hours were spent assisting DOI in their investigation which began in late 2012 and lasted several months. The employee was able to gain the confidence of the school's owner to reach an agreement to purchase the fraudulent certificate. The employee regularly and quickly adjusted to changing conditions during the course of the numerous undercover contacts with the schools owner, both by telephone and in person. The employee has moved on to new opportunities in their field of study and the Board sends well wishes in all future endeavors.

## 5.10 BreEZe Online Services

Exam application – We are happy to announce that as of March 28, 2014 we have been accepting Applications for Licensure by Exam online and to date we have received 948 online exam applications. On average in the month of May we received about 25 online applications per day. We anticipate this number will be drastically higher with the next graduation season, as the online application did not go live until most students had already submitted paper applications.

We would also like to thank Sacramento City College for assisting the Board in testing this new online exam application. On March 28th three volunteer RN students came to the board office and participated by submitting their exam applications online and provided valuable feedback to staff regarding any issues with the application. Board staff informed the students that no direction would be provided to them as we wanted to see if the students could easily navigate through the process without assistance. The students were provided with their paper applications and information they submitted via mail and the link to the online application. They first created BreEZe user accounts and then initiated the online exam application process. Throughout the application process, they provided suggestions on language that was unclear and areas that were confusing. Their comments and input assisted board staff to make the necessary changes prior to full deployment.

Nurse Practitioner Furnishing (NPF) Renewal – On June 5, 2014 the NPF renewal went live online. This was the only renewal transaction that did not go live in October due to necessary changes that were not completed in time for the October release. This newest addition to our online services will benefit all licensees who hold an NPF number and will now provide them with the online renewal capability for all license and certifications held.

For additional information regarding online services you can refer to the Boards website www.rn.ca.gov.

## 5.11 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 March 26, 2014 through June 5, 2014, the BRN received and processed 3 public record requests.

## 5.12 Personnel

| NEW HIRES | | |
|---|---|---|
| **Name** | **Classification** | **Program** |
| Dean Fairbanks | Program Technician II | Licensing Evaluations |
| Suzanne Smith | Program Technician II | Licensing Evaluations |
| Maritess Desvarro | Seasonal Clerk | Licensing Support |
| Nicoll Walton | Seasonal Clerk | Licensing Support |
| Jolaa Goode | Seasonal Clerk | Licensing Support |
| Omaira Garcia | Seasonal Clerk | Licensing Support |
| Dominique Levy | Youth Aid | Licensing Support |
| Stephanie Johnson | Program Technician II | Call Center |
| Joseph Heredia | Program Technician II | Call Center |
| David Leyva | Youth Aid | Renewals |
| Tammy Logan | Staff Services Manager I | Discipline |
| Brianne Gregory | Associate Governmental Program Analyst | Citation and Fine |
| Bea Vue | Seasonal Clerk | Probation |
| Loretta Chouinard | Nurse Education Consultant | Southern California NEC |
| Carol Velas | Nurse Education Consultant | Southern California NEC |
| Jennifer Gereghty | Staff Services Analyst (Retired Annuitant) | Administration |
| | | |
| **NEW ASSIGNMENTS** | | |
| **Name** | **Classification** | **Program** |
| Foad Gharahgoziou | Program Technician II | Licensing Evaluations |
| Jessica Hardwick | Office Technician | Administration |
| | | |
| **PROMOTIONS** | | |
| **Name** | **Classification** | **Program** |
| Tim Maciel | Associate Governmental Program Analyst | Administration |

| | | |
|---|---|---|
| Charla Newton | Office Technician | Complaint Intake |
| | | |
| **SEPARATIONS** | | |
| **Name** | **Classification** | **Program** |
| Yvonne Natad | Associate Governmental Program Analyst | Complaint Intake |
| Omaira Garcia | Seasonal Clerk | Licensing Support |
| Kathlyne (Kat) Tran | Key Data Operator | Licensing Support |
| | | |
| **RETIREMENT** | | |
| **Name** | **Classification** | **Program** |
| Kelly McHan | Nurse Education Consultant | Northern California NEC |
| Kelly McHan began her career in public service in September 2009 as a Nursing Education Consultant. She earned the trust, respect and friendship of all who have worked with her including the Deans and Directors she worked with from the various California nursing programs she over saw. Prior to working for the Board she was an Assistant Professor of Nursing at Pacific Union College in Angwin, California. Kelly will retire from the Board on June 28, 2014 and will return to teaching at Loma Linda University where she will once again have her hand in influencing our future nurses. Our congratulations to Kelly on her retirement and we extend best wishes for success and fulfillment in all her new endeavors. | | |
| | | |
| Larlee Walters | Staff Services Analyst | Licensing Evaluations |
| Larlee Walters began her career in public service in March 1975 as a Seasonal Clerk with the Franchise Tax Board. She started her tenure with the Board in February 1997 and has held various positions throughout her time with the Board. She has worked as an Office Assistant, Office Technician, Management Services Technician and most recently Staff Services Analyst. Larlee has had experience in all areas of the Board from the Renewals support unit to Administration and Enforcement units to her most recent position as a Staff Services Analyst in Licensing. She has earned the trust, respect and friendship of all who have worked with her; and friends and colleagues honored Larlee Walters with a reception on April 24, 2014. We congratulate Larlee Walters on the occasion of her retirement, commend her outstanding record of service and extend best wishes for success and fulfillment in all her endeavors. Larlee retired on April 30, 2014. | | |

**6.0 Report of the Administrative Committee**
Raymond Mallel, Chairperson

**6.1 Election of officers**

No public comment.

MSC: Ceja-Butkiewicz/Jackson elected Raymond Mallel as President. 6/0/0

No public comment.

MSC: Hayden-Pugh/Woods elected Michael Jackson as Vice President. 6/0/0

**6.2 Update: Renewal of license – California Code of Regulations, Section 1419(c)**

This Agenda Item was addressed in the Executive Report under Agenda Item 5.3 – Regulations.

No public comment and no motion required.

**6.3 Assembly Member Kristin Olsen's Request for an Audit**

The Joint Legislative Audit Committee received a request for the State Auditor to conduct an audit of the selection, planning, design, and implementation of the BreEZe system at the Board of Registered Nursing (BRN).

The BRN is scheduled to attend the hearing at the State Capitol on Tuesday, July 1, 2014, to answer questions from the Joint Legislative Audit Committee.

No public comment and no motion required.

**6.4 Review/Discuss and Vote on Nurse Licensure Compact**

Louise Bailey, Executive Officer provided information she presented at the November 2013 Board Meeting for the Board's consideration.

Public Comment:

Marti Smith, RN, CNA
Tricia Hunter, MN, RN, ANA/C
Patricia McFarland, MS, RN, ACNL
Jeannie King, SEIU Nurse Alliance of California

MSC: Jackson/Hayden-Pugh that the Board not join the Nurse Licensure Compact. 6/0/0

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

**7.1 Vote On Whether To Ratify Minor Curriculum Revision**

Leslie Moody, NEC presented this report.

**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:

- The Valley Foundation School of Nursing at San Jose State University Baccalaureate Degree Nursing program
- University of California San Francisco Entry Level Master's Degree Nursing Program
- University of San Diego Hahn School of Nursing Entry Level Master's Degree Nursing Program
- College of the Siskiyous Associate Degree Nursing Program
- Contra Costa College Associate Degree Nursing Program
- Copper Mountain College Associate Degree Nursing Program
- Fresno City College Associate Degree Nursing Program
- Modesto Junior College Associate Degree Nursing Program
- Sacramento City College Associate Degree Nursing Program

No public comment.

MSC: Jackson/Hayden-Pugh to ratify minor curriculum revision and acknowledge receipt of Program Progress Report. 6/0/0

**7.2 Vote On Whether to Approve Education/Licensing Committee Recommendations**

**BACKGROUND:**

The Education/Licensing Committee met on May 7, 2014 and makes the following recommendations:

A. Continue Approval of Prelicensure Nursing Program
   - California State University, Stanislaus Baccalaureate Degree Nursing Program
   - Cabrillo College Associate Degree Nursing Program
   - Chaffey College Associate Degree Nursing Program
   - Cypress College Associate Degree Nursing Program

- Santa Barbara City College Associate Degree Nursing Program

B. Defer Action to Continue Approval of Prelicensure Nursing Program
   - Merritt College Associate Degree Nursing Program

C. Approve Major Curriculum Revision
   - San Francisco State University Entry Level Master's Degree Nursing Program

A summary of the above requests and actions is attached.

No public comment.

MSC: Jackson/Mallel to approve Education/Licensing Committee recommendations as presented for schools listed in 7.2. 6/0/0

**7.3 Vote on Whether to Grant Initial Approval of Prelicensure Nursing Program**

**7.3.1 Stanbridge College Associate Degree Nursing Program**
Badrieh Caraway, NEC presented this report.

**BACKGROUND:**

Terri Whitt, EdD, MN, BSN, RN, is the Program Director. On April 4, 2014, Miyo Minato, SNEC, and Badrieh Caraway, NEC, conducted an Initial Program Approval site visit. The program was found to be in compliance with Board rules and regulations.

Stanbridge College (SC), privately owned, for- profit college, in Orange County, was founded in 1996- Information Technology certificate program; name was changed to current name in 2004. Mr. Yasith Weerasuriya is the CEO/President and co-founder of Stanbridge College.

Programs offered are; LVN (diploma) program; Information Technology certificate and degrees are (Associate, Baccalaureate, and Master). RN-BSN (online) program offered since June 2011. Master of Science in Information Technology and Master of Science in Nursing. Allied Health Programs include: Occupational Therapy Assistant (Associate Degree), Physical Therapy Assistant (Associate Degree) and Hemodialysis Technicians with Criminal Justice (diploma).

Stanbridge College is currently accredited by Accrediting Commission of Career Schools and Colleges (ACCSC) and approved by the Bureau of Private Postsecondary Education (BPPE) to award Associate of Science Degrees in Nursing. The total number of enrollment for the college is 812 students.

The vocational nursing Program is approved by the Board of Vocational Nursing & Psychiatric Technicians (BVPNT), and their pass rates are:

| 2009 QRT-1-4 | | 2010 QRT1-4 | | 2011 QRT1-4 | | 2012 QRT 1-4 | | 2013 QRT 1-4 | |
|---|---|---|---|---|---|---|---|---|---|
| Taken | passed | Taken | Passed | Taken | Passed | Taken | Passed | Taken | Passed |
| 123 | 99% | 150 | 92% | 218 | 89% | 193 | 81% | 28 | 82% |

Dr. Terri Whitt was hired on January 4, 2013 as the Director of the ADN program. She has developed the curriculum working with curriculum consultants. Their curriculum consultants are Catherine McJannet, RN, MN, Director of Southwestern College, Nursing Program, and Dr. Diane Morey, PhD, MSN, RN, Nursing Program Director from College of the Canyons.

The Board accepted the feasibility study from Stanbridge College at the Board meeting on June 25, 2011. Stanbridge is establishing a generic ADN Program to start in October, 2014.

The proposed curriculum is based on the National League for Nursing (NLN) Education Competencies Model. The integrating concepts used in this model include: context and environment, knowledge and science, personal/professional development, quality and safety, relationship-centered care, and teamwork. The core values are: caring, diversity, ethics, excellence, holism, integrity and patient centeredness. The curriculum incorporates the nursing process throughout courses. Learning outcomes include: Professional Behaviors, Assessment, Communication, Clinical Decision-Making, Teaching and Learning, Collaboration, and Managing Care. These integrating concepts lead to the outcomes within this model that include four domains: human flourishing, nursing judgment, professional identity, and spirit of inquiry. Each domain has competencies that incorporate the NLN educational competencies for ADN graduates, as well as the competencies from the Quality and Safety Education for Nurses (QSEN).

The curriculum covers two years, eight quarters, with each quarter being 10 weeks in length. The total curriculum has 119.5 quarter units: Nursing units are 78 (49.5 Theory and 28.5 clinical): Communications are 9 units; Sciences are 28.5 units and other degree requirements are 4 units. The curriculum plan includes LVN to ADN option and the required 45 unit LVN non-degree option.

Stanbridge College has sufficient space and resources for the nursing program. There are 10 smart classrooms; each accommodates 32-48 students. Skills Lab has 9 beds and one gurney with 7 low fidelity and 2 medium fidelity simulators for patient care scenarios. The state of the art simulation lab has 7 beds. The simulation lab can accommodate 20 students. The simulation lab has three hi-fidelity, four medium and seven low fidelity manikins, including Sim Man, Noelle, infant and child are available for patient care scenarios. Full time simulation lab coordinator (software development specialist) has been hired to assist faculty with simulation lab scenarios. There are currently 32 scenarios for use by students (20 M-S, and 12 OB & Neonatal Care).

The College Learning Resource System (LRS) includes the Learning Resource Center (LRC) which offers study resources and tutorial assistance to students. Students will have laptops, the college has WIFI capabilities, and portable electronic devices will be used for students' resource needs. Stanbridge digital library is available to access online resources, such as the ProQuest. IT department provides network support. Students are provided access code to get current media available.

Director has been on board since January 4, 2013, and the plan includes specific timeline for adding faculty as student numbers increase. Assistant Director/Faculty, Administrative Assistant, are added for the first quarter. Projected total faculty number is 25: 9 FT, 16 PT (2 Administrators, 22 Faculty, and one Administrative Assistant). The self-study includes a plan as to when and the number of faculty are hired as the program grows (please see attached documents).

The program proposes to admit 30 students once in 2014, twice in 2015 (60), three times in 2016 (90), and then every other quarter, or five times every two years. The program has committed clinical sites from twenty (20) clinical agencies (please see attached document).

There are 20 signed and 3 pending contracts. Four sites were visited on April 4, 2014, and NECs verified with agency representatives for any displaced students due to the new clinical cohort, and adequacy for the required five content areas. Additionally, the program plans to use off shifts, such as night shifts, for areas such as OB, Pediatrics and Advanced M-S (Intensive Care Unit). Program works with the Long Beach/ Orange consortium and the current number of agencies will be adequate for placement of students, although program is continuing to expand the list of clinical agencies as the number of students grows. (Please see attached projected clinical facility rotation documents)

The program has had inquiries about the proposed program and has a number of interested students without having advertisements. Their resources for admission and other support services, such as financial aid and tutoring services are already in place and ready for the proposed program opening. Administration has been planning and is committed to making this program a successful program similar to their LVN program.

NEC Recommendation: Grant initial approval of Associate Degree Nursing Program.

**ELC Recommendation: Grant initial approval of Stanbridge College Associate Degree Nursing program.**

No public comment.

MSC: Jackson/Mallel vote to Grant Initial Approval of Stanbridge College Associate Degree Nursing Program. 6/0/0

**7.4 Vote On Whether to Accept Feasibility Study for Prelicensure Nursing Program**

**7.4.1 Glendale Career College Associate Degree Nursing Program**
Carol Mackay, NEC presented this report.

**BACKGROUND:**

Dr. Sybil Damon and Judy Corless, MN, RN, consultants, submitted the Feasibility Study (FS) for a new Associate Degree Nursing Program on behalf of Glendale Career College (GCC).

GCC was in the process of having a FS proposal reviewed when the BRN placed a moratorium on accepting FS in June 2011. The GCC FS dated December 20, 2013, is the

first feasibility study submitted since the Board lifted the moratorium April 1, 2013. Following initial review of the 12/20/2013 FS, the BRN requested additional information in order to determine compliance with BRN requirements. GCC submitted the requested information on April 14, 2014.

The following summary describes how the proposed program plans to meet the BRN requirements as outlined in Step 3 of the Instructions for Institutions Seeking Approval of New Prelicensure Registered Nursing Program (EDP-1-01(REV 03/10).

**Description of the Institution**

Since being established in 1946, Glendale Career College has had both ownership and name changes, expanded program offerings, and in 1993 established a branch campus Nevada Career Institute in Las Vegas, Nevada. In 2008, Glendale Career Schools, Inc. was acquired by North-West College (West Covina, CA). Currently, Glendale Career College, North-West College and Nevada Career College form a system of three Career Colleges held under the parent organization titled Southwest College of Medical and Dental Assistants and Practical Nurses, a privately held business corporation.

GCC offers eight health related programs: Health Administration, Central Service Technician, Computerized Office Assistant, Licensed Vocational Nurse, Massage Therapy, Medical Assistant, Medical Office Specialist, and Surgical Technology. All of these are non-degree programs with the exception of the Health Administration program which awards an Associate of Science degree upon completion. The enrollment for Spring 2014 at GCC is 276 students (132 LVNs).

GCC and its branch campus Nevada Career Institute in Las Vegas were initially accredited by the Accrediting Bureau of Health Education Schools (ABHES) on December 17, 2010. This accreditation was valid through December 31, 2013. At the January 2014 ABHES meeting, the Commission acted to extend GCC's current grant of accreditation through August 31, 2014 and to defer action on continued accreditation until its July 2014 meeting. The deficiency relates to the Massage Therapy and Medical Office Specialists programs at the Nevada Career Institute. (Details to the deficiency may be found in the attached report from GCC).

The approval of GCC by the California Bureau of Private Postsecondary Education is via its ABHES accreditation. At this time, the BPPE has granted GCC approval until August 31, 2014. (Official correspondence between GCC and both ABHES and the BPPE are in the attached report from GCC).

The NCLEX-PN pass rates for graduates of GCC vocational nursing program for the past five years are: 2009-77% (N48), 2010-74% (N62), 2011-77% (N44), 2012-82% (N45), and 2013 81%(N59). The minimum pass rate standard used by the BRN to monitor how successful RN programs are in preparing graduates for NCLEX-RN is 75%.

**Geographic Area**

GCC hired a private company to conduct a market analysis to determine the demand in the Glendale/Los Angeles County area for a nursing program. The Executive Summary (ES) from the study is located in the 12/20/2013 GCC FS (Section B). The ES included a

market overview of the following: geographic definition, public health overview, and competition overview. The study concludes there is moderate to good potential for success regarding a nursing program in the area.

**Type of Program**

GCC is planning to offer a generic ADN program. General education and science courses may be completed at GCC or may be transferred from other accredited institutions. The nursing courses will be offered in four 16-week semesters over a two year period. The proposed program meets the BRN requirement that an approved prelicensure nursing program not be less than 2 academic years.

**Applicant Pool**

GCC intends to draw applicants from graduates of its own health related programs, as well as qualified individuals who were not accepted by other RN programs in the geographic region. From 2011-2013, there were 1400 hundred inquiries to North-West College (owner of GCC) from individuals interested in the RN program. The GCC FS includes a description of its marketing plan.

GCC plans to enroll a total of 90 students annually: 30 generic students twice per year (March 1 and July 1) and 30 LVN Advanced placement students once per year (October 1). The LVN Advanced Placement students will be integrated into the ongoing generic program. Maximum program enrollment will be 180 students.

The proposed start date for the GCC ADN program is March 2015. GCC has been advised of the BRN recommendation of a two year time frame between acceptance of a college's FS and the projected enrollment date of the first student cohort

**Curriculum**

The proposed ADN curriculum consists of 72 academic semester units: 31 prerequisite nursing units and 41 nursing semester units (22 nursing theory and 19 of clinical practice). The Feasibility Study includes a brief description of the courses and the proposed course sequence. GCC plans to award an Associate of Science Degree upon successful completion of the program.

**Resources**

GCC is located at 221 N Brand Blvd, in Glendale, CA. This entire two story commercial building will be dedicated to the RN program and is waiting remodeling. The plans for renovation of the second floor (10,209 square feet) identify space allocation for 3 classrooms (each accommodate 30 plus students), a science lab, a four-bed skills lab, a state-of-the-art simulation center, computer lab with 30 computers, and administration and faculty offices. The renovation timeline for the building is included in the April 10, 2014 GCC FS.

GCC anticipates hiring a total of 26 faculty members to support the program at full enrollment: 18 full-time and eight part-time. GCC already has a full array of student services in place.

## Budget

The GCC FS includes a budget forecast for the first five years of program implementation which demonstrates the ability of the college to support the proposed program. The tuition for the ADN program will be $75,000.

GCC has allocated several million dollars for implementation of the RN program, as well as secured a line of credit for an additional $2 million dollars. The executive team for GCC is fully prepared to fund this program well into the future. Contingency funds are built into the budget. These funds are modest the first few years of program implementation, but grow to $1.75 million dollars by academic year 5.

## Clinical Placements

The GCC-FS includes Facility Verification Forms (FVF) from 49 health care facilities. The following list identifies the acute care facility forms submitted. Sites which offer specialty clinical experiences are also identified.

Acute Care Facilities (9)

Citrus Valley Health Partners, Intercommunity Campus
Average Daily Census: 111
M/S Experience

Citrus Valley Health Partners, Queen of the Valley
Average Daily Census Facility: 200-225 patients
M/S, OB and Pediatric Experience

Foothill Presbyterian Hospital
Average Daily Census: 58
M/S Experience

Keck Hospital of USC
Average Daily Census Facility: 240-260
M/S Experience

USC Norris Cancer Center
Acute/Ambulatory
Average Daily Census: M/S Unit-28, Ambulatory Units-300 out patients

Victor Valley Global Medical Center
Average Daily Census: 65
M/S, OB, Pediatric Experience

Hemet Hospital
Average Daily Census: 90-100
M/S and Geriatric Experience

Providence St. Joseph Medical Center/ St. Elizabeth Center
Average Daily Census: 220
M/S and Geriatric Experience

Olympia Medical Center
Average Daily Census: 85
M/S and Psychiatric Experience

Psych/Mental Health Facilities (5)

Aurora Behavioral/Charter Oak
(inpatient and outpatient care for children, adolescents and adults with acute psychiatric and chemical dependency problems)
Average Daily Census: 130

Silverado Senior Living, Sierra Vista
Assisted Living
Average Daily Census: 84
Psych/MH and Geri Experience

Silverado Senior Living, Alhambra
Residential Care Facility
Average Daily Census: 30
Psych/MH and Geri Experience

Alliance Cherry Lee
SNF, Rehab, Psych
Average Daily Census: 46
Psych/MH, M/S, and Geri Experience

Alliance El Monte
SNF, Rehab, Psych
Average Daily Census: 59
Psych/MH, M/S, Geri Experience

Outpatient Clinic

Mother Child Health Center (City of Industry)
Average Daily Census: 60 (30 Peds and 30 OB)

With respect to BRN FS requirement and clinical facilities, GCC meets the requirement. There is at least one clinical placement in each BRN required clinical areas (MS, OB, Peds, Psych and Geri) with the ability to accommodate at least eight students. Further, there are in-patient experiences available in each BRN required clinical area on the day or evening shift.

Currently, the LA county area does not have a clinical placement consortium. Clinical placements are secured directly by the SON and the health care facility. GCC is aware that new program placements should not result in displacement of existing students. The GCC

FS consultants have done extensive work securing clinical placements. In some instances, grids were presented to document existing SON placements would not be effected by a GCC placement.

**Conclusion**

The Glendale Career College Feasibility Study meets all the BRN Feasibility Study requirements.

ELC Recommendation: Accept the Feasibility Study for Glendale Career College Associate Degree Nursing Program.

No public comment.

MSC: Jackson/Hayden-Pugh vote to Accept Feasibility Study for Glendale Career College Associate Degree Nursing Program. 6/0/0

**7.5 2012-2013 Post licensure Program Annual Report**

Julie Warnock-Campbell presented this report.

**BACKGROUND:**

In 2004-2005, as part of the pre-licensure nursing program survey, the BRN also began inviting programs to provide data on their post-licensure programs. The 2012-2013 Post-Licensure Nursing Program Report presents analysis of the current year data in comparison with data from previous years of the survey.

Since post-licensure nursing programs offer a wide range of degrees, this report is presented in program sections, including RN to BSN Programs, Master's Degree Programs and Doctoral Programs. Data items addressed in each program section include the number of nursing programs, enrollments, graduations, and student census data. Faculty census data is included in a separate section as it is collected by school, not by degree program. Faculty data has been updated since the report version presented at the Education Licensing Committee meeting on May 7, 2014.

No public comment and no motion required.

**7.6 Licensing Program Report**

Gina Sanchez presented this report.

**PROGRAM UPDATE:**

The Licensing unit evaluators are currently processing the initial review of applications cashiered in early May. According to our in house statistics and manual counts, we have already received and are processing the majority of the California Spring graduates as the influx of applications we normally receive was earlier this season than in previous years.

As we enter our busiest month, the licensing unit is well prepared for the release of rosters and receipt of transcripts. Temporary staff the Board has brought on is greatly assisting the transition from Department of Consumer Affairs borrowed staff to the dependence of

solely Board staff. It is anticipated that by the end of June, the Licensing unit will be fully self-sufficient with Board staff.

The online exam application has proven successful however due to the early submissions of applications the numbers are lower than initially anticipated. This has proven beneficial however as the Licensing unit has had to implement new procedures for a new type of application. All Licensing staff is fully trained on processing web submitted applications. We anticipate there will be a higher percentage of online applications for the fall graduation season.

With the implementation of the new traffic violation reporting regulation, the Licensing unit has begun to see a significant decrease in the number of files that require a second level review through enforcement. The Board has updated the website with this information and is in the process of updating the licensing and renewal forms.

The Board website is regularly updated to reflect the most current information in regards to Licensing, Renewal and Verification timeframes. Links have been provided at the top of the home page to assist both applicants and licensee's with the current timeframes and hot topics or trends the Board needs to communicate.

Larlee Walters, senior international analyst retired from the Board on April 28, 2014. We are currently recruiting for her position along with a support staff position recently vacated. Both employees were strong effective members of our team and will be missed. Our US evaluator licensing staff is now fully staffed with the addition of two employees, Dean Fairfield and Suzanne Smith; both with previous licensing experience.

**STATISTICS:**

Statistics and reports are currently unavailable in the BreEZe system however we have determined that since we went live with BreEZe we have licensed 9,964 RN's. Applicants we have licensed include endorsement, new exam, and reapply applicants.

| Applicants Licensed | |
|---|---|
| 10/08/2014 – 04/01/2014 | 6200 |
| 4/01/2014 – 05/27/2014 | 3,764 |
| Total<br>10/08/2014 – 05/27/14 | 9,964 |

Board staff and the Licensing manager have been attending joint meetings with DCA BreEZe staff and other release one Board staff to develop licensing and applicant reports. This collaboration was designed to allow boards to work together on reports and create fewer DCA wide reports that will benefit the boards instead of hundreds of individual reports that are Board specific. This process will also assist everyone to more quickly get the reports when we need them.

No public comment and no motion required.

**7.7 NCLEX Pass Rate Update**

Katie Daugherty, NEC presented this report.

**BACKGROUND:**

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**
**April 1, 2013–March 31, 2014***

| JURISDICTION | TOTAL TAKING TEST | PERCENT PASSED % |
|---|---|---|
| California* | 9,467 | 82.23 |
| United States and Territories | 152,393 | 81.49 |

**CALIFORNIA NCLEX RESULTS – FIRST TIME CANDIDATES**
**By Quarters and Year April 1, 2013-March 31, 2014***

| 4/01/13-6/30/13 | | 7/01/13-9/30/13 | | 10/01/13-12/31/13 | | 1/01/14-3/31/14 | | 4/01/13-3/31/14 | |
|---|---|---|---|---|---|---|---|---|---|
| # cand. | % pass | # cand. | % pass | # cand. | % pass | # cand. | % pass | # cand. | % pass |
| 2,335 | 83.00 | 4,057 | 81.69 | 946 | 69.45 | 2,129 | 88.12 | 9,467 | 82.23 |

**Includes (3), (4), (5) and (2) "re-entry" candidates.* ***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 a unit of measurement to report relative differences between candidate ability estimates and exam item difficulties.***

Nursing Education Consultants (NECs) monitor the NCLEX results of their assigned programs. If a program's first time pass rate is below 75% pass rate for an academic year (July 1-June 30), the NEC sends the program written notification of non-compliance (CCR 1431) and requests the program submit a written assessment and corrective action plan to improve results. The NEC will summarize the program's report for NCLEX improvement for the ELC/Board meetings per the Licensing Examination Passing Standard EDP-I-29 document approved 11/6/13. If a second consecutive year of substandard performance occurs, a continuing approval visit will be scheduled within six months, and the NEC's continuing approval visit findings reported to ELC with program representatives in attendance.

**Note: Effective April 1, 2014, NCSBN/Pearson VUE transitioned from a 5 digit school education program code system to a 10 digit system. All exam candidates must use the 10 digit program code to register to take the exam with Pearson VUE and all NCSBN/Pearson VUE Pass Rate reports use the 10 digit codes.**

No public comment and no motion required.

**8.0 Report of the Legislative Committee**
Cynthia Klein, Committee Member (filled in for Erin Niemela, Chair)

**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.

**AB 548 (Salas)**

**Public Postsecondary education: community college registered nursing programs**

No public comment.

MSC: Jackson/Mallel that the Board **Watch** AB 548. 5/0/0

**AB 809 (Logue) Healing arts: telehealth**

No public comment.

MSC: Jackson/Ceja-Butkiewicz that the Board **Watch** AB 809. 5/0/0

**AB 1841 (Mullin) Medical assistants**

No public comment.

MSC: Woods/Jackson that the Board **Watch** AB 1841. 5/0/0

**AB 2058 (Wilk) Open meeting**

No public comment.

MSC: Ceja-Butkiewicz/Jackson that the Board **Watch** AB 2058. 5/0/0

**AB 2062 (Hernández) Health facilities: surgical technologists**

No public comment.

MSC: Klein/Ceja-Butkiewicz that the Board **Watch** AB 2062. 5/0/0

**AB 2102 (Ting) Licensees: data collection**

No public comment.

MSC: Woods/Jackson that the Board **Watch** AB 2102. 5/0/0

**AB 2144 (Yamada) Staff-to-patient ratios**

No public comment.

MSC: Mallel/Woods that the Board **Support** AB 2144. 5/0/0

**AB 2247 (Williams) Postsecondary education: accreditation documents**

No public comment.

MSC: Klein/Ceja-Butkiewicz that the Board **Watch** AB 2247. 5/0/0

**AB 2396 (Bonta) Convictions: expungement: licenses**

No public comment.

MSC: Woods/Jackson that the Board **Watch** AB 2396. 5/0/0

**AB 2720 (Ting) State agencies: meetings: record of action taken**

No public comment.

MSC: Mallel/Jackson that the Board **Watch** AB 2720. 5/0/0

**SB 911 (Block) Residential care facilities for the elderly**

No public comment.

MSC: Woods/Jackson that the Board **Watch** SB 911. 5/0/0

**SB 1159 (Lara) Professions and vocations: license applicants: federal identification number**

No public comment.

MSC: Klein/Ceja/Butkiewicz that the Board **Watch** SB 1159. 5/0/0

**SB 1299 (Padilla) Workplace violence prevention plans**

Public comments:

Marti Smith, RN, CNA

MSC: Woods/Klein that the Board **Support** SB 1299. 5/0/0

**Public Comment:**

Additional public comment received from Lydia Bourne, CSNO.

**9.0 Report of the Diversion/Discipline Committee**
Cynthia Klein, RN, Chairperson

**9.1 Complaint Intake and Investigations Update**

Shannon Silberling, Complaint Intake and Investigations Deputy Chief presented this report.

**PROGRAM UPDATES**

**COMPLAINT INTAKE:**

**Staff**

Complaint Intake has a vacancy for Associate Governmental Program Analyst (AGPA), which we hope to fill this month.

**Program**

Enforcement management is working with BRN staff to develop the plan to initiate fingerprinting the large number of nurses who do not fully meet the fingerprint requirements in CCR 1419(b). BRN subject matter experts continue to work to resolve these issues with DCA BreEZe staff. It will be very difficult to have such a large group of licensees fingerprinted if we are having issues processing the results.

We will be experiencing an increase in the number of applicant conviction complaints since we will have hundreds of spring grads.

The complaint intake unit has been utilizing our new enforcement NEC to assist in determining the direction we take on cases that are more complex practice cases.

**INVESTIGATIONS:**

**Staff**

Investigations is fully staffed.

**Program**

The longest delay in the investigation process continues to be obtaining records. We continue to use the subpoena process and look for any ways to decrease the time it takes.

Investigators are focused on clearing all the oldest cases. There are approximately 46 cases over one year old that have not been completed.

Our new enforcement NEC is assisting in reviewing investigative cases that would have otherwise been sent out for expert review. This helps reduce our case time prior to transmitting to the AGO as well as our closure time, should the allegations not be substantiated.

**Statistics**

The following are internal numbers (end of month) across all investigators not broken out on the performance measurement report.

| BRN Investigation Unit | May 2013 | Jun 2013 | Jul 2013 | Aug 2013 | Sep 2013 | Oct 2013 |
|---|---|---|---|---|---|---|
| Total cases assigned | 267 | 253 | 266 | 279 | 270 | 256 |
| Total cases unassigned (pending) | 72 | 104 | 83 | 64 | 104 | 89 |
| Average days to case completion | 238 | 292 | 275 | 263 | 212 | 278 |
| Average cost per case | $3,028 | $3,105 | $3,211 | $3,194 | $2,920 | $3,447 |
| Cases closed | 37 | 42 | 35 | 34 | 23 | 36 |

| BRN Investigation Unit | Nov 2013 | Dec 2013 | Jan 2014 | Feb 2014 | Mar 2014 | Apr 2014 |
|---|---|---|---|---|---|---|
| Total cases assigned | 252 | 243 | 223 | 236 | 251 | 242 |
| Total cases unassigned (pending) | 59 | 58 | 49 | 52 | 49 | 74 |
| Average days to case completion | 215 | 294 | 326 | 301 | 327 | 229 |
| Average cost per case | $2,792 | $3,312 | $3,529 | $3,804 | $3,776 | $3,772 |
| Cases closed | 34 | 19 | 33 | 28 | 49 | 37 |

As of May 30, 2014, there were 424 DOI investigations pending.

## OUTREACH:

### Item #1

We attended the Professional Development Insurance Network (PDIN) meeting on 03/27/14. The meeting did not include any guest speakers, but issues were discussed in reference to the recent fraud experienced by the different medical insurance carriers.

They reported an increase in fraud with substance abuse programs. Recent cases suggest the programs are employing their participants and testing them on a daily basis without informing them of the daily charges submitted to their (the employees/participants) insurance company. The Dept. of Health Care Services is also conducting weekly operations to audit these programs to minimize the exposure.

Also discussed were a couple of physicians who have been overprescribing methadone. The FBI Supervisor participated in the meeting and extended his support in any investigations involving fraud. The next meeting will be scheduled for May.

### Item #2

We attended the Residential Placement Protocols (RPP) Taskforce. The focus was on several residential care facilities in the Los Angeles area which had a number of issues. Although the most obvious problems are facilities that are unlicensed, there are facilities that are licensed but caring for more residents than they should be, facilities that are providing substandard care, facilities where the owner holds on to the resident's EBT or Cal Fresh cards, but provides very little food in return, facilities with fire code or health violations, etc.

Other trends have been discharge planners of various hospitals, who discharge essentially homeless patients into unlicensed facilities. Many of the family members of residents in unlicensed facilities don't really care if the facility is licensed or not, since the prices are more reasonable if they are not licensed.

New contacts were made with the Supervising Investigator for the LA DA's office and with the Investigation Agent in Charge for the Social Security Administration.

**Item#3**

We attended the OC RX Coalition Task Force Meeting. Topics included discussions with the producer of "Behind the Orange Curtain" Natalie Costa depicting drug abuse amongst teens in affluent areas of Orange County and LA and her new segment "I am the Face of Addiction."
Discussions regarding pending legislation, cases, and Take Back events were also conducted.

**Item#4**

On 05/19/14, BRN Special Investigators attended a joint meeting between BRN Investigations and Health Facility Evaluation Nurse staff from the San Jose, East Bay and Santa Rosa District Offices of the CA Department of Public Health, Licensing and Certification Units. BRN provided a short presentation on the BRN Investigation process and the meeting provided an opportunity for BRN Special Investigators to network with investigating nurse staff from CDPH. Our agencies share mutual jurisdiction over nursing incompetence and unprofessional conduct of RN's, and this meeting was successful at establishing networking contacts for all Bay Area cases with CDPH involvement.

**Item #5**

On 05/22/14, staff attended the FBI/PDIN meeting. The meeting referenced several trends noted within the industry. One trend is an increase in marijuana dispensary related injuries and fires. Another trend noted was an influx of HIV drugs being laced with other narcotics. The term used to smoke this type of drug is "swishing."

Dental Board member conveyed they are working with insurance companies to attempt to utilize "UC" insurance cards to determine if there is any exposure to overbilling or fraud.

The Social Security Department member reported they have seen an increase in "out of state" physicians and psychologist submitting invoices for services rendered in CA. Mostly related to disability claims involving soft tissue injuries and mental conditions. They are currently investigating cases in Phoenix and Utah.

The next meeting is scheduled for July. An email will be distributed with the specific date.

No public comment and no motion required.

**9.2 Discipline and Probation Update**

Beth Scott, Discipline, Probation and Diversion Deputy Chief presented this report.

**BACKGROUND:**

**PROGRAM UPDATE**

Staff

The Probation Unit is fully staffed with 6 monitors and one Office Technician (OT).

The new cite and fine AGPA began on April 1, 2014 and the Discipline Manager began on May 19, 2014.

Program – Discipline

The discipline unit continues to work with the Attorney General office to complete our cases in a timely manner.

Below reflects FY2014 to present (July 1, 2013 - May 31, 2014) decision statistics:

| | |
|---|---|
| Decisions Adopted by Board | 1,210 |
| Pending Processing by legal support staff | 0 |
| Accusations/ PTR served | 1,480 |

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 discipline unit is concentrating on processing cite and fine cases.

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.

Citation information below (FY 2014), statistics from July 1, 2013 – October 3, 2013.

| | |
|---|---|
| Number of citations issued | 187 |
| Total fines ordered | $96,075.00 |
| Fines paid (amounts only include payments from fines issued in current fiscal year) | $62,778.00 |

Statistics - Discipline

The BRN continues to work with the DCA BreeZe team to verify the accuracy of the performance measure statistics, formerly the E19 report.

Program – Probation

The case load per probation monitor is approximately 142.

Statistics – Probation

Below are the statistics for the Probation program from July 1, 2013 to May 20, 2014.

| Probation Data | Numbers | % of Active |
|---|---|---|
| Male | 230 | 27% |
| Female | 619 | 73% |
| Chemical Dependency | 398 | 48% |
| Practice Case | 223 | 26% |
| Mental Health | 2 | 0% |

| | | |
|---|---|---|
| Conviction (Alcohol/Drug = 94) | 226 | 26% |
| Advanced Certificates | 82 | 10% |
| Southern California | 400 | 48% |
| Northern California | 435 | 51% |
| Tolled at the AG | 14 | 1% |
| Pending with AG/Board | 102 | 12% |
| License Revoked YTD | 22 | 2% |
| License Surrendered YTD | 62 | 7% |
| Terminated YTD | 21 | 1.5% |
| Successfully completed YTD | 123 | 14% |
| Active in-state probationers | 849 | |
| Completed/Revoked/Terminated/ Surrendered YTD | 228 | |
| Tolled Probationers | 248 | |
| Active and Tolled Probationers | 1097 | |

No public comment and no motion required.

**9.3 Diversion Program Update and Statistics**

Carol Stanford, Diversion Program Manager, presented this report.

**BACKGROUND:**

**Program Update**

In March 2014, the Diversion Program staff participated in the National Organization for Alternative Program (NOAP) educational conference in San Diego. This is the only educational training put on specifically for alternative to discipline and discipline programs throughout the country. The Diversion Program Manager was one of the speakers at the conference. Some of the topics covered at the conference were: Update on Treatment of Health Care Professionals; HIPPA and Privacy Risks; Avoiding Countertransference and Codependency When Working with Other HealthCare Professionals.

There were also topics such as: It's Not your Mama's Weed Anymore which provided information regarding the potency of Marijuana showing it is not the same as in the 60's. Its potency levels have increased from 2% to 30% and it causes psychotic breaks in some users. Since 2007, it has highest rate of dependence after alcohol. As a result of its increase in use, some states have seen a 400% increase in Emergency Rooms visits. Other presentations such as, Drug Diversion in the Healthcare Setting, provided information that Fentanyl is now the most widely diverted narcotic and Neuroscience of Addiction, Trauma and Recovery from Both – The Brain as Healing Ground discussed how thoughts, emotions, and behaviors affect recovery and the brain's structure in relation to fear and stress. These important topics provided current information to keep the California program abreast of current trends and future issues that may have an impact on the nursing population.

On June 26 and 27, the Diversion Program Manager will present information about the BRN's Diversion Program at the 2nd Annual Dave E. Smith, MD Symposium in San Francisco. This symposium is free to all those who register and will provide CE's for those healthcare professionals who attend. There will be information and topics such as: The New ASAM Criteria and SAM-5: Implications for Addiction Medicine; Health Care Reform: Opportunities and Challenges for Behavioral Health Care Providers; Update on Addiction Treatment; Models of Recovery for Health Care Professionals, etc. The Symposium will be held at the J W Marriott San Francisco Union Square with an expected attendance of over 300 Healthcare professionals and providers.

Additional information from the NOAP conference and the upcoming Symposium is available upon your request.

**Contractor Update**

Maximus, the contracted vendor for the Diversion Program had its second consecutive 3-year International Standards Organization (ISO) certification. The ISO provides an external quality review of the program. The focus of the evaluation is on the contract, and how the internal quality practices monitor and support adherence to the contract requirements. Maximus again passed this strict independent review. The California Diversion Program is the only ISO-certified health professionals monitoring program in the world.

In March, Maximus hired a new Clinical Case Manager, John Olive, RN, to replace Bill Frantz, RN. John brings the following qualifications to the position:
Diploma in Nursing (Psychiatric) University of Wales, Bangor UK 1995
Post Graduate Diploma (Drug Addiction) John Moores Univ. Liverpool UK 1998
Masters of Science (Drug Use and Addiction) John Moores Univ. Liverpool UK 1999.

John and his wife, who is also a RN, relocated to the Sacramento area in 2001. Since coming to the U.S, and earning his California RN license in 2011, John has worked at St. Helena Hospital and Heritage Oaks Hospital in Sacramento. The BRN welcomes John and his family as a part of the Maximus team.

**Diversion Evaluation Committees (DEC)**

There are currently 3 vacancies at this time: one physician, one registered nurse and one public member. Recruitment efforts continue.

**Statistics**

The Statistical Summary Report for November through March is attached. As of March 31, 2014, there were 1,867 successful completions.

### 9.3.1 Diversion Evaluation Committee Members

**BACKGROUND:**

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.

**NEW APPOINTMENTS**

Below are the names of the candidates who are being recommended for appointment to the Diversion Evaluation Committees (DEC) that were not originally reviewed by the Diversion Discipline Committee. Their application and résumés are attached. If appointed, their terms will expire June 30, 2018.

| NAME | TITLE | DEC | NO |
|---|---|---|---|
| William Frantz | Nurse | North Central | 12 |
| Felicity Blau | Nurse | Oakland | 13 |

**APPOINTMENT**

Below is the name of the candidate who is being recommended for appointment to the Diversion Evaluation Committee (DEC). If appointed, his term will expire June 30, 2018.

| NAME | TITLE | DEC | NO |
|---|---|---|---|
| Paul Glibert | Nurse | Los Angeles | 3 |

**REAPPOINTMENTS**

Below are the names of candidates who are being recommended for reappointment to the Diversion Evaluation Committees (DEC). If appointed, their terms will expire June 30, 2018.

| NAME | TITLE | DEC | NO |
|---|---|---|---|
| Diane Hambrick | Physician | Bay Area | 2 |
| Diane Alvy | Nurse | Los Angeles | 3 |
| Grace Murphy | Nurse | Los Angeles | 3 |
| Thomas Dosumu-Johnson | Physician | Palm Springs | 6 |
| Mary Richards | Nurse | San Jose | 7 |
| Dianne Souza | Public | San Diego | 10 |

Below is the name of candidate who is being recommended for term extensions to the Diversion Evaluation Committees (DEC). If appointed, her term will expire June 30, 2017.

| NAME | TITLE | DEC | NO |
|---|---|---|---|
| Ernestine Leverette | Nurse | Santa Ana | 14 |

Below are the names of candidates who are being recommended for term extensions to the Diversion Evaluation Committees (DEC). If appointed, their terms will expire June 30, 2016.

| NAME | TITLE | DEC | NO |
|---|---|---|---|
| Richard Jaco | Nurse | Sacramento | 1 |
| Suzette Otlewis | Nurse | Orange County | 4 |
| Edy Stumpf | Public | Orange County | 4 |
| Michael Mayo | Public | Central Valley | 5 |
| Dianne Christoffels | Nurse | San Diego | 10 |

**TRANSFER**

Below are the names of the DEC members who are being recommended for transfers to the DEC committees listed below.

| NAME | TITLE | DEC | NO |
|---|---|---|---|
| Cynthia Rinde | Public | Sacramento | 1 |
| Sharon Fritz | Nurse | Ontario | 9 |
| Richard Diamond | Public | Oakland | 13 |

**RESIGNATION**

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

| NAME | TITLE | DEC | NO |
|---|---|---|---|
| Phillip Belleville | Public | Santa Ana | 14 |

No public comment.

MSC: Jackson/Mallel to accept all new Diversion Evaluation Committee members' appointment and reappointments. 5/0/0

**9.4 Update: "Uniform Standards Regarding Substance-Abusing Healing Arts Licensees" – Business and Professions Code, Section 315 et. seq.**

**BACKGROUND:**

As directed by the Board at its November 2013 meeting, staff conducted a comparative analysis of the Uniform Standards, Diversion Program, and Probation Program, including the potential fiscal impact. Staff met with Legal Counsel to discuss a number of issues related to Uniform Standards, including the specific recommendations from Doreathea Johnson, Deputy Director, DCA Legal Affairs. Legal Counsel advised the Board continue with the regulatory process, although the Attorney General's Office has not rendered its opinion relative to the Uniform Standards. The Board will be notified if changes are necessary as a result of the opinion.

Staff submitted a report of its findings to the Committee at its March 2014 meeting.

The Medical Board of California has promulgated regulations implementing the Uniform Standards. A comparison was made and is provided for the committee's consideration at the May 2014 meeting.

Public comments:

Marti Smith, RN, CNA
Jeannie King, SEIU Nurse Alliance of California
Tricia Hunter, MN, RN, ANA/C

**10.0 Report of the Nursing Practice Committee**
Michael Jackson, Committee Member (filling in for Trande Phillips, Chair)

**10.1 Information Only: Nurse practitioner: Education and Practice**
Janette Wackerly, Supervising NEC presented this report.

**BACKGROUND:**

BRN-NEC staff will present talking points:

Report of the National Task Force on Quality Nurse Practitioner Education – 2012, and The National Association of Nurse Practitioner Faculties (NONPF)

Nurse Practitioner Practice information provided by the American Nurses Association and American Association of Nurse Practitioners.

**RESOURCES:**

American Academy of Nurse Practitioners (www.aanp.org)
American Association of Colleges of Nursing (www.aacn.nche.edu)
American College of Nurse Practitioners (www.acnpweb.org)
American Nurses Association (www.NursingWorld.org)
Centers for Medicare and Medicaid (CMS.gov)

Public comment received by Marti Smith, RN, CAN.

No motion required.

**10.2 Information and Discussion**

**Nurse Practitioner Laws and Regulations – Title 16 of the California Code of Regulations, Article 8, Sections 1480-1484.**

**BACKGROUND:**

The BRN staff APRN workgroup has continued review of Article 8 Nurse Practitioners Laws and Regulations, the NCSBN Model Act, and language implemented in other states. Attached from the APRN workgroup is the current working document which includes the existing regulations and draft suggested language for review and discussion. The working document is in black ink; type and underlining and cross out have been incorporated to reflect changes.

Nursing Education Consultant APRN (Advanced Practice Registered nurse) Workgroup suggested updating and revising of:

1. Section 1480 – Definitions
2. Section 1481 – Categories of nurse Practitioners
3. Section 1482 – Requirements for Nurse Practitioners
4. Section 1483 – Evaluation of Credentials
5. Section 1483.1 – Approved APRN-NP Program Accreditation Required and Board Notification Process

6. Section 1483.2 – Applications for APRN-NP Program Approval
7. Section 1483.3 – Changes to an Approved program
8. Section 1484 – APRN-NP Education

No public comment and no motion required.

## 11.0 Public Comment for Items Not on the Agenda

**Public Comment:**

Carol Doud, RN, Dept. of Corrections

## 12.0 Adjournment

The meeting adjourned at 12:39 pm.

| | |
|---|---|
| **Louise Bailey, M.Ed., RN** | **Raymond Mallel** |
| **Executive Officer** | **President** |

**STATE OF CALIFORNIA**
**DEPARTMENT OF CONSUMER AFFAIRS**
**BOARD OF REGISTERED NURSING MINUTES**

# D R A F T

DATE: August 6, 2014

LOCATION: Hilton Orange County/Costa Mesa
Pac 1 Meeting Room
3050 Bristol Street
Costa Mesa, CA 92626

PRESENT: Raymond Mallel, President
Michael D. Jackson, MSN, RN, Vice President
Trande Phillips, RN
Beverly Hayden-Pugh, MA, RN
Elizabeth A. Woods, MSN, FNP, RN
Imelda Ceja-Butkiewicz

NOT PRESENT: Cynthia Klein, RN
Erin Niemela
Jeanette Dong

ALSO PRESENT: Louise Bailey, M.Ed., RN, Executive Officer
Stacie Berumen, Assistant Executive Officer
Beth Scott, Discipline, Probation and Diversion Deputy Chief
Christina Sprigg, Administration and Licensing Deputy Chief
Kim Ott, Decisions and Appeals Analyst
Claire Yazigi, Legal Counsel
Roy W. Hewitt, Administrative Law Judge
Desiree Kellogg, Deputy Attorney General

**Wednesday, August 6, 2014 – 9:00 am**

**1.0 Call to Order –** Raymond Mallel, President called the meeting to order at 9:19 am and had the members introduce themselves.

**2.0 Public Comment for Items Not on the Agenda**

No public comment.

**3.0 Disciplinary Matters. Hearings on Petitions For:**

| **Reinstatements** | **Termination/Modification of Probation** |
|---|---|
| April Cobia<br>Lori Schroeder<br>Koom Soun Son | Marianne Branson<br>Marie Lasater<br>Maria Womack |

Meeting adjourned at 11:10 pm.

## 4.0 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 11:33 am.

## 5.0 Adjournment

The closed session adjourned at 4:05 pm.

| | |
|---|---|
| **Louise Bailey, M.Ed., RN** | **Raymond Mallel** |
| **Executive Officer** | **President** |

**BOARD OF REGISTERED NURSING**
**Administrative Committee**
**Agenda Item Summary**

**AGENDA ITEM:** 6.2
**DATE:** September 18, 2014

**ACTION REQUESTED:** Review and Vote: 2014 Sunset Report Draft

**REQUESTED BY:** Raymond Mallel
President, Chairperson, Administrative Committee

**BACKGROUND:**

Staff has prepared a draft of the 2014 Sunset Report and included it as an attachment to provide an opportunity for Board Members to review and provide any suggestions and/or Feedback. The report is being prepared for the Senate Business, Professions and Economic Development Committee and the Assembly Business, Professions and Consumer Protection Committee who jointly participate in the sunset oversight review in the fall of 2014. The draft report includes details of the Board's programs, workload, financial state, staffing levels, and issues both currently and for the past four years since the last Sunset review. The Sunset Report Form with Questions to answer and data to provide is included in Section 12, Attachment E of the attached document and was used as a guide when completing the report.

The attached draft is still a work in progress. Some data is not finalized and refinements are still necessary. While the entire report is still under review, the data and information that is in bold and italics are still being collected and finalized. The BRN staff have had a challenge in obtaining data from the BreEZe computer system which was implemented at the BRN in October 2013. Reporting functions are limited and often data received is not accurate so parameters must be refined and the report run again. BRN staff have been working very closely with DCA Information Technology BreEZe team staff to try and obtain the necessary data, however, in some instances data will most likely have to be provided from other sources and/or "best estimates" will be determined.

**NEXT STEPS:** Finalize Sunset Report and submit by deadline of November 1, 2014

**PERSONS TO CONTACT:**

Louise R. Bailey, MEd, BSN, RN
Executive Officer
(916) 574-7600

Julie Campbell-Warnock
Research Program Specialist
(916) 574-7681

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

# BOARD OF REGISTERED NURSING

**Sunset Review Report 2014**

DRAFT

## Board Members

Raymond Mallel, Public Member, President

Michael Deangelo Jackson, MSN, RN, CEN, MICN, Nurse Educator Member, Vice-President

Erin Niemela, Public Member

Beverly Hayden-Pugh, MA, RN, Nurse Administrator Member

Jeanette Dong, Public Member

Cindy Cipres Klein, RN, Direct Patient Care Member

Elizabeth (Betty) Woods, RN, FNP, MSN, Advanced Practice Member

Imelda Ceja-Butkiewicz, Public Member

Trande Phillips, RN, Direct Patient Care Member

## Board of Registered Nursing

Louise R. Bailey, MEd, BSN, RN, Executive Officer
Stacie Berumen, Assistant Executive Officer

## State of California

Edmund G. Brown Jr., Governor
Anna M. Caballero, Secretary, Business, Consumer Services and Housing Agency
Awet Kidane, Director, Department of Consumer Affairs

Additional copies of this report can be obtained from www.rn.ca.gov

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

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# Forward

This report is organized according to the 13 subject categories (or sections) of questions provided in the sunset review survey document provided to the Board by the Senate Business, Professions and Economic Development Committee and the Assembly Business, Professions and Consumer Protection Committee.

The information in this report is organized within each of the 13 sections by headings that most often correspond to the specific information requested, although some additional information and details may be included to provide more description of the subject matter. This report is written in narrative form so the questions are not included in the text but Section 12, Attachment E contains a copy of the sunset review questions as provided to the Board.

In addition to providing the requested attachments in Section 12, supplementary attachments have also been included as noted throughout the report. Section 12, Attachment J is a list of acronyms and terms used throughout the report.

The implementation of the new BreEZe computer system at the Board in October 2013 resulted in difficulties in obtaining data for FY 2013/14 for this report. The data provided for FY 2013/14 was, in many instances, unable to be provided by existing reports available in the BreEZe system but special reports had to be requested from Department of Consumer Affairs Office of Information Services staff. In some instances, data has been obtained from other sources including other reports, manual counts or spreadsheets kept by staff, or estimates based on historical data. In many instances, the data provided is a “best estimate” of the true data. As a result, the FY 2013/14 data should be viewed with caution, especially when attempting to compare it to data from previous years. Average processing times and aging data for enforcement cases is especially questionable as the calculation does not take into account cases that were closed for various reasons and then re-opened at a later date. Time between closing and re-opening is counted which overinflates the average time to close and aging data. The data presented in this report for FY 2013/14 may change in the future when more reliable sources of capturing data in the BreEZe system can be determined.

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# EXECUTIVE SUMMARY

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# History and Functions of the Board

### *History*

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

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

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

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

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

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

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

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

Other updates that have transpired since 2010, the time of the last Sunset Report, are discussed later in this Section.

### *Functions*

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

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

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

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

Probation Monitors ensure the individual is complying with the terms and conditions of probation. The BRN Diversion Program is a voluntary and confidential program offered to RNs with a substance use disorder and/or mental health disorder and the Program monitors and supports RNs in recovery.

**Nursing Education –** The BRN has Nursing Education Consultants (NECs) on staff who work with proposed new schools and monitor already approved nursing programs. Advanced Practice Nurse Practitioner and Nurse Midwifery programs may also seek program approval from the BRN. The BRN is responsible for ensuring academic institutions and nursing education programs are in compliance with regulatory standards specific to nursing education. The NECs support nursing programs as well as consult and assist other units at the BRN in areas such as international RN applicant evaluations, advanced practice applications, work site approvals for RNs on probation, continuing education, regulations and legislation.

### *Board Jurisdiction*

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

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

- Nurse-Midwives (1974); Nurse-Midwife Furnishing* Numbers (1991)
- Nurse Practitioners (1977); Nurse Practitioner Furnishing* Numbers (1986)
- Nurse Anesthetists (1983)
- Clinical Nurse Specialists (1997)
  **Furnishing or ordering of drugs or devices is defined to mean the act of making a pharmaceutical agent or agents available to the patient in strict accordance with standardized procedures (excerpt from B&P Code Section 2836.2).*

Certificates are also issued to the following specialty RN category:

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

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

- California Pre-licensure Registered Nursing Programs
- Nurse Midwifery Programs
- Nurse Practitioner Programs
- Registered Nursing Continuing Education Providers

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

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

## Board Composition

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

Pursuant to Section 2702 of the Business and Professions (B&P) Code, the Board is composed of nine members. The current Board composition includes four public members, two registered nurses in direct patient care practice, an advanced practice registered nurse, a registered nurse educator, and a registered nurse administrator. Seven of the members are appointed by the Governor, one by the Senate President Pro Tempore, and one by the Assembly Speaker. The Board as a whole generally meets at least five times throughout the year to address work completed by various committees and hear discipline cases. A listing of current Board members is provided in the following table and Section 12, Attachment F includes Table 1a showing Board Member attendance at Board and Committee meetings.

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

## Board Committees and Their Functions

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

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

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

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

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

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

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

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

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

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

**Nursing Workforce Advisory Committee (non-statutory) –** In November 2001, the Board approved formation of the Nursing Workforce Advisory Committee (NWAC) an advisory committee to: provide guidance to the Board on the content of surveys regarding RN workforce issues; recommend strategies to address disparities in workforce projections; and identify factors in the workplace that positively and negatively affect

the health and safety of consumers and nursing staff. Many stakeholders rely on the reports provided by the BRN as it is the most extensive and reliable data available on RNs in California. The Committee meets biennially and includes members from nursing education, nursing associations, and other state agencies. Due to interdependence between some workforce and education issues, the NWAC has some members that overlap between the EIW and the NWAC. This Committee last met in January 2014.

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

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

## Board Committee Meetings/Quorum Issues

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

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

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

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

# Major Changes Since the Last Sunset Review

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

### *Internal Reorganization*

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

### *Relocation*

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

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

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

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

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

**License Verification and Discipline Information –** In 2011, the BRN became a full participating member of the NCSBN NURSYS® system which exchanges licensure verification and discipline information between state boards of nursing and allows the public to verify a nurse's license, check discipline status, or see if a

nurse is licensed in more than one state. NURSYS® contains personal, licensure, education, verification and discipline information supplied as regular updates by boards of nursing. Employers and the public can look up a license and print or download multiple licenses from all participating boards of nursing. This system is helpful for obtaining information on nurses licensed in states other than California, or in multiple states. Licensure information on California RNs can also be accessed at the BRN website.

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

### *Strategic Plan*

In 2014, the Board completed an update of the Strategic Plan which was a collaborative effort between Board Members, staff and the public. The Plan includes the Board's Mission, Values and Goals for the next four years. Key issues and goals for the Board to address are identified and the Plan provides focus while allowing flexibility to address new challenges that may be encountered. The Strategic Plan is the foundation for the Board and the Board is committed to providing the highest level of service possible. The Strategic Plan is included in Section 12, Attachment G.

### *Military Veterans*

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

### *Advanced Practice Registered Nurse: Nurse Practitioner Regulation Review*

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

### *Challenges*

**Board Sunset –** The Board completed its last Sunset Report in 2010. As discussed in the previous section, Governor Brown returned Senate Bill 538 without his signature on October 9, 2011. This Bill would have extended the Board of Registered Nursing until 2016. The Governor did not sign the Bill due to provisions that would allow the BRN to hire sworn investigators that would have expanded pension benefits that the Governor opposed. The Governor asked the Legislature to send him legislation to restore the BRN as soon as possible.

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

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

A Board quorum was appointed in May 2012 and the new Board held a meeting in June to handle disciplinary matters only. Another meeting was held in July; one day was spent on disciplinary matters while the other was spent on administrative business matters including electing Board officers, assigning Board committee members, school approvals, legislation, and draft regulation updates. At this meeting, the Board unanimously voted to reinstate the Executive Officer. The Board spent the remainder of 2012 and 2013 orienting the new Board members and completing work that had been waiting for Board input and/or approval.

**BreEZe Computer System Implementation –** The implementation of the new BreEZe computer system in October 2013 has provided many challenges for the BRN which are discussed in detail in various sections of this report. However, one of the major challenges was in obtaining data for FY 2013/14 for this Sunset Report. The data provided in this report for FY 2013/14 was, in many instances, unable to be provided by existing reports in the BreEZe computer system but had to be requested from DCA staff as specific parameters had to be identified and special reports run. In many instances this took multiple attempts and fine-tuning to obtain data that appeared accurate based on random audits or spot checks of the data produced, in-house workload estimates and/or historical data. In some instances the data was obtained from other reports, manual counts, or spreadsheets kept by the BRN staff, or estimates based on historical data. With the previous computer system, the BRN had the capability to run the reports in-house through the Ad-Hoc reporting system which is, in many instances, where the previous FY data has been obtained, however, this reporting system is no longer available to the BRN and reports must be requested through DCA. This significantly increased the time and staff resources needed to obtain this data and in many instances the BRN believes the data provided to be a "best estimate" of the true data. Due to the limited reporting capabilities of the current computer system, the FY 2013/14 data should be viewed with caution and make it difficult to compare data from previous years at this time. The data presented for FY 2013/14 may change in the future when more reliable sources of capturing data in the BreEZe system can be determined.

## Legislation Sponsored by or Affecting the Board

The BRN has not sponsored any legislation since the last Sunset Report. The BRN's involvement in the legislative arena includes tracking at least 30 to 35 bills per year, testifying at hearings at the request of the Legislature, and implementing NPA-related legislation that becomes law. Below is a summary of key legislation that became effective from 2010 to 2014 that directly impacts the BRN. Also included is a listing of legislation

followed by the BRN in 2014. Unless otherwise noted, the legislation became effective January 1 of the year reported. Some of the legislation may be discussed in more detail in other sections of this report.

## 2010

*AB 48 Private Postsecondary Education: DCA (Portantino & Neillo, Chaptered 310)*
Revises and recasts the Private Postsecondary and Vocational Education Reform Act of 1989 into the California Private Postsecondary Education Act of 2009 which provides for the approval, regulation, and enforcement of private postsecondary educational institutions through the Bureau for Private Postsecondary Education.

*AB 1071 Professions and Vocations (Emmerson, Chaptered 270)*
Amends, adds, and repeals sections of the B&P Code, relating to professions and vocations. It provides Sunset extension for the Board of Registered Nursing until January 1, 2013.

*AB 1116 Cosmetic Surgery (Carter, Chaptered 509)*
It enacts the Donda West Law, which prohibits the performance of an elective cosmetic surgery procedure on a patient unless, within 30 days prior to the procedure, the patient has received a physical examination and has received written clearance for the procedure from an appropriate medical practitioner. It requires the physical examination to include the taking of an appropriate medical history, to be confirmed on the day of the procedure.

*AB 1295 Postsecondary education: nursing degree programs (Fuller, Chaptered 283)*
Requires the Chancellor of the California State University (CSU) to implement articulated nursing degree transfer pathways between the California Community Colleges and CSU prior to the 2012–13 academic year. It requires the articulated nursing degree transfer pathways to meet prescribed requirements and authorizes the Chancellor of the CSU and the Chancellor of the California Community Colleges to work collaboratively. It also requires the Legislative Analyst's Office, by March 15, 2011, to prepare and submit to the Legislature and Governor a report on the status of plans to implement the articulated nursing degree transfer pathways.

*SB 112 Hemodialysis Technicians (Oropeza, Chaptered 559)*
Revises the training requirements for certified hemodialysis technicians (CHT) and prohibits an individual from providing services as a hemodialysis technician without being certified by the Department of Public Health as a CHT. It requires the individual to meet certain educational and work requirements, including the successful completion of an approved training program, under the direction of an RN.

*SB 819 Professions and vocations (Committee on Business, Professions, and Economic Development, Chaptered 308)*
Requires a petition by an RN whose initial license application is subject to a disciplinary decision to be filed after a specified time period from the date upon which his or her initial license was issued. It also authorizes the implementation of standardized procedures that expand the duties of a nurse practitioner in the scope of his or her practice, as follows:

- Order durable medical equipment, subject to any limitations set forth in the standardize procedure.

- Certify a disability, after performance of a physical examination and collaboration with a physician.
- Approve, sign, modify, or add to a plan of treatment or plan of care, for individuals receiving home health services or personal care services, after consultation with the treating physician.

**2011**

*AB 867 California State University: Doctor of Nursing degree pilot program (Nava, Chaptered 416)*
Permits the CSU to establish a Doctor of Nursing Practice degree program at campuses chosen by the Board of Trustees to award the degree. Enrollment is limited to no more than 90 full-time students at all three campuses combined. It requires the CSU, the Legislative Analyst's Office, and the Department of Finance to jointly conduct a statewide evaluation of the degree pilot program and report the results to the Legislature and the Governor on or before January 1, 2017.

*AB 1937 Pupil Health: immunizations (Fletcher, Chaptered 203)*
Authorizes RNs, Nurse practitioners, physician assistants, licensed vocational nurses and student nurses (under the supervision of an RN) to administer immunizations within the course of a school immunization program. The provisions take effect immediately as an urgency statute.

*AB 2344 Nursing: approved schools (Nielson, Chaptered 208)*
Provides for a school, seeking approval to start a nursing program, which is not an institution of higher education, to make an agreement with an "institution of higher education" that grants an associate of arts degree or an associate of science degree.

*AB 2385 Pilot program for Innovative Nursing and Allied Health Care Profession Education at the California Community Colleges (Perez, Chaptered 679)*
It establishes the Pilot Program for Innovative Nursing and Allied Health Care Profession Education at the California Community Colleges under the administration of the Office of the Chancellor of the California Community Colleges, to facilitate and expand the graduation of community college nursing and allied health students.

*AB 2500 Professions and Vocations: licenses: military services (Hagman, Chaptered 389)*
It waives the penalty fee for late renewal of any type of state license, for any profession subject to regulation by any board, bureau, or entity within the DCA for a member of the California National Guard or the United States Armed Forces, who was on active duty at the time of the lapse of the license.

*AB 2699 Healing Arts: licensure exemption (Bass, Chaptered 270)*
Exempts out-of-state licensed health care practitioners from California licensure requirements, until January 1, 2014, when participating in a free health care event sponsored by an approved nonprofit organization. It requires the sponsoring entity and all participating out-of-state health care practitioners to meet specified requirements, and register in advance with the appropriate licensing board and comply with California law during the event.

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*AB 2783 Professions and Vocations: military personnel (Committee on Veterans Affairs, Chaptered 214)*
Requires state boards to consult with the Military Department before adopting rules and regulations related to the education, training, and experience obtained in the armed services and how it can meet licensure requirements for occupations and professions licensed and regulated under the DCA.

*SB 294 Department of Consumer Affairs: regulatory boards (Negrete McLeod, Chaptered 695)*
It changes the sunset review date on various boards, bureaus, and programs within the DCA, including the BRN. The sunset date for the BRN is January 1, 2012 instead of January 1, 2013.

*SB 1172 Regulatory Boards: diversion programs (Negrete McLeod, Chaptered 517)*
It requires a healing arts board to order a licensee to cease practice if the licensee tests positive for any prohibited substance under the terms of the licensee's probation or diversion program. It also authorizes a board to adopt regulations authorizing it to order a licensee on probation or in a diversion program to cease practice for major violations of probation or the diversion program, when the board orders a licensee to undergo a clinical diagnostic evaluation. The Diversion Program, within the Board of Registered Nursing, is exempt from these provisions.

*SB 1440 California Community Colleges: student transfers (Padilla, Chaptered 428)*
It enacts the Student Transfer Achievement Reform Act, commencing with the 2011–12 academic year. It requires a student that earns an associate degree for transfer to be deemed eligible for transfer into a CSU baccalaureate program when the student meets prescribed requirements. It requires the CSU to guarantee admission with junior status to any community college student who meets the requirements for the associate degree for transfer.

## 2012

*AB 1424 Franchise Tax Board: delinquent tax debt (Perea, Chaptered 455)*
Authorizes all State licensing entities, including the BRN, under the DCA, other than the Contractors' State License Board, to deny, suspend, or revoke a license if the licensee or applicant's name appears on the Franchise Tax Board's or the State Board of Equalization's certified lists of the top 500 largest tax delinquencies over $100,000. This bill authorizes the DCA to suspend a license in the event that a board fails to take action.

*SB 100* Healing Arts: Medical Board of California *(Price, Chaptered 645)*
As relates to nursing practice, SB 100 requires the Medical Board of California (MBC) to adopt regulations by January 1, 2013, regarding the appropriate level of physician availability needed within clinics or other settings using certain laser or intense pulse light devices for elective cosmetic procedures. The other provisions of this bill address the MBC and various issues related to accreditation of outpatient settings.

*SB 161 Schools: emergency medical assistance: administration of epilepsy medication (Huff, Chaptered 560)*
Allows, until January 1, 2017, school districts, county offices of education, or charter schools to participate in a program to train nonmedical school employees to administer emergency anti-seizure medication to students with epilepsy in the absence of a credentialed school nurse or other licensed nurse in accordance with guidelines developed by the State Department of Education and the State Department of Public Health. The bill requires the State Department of Education to post these guidelines on its website by July 1, 2012.

*SB 541 Regulatory Boards: expert consultants (Price, Chaptered 339)*
Authorizes boards that regulate and license professions and vocations within the DCA to enter into an agreement with an expert consultant, subject to the standards regarding personal service contracts in state employment, to provide enforcement and examination assistance. The bill requires each board to establish policies and procedures for the selection and use of these consultants. This bill takes effect immediately as an urgency statute.

*SB 943 Healing Arts (Price, Chaptered 350)*
SB 943, as it relates to the BRN, limits the board determination related to establishing competency to practice registered nursing to only the education of those applicants who have served on active duty in the medical corps in the United States Armed Forces. The applicants submit a record of specified training to the board for evaluation in order to satisfy the courses of instruction requirement. The applicants would continue to meet the other requirements for licensure. This bill also contains changes in the laws related to other healing arts licensees of boards within the DCA.

**2013**
*AB 40 Elder Abuse: reporting (Yamada, Chaptered 659)*
It requires a mandated reporter to report by telephone suspected or alleged physical abuse, as defined, that occurs in a long-term care facility, to the local law enforcement agency, immediately, and no later than within two hours of the reporter observing, obtaining knowledge of, or suspecting the physical abuse. A written report must be made to the local ombudsman, the corresponding licensing agency, and the local law enforcement agency within two hours of the reporter observing, obtaining knowledge of, or suspecting the physical abuse. The bill requires that, if the suspected abuse does not result in serious bodily injury, a mandated reporter make a report by telephone and in writing within 24 hours of the reporter observing, obtaining knowledge of, or suspecting the physical abuse, as specified.

*AB 1434 Child Abuse Reporting: mandated reporters (Feuer, Chaptered 519)*
Adds employees and administrators of a public or private postsecondary institution, whose duties bring them into contact with children on a regular basis or who supervises those whose duties bring them into contact with children on a regular basis, as mandated reporters of child abuse or neglect occurring at that institution.

*AB 1588 Professions and Vocations: reservist licensees: fees and continuing education (Atkins, Chaptered 742)*
It requires the BRN to waive the renewal fees, CE requirements, and other renewal requirements as determined by the board, of any licensee who is called to active duty as a member of the United States Armed Forces or the California National Guard if certain requirements are met. The licensee is prohibited from engaging in any activities requiring a license while a waiver is in effect. If the licensee will provide licensed services while on active duty, the board shall convert the license status to military active and no private practice of any type shall be permitted. The licensee must notify the board of discharge from active duty within a specified time period and the licensee must meet certain renewal requirements within a specified time period after being discharged prior to engaging in any activity requiring a license.

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

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

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

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

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

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

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

It authorizes an RN to dispense specified drugs or devices upon an order issued by a nurse-midwife, nurse practitioner, or physician assistant if the nurse is functioning within a specified clinic. Authorizes an RN to dispense or administer hormonal contraceptives in strict adherence to specified standardized procedures.

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

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

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

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

the benefit of any plaintiff in the civil action and authorizes them to adopt a regulation exempting agreements to settle certain causes of action from these provisions.

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

AJR 24 urges the members of California's congressional delegation to sign on as cosponsors of, and requests that the Congress and the President of the U.S. enact, the proposed federal Student-to-School Nurse Ratio Improvement Act of 2011 or the proposed federal Student-to-School Nurse Ratio Improvement Act of 2012.

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

SB 98, to take effect immediately, establishes a new BRN, vests that board with the same powers as the previous board, and requires the board to appoint an executive officer. The executive officer of the prior board is to serve as interim executive officer of the new board until the appointment of a permanent executive officer. The bill repeals the authority of the board and its executive officer on January 1, 2016. This bill staggers initial appointment terms of board members by the Governor to be one year and five years for public members, two, three, or four years for licensed members, as specified, and that the initial public members appointed by the Senate Committee on Rules and the Speaker of the Assembly serve terms of four years. The bill appropriates specified sums from the BRN Fund to the BRN for purposes of administering the Nursing Practice Act.

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

The bill requires the following related to the BRN:

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

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

It requires the Office of Statewide Planning and Development (OSHPD) to extend the duration of the Health Workforce Pilot Project through January 1, 2014, to provide the sponsors an opportunity to achieve publication of the data collected during the project in a peer-reviewed journal, among other specified purposes.

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

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

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

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

## 2014

*AB 154 Abortion (Atkins, Chaptered 662)*

Allows nurse practitioners, nurse-midwives, and physician assistants who complete or have completed specified training and who practice with standardized procedures or protocols, as specified, to perform the functions necessary for an abortion by medication or aspiration techniques in the first trimester of pregnancy. The bill makes it unprofessional conduct for a nurse practitioner, nurse-midwife, or physician assistant to perform an abortion by aspiration techniques without prior completion of training and validation of clinical competency.

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

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

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

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

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

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

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

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

DRAFT

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

It deletes the requirement in existing law that the services performed by a medical assistant be in a specified clinic when under the specific authorization of a physician assistant, nurse practitioner, or nurse-midwife. This bill prohibits a nurse practitioner, 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, and provides that violation of this prohibition constitutes unprofessional conduct.

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

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

## Legislation followed by the Board during 2014

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

- *AB 186 Professions and Vocations: military spouses: temporary licenses (Maienschein)*
- *AB 548 Public Postsecondary Education: community college registered nursing programs (Salas)*
- *AB 790 Child Abuse: reporting (Gomez)*
- *AB 809 Healing Arts: telehealth (Logue)*
- *AB 1677 Nursing Education: service in public hospitals and veterans' facilities (Gomez)*
- *AB 1841 Medical assistants (Mullin)*
- *AB 2058 Open meetings (Wilk)*
- *AB 2062 Health Facilities: surgical technologists (Hernández)*
- *AB 2102 Licensees: data collection (Ting)*
- *AB 2144 Staff-to-Patient Ratios (Yamada)*
- *AB 2165 Professions and Vocations: licenses (Patterson)*
- *AB 2183 Nursing (Bocanegra)*
- *AB 2198 Mental Health Professionals: suicide prevention training (Levine)*
- *AB 2247 Postsecondary Education: accreditation documents (Williams)*
- *AB 2346 Physician and Surgeon Assistance Program [originally: Nurse Practitioners, Certified Nurse-Midwives, and Physician Assistants: supervision] (Gonzalez)*
- *AB 2396 Convictions: expungement: licenses (Bonta)*
- *AB 2484 Healing Arts: telehealth (Gordon)*
- *AB 2514 Income Taxes: credits: rural health care professionals (Pan)*

- *AB 2598 Department of Consumer Affairs: administrative expenses (Hagman)*
- *AB 2720 State Agencies: meetings: record of action taken (Ting)*
- *AB 2736 Postsecondary Education: California State University (Committee on Higher Education)*
- *SB 430 Pupil Health: vision examination: binocular function (Wright)*
- *SB 723 Veterans (Correa)*
- *SB 911 Residential care facilities for the elderly (Block)*
- *SB 1159 Professions and Vocations: license applicants: federal identification number (Lara)*
- *SB 1239 Pupil Health Care Services: school nurses (Wolk)*
- *SB 1299 Workplace Violence Prevention Plans (Padilla)*

## Regulation Changes Approved by the Board

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

**2011**

*Amend CCR Section 1417 – Fees*

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

**2012**

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

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

**2014**

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

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

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

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

- *CCR Section 1403 – Delegation of Certain Functions:* Delegates to the Board's Executive Officer the authority to approve settlement agreements for revocation, surrender, or interim suspension of a registered nurse license. Approvals are then reported to the Board at regularly scheduled Board meetings. Delegation of these functions to the Board's Executive Officer shortens the timeframe for these cases, thus adding to consumer protection by allowing orders to become effective in a timelier manner.

- *CCR Section 1441 – Unprofessional Conduct:* B&P Sections 2761(a) and 2762 define acts that constitute unprofessional conduct. This regulatory change specifies that the following additional acts constitute unprofessional conduct: failure to provide the Board lawfully requested documents under the RN's control, within the specified timeframe; failure to cooperate and participate in any Board investigation, as long as such action does not infringe upon the RN's constitutional or statutory privileges; failure of a licensee to notify the BRN within the specified timeframe of a conviction of a felony or misdemeanor or disciplinary action by another licensing entity. Defining these activities as unprofessional conduct and grounds for Board disciplinary action facilitates and expedites the obtaining of records, and facilitates resolution of disciplinary cases.
- *CCR Section 1444.5 – Disciplinary Guidelines:* This regulatory change requires an Administrative Law Judge (ALJ) to issue a proposed decision revoking the RN license, without a stay order, if the licensee is found to have engaged in sexual misconduct with a patient or was convicted of a sex offense. Because of the seriousness of sex offenses and sexual misconduct, and the potential threat to consumers that sex offenders pose, the Board has determined that revocation of the RN license is the appropriate disciplinary action.

These amendments strengthen the Board's Enforcement Program by enhancing the disciplinary function and better achieving its public protection mandate. They also facilitate achievement of the Board and DCA's goal to improve discipline case processing timeframes so that case resolution is completed on average of 12 to 18 months.

## Major Studies Conducted by the Board

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

- OSHPD Healthcare Workforce Development Division relies on this and the annual survey of educational programs to provide data for both their Healthcare Workforce Clearinghouse and Song Brown Healthcare Workforce Training Programs. OSHPD does not independently collect any RN demographic or workforce data.
- In addition to OSHPD, other California governmental agencies such as the Department of Health Services, Department of Public Health, and Community College Chancellor's Office access and use this data to obtain RN practice locations, post-licensure education, workforce diversity, and other workforce and demographic information.
- Many educators access the data to complete various analyses of RNs in California. Some examples include: the impact of the economy and recessions on RN employment; staffing and workforce changes

in various employment settings; ethnic diversity of RNs and issues related to various ethnic groups; and factors that impact RN employment satisfaction.
- Employers access the data for workforce planning, funding, recruitment and Human Resource purposes.
- BRN and University of California, San Francisco staff receive inquiries from the public for various data on RNs and the majority of the time they are referred to one or more of the reports for the information they are seeking.

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

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

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

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

### *Annual Survey of RN Educational Programs*

These surveys collect both programmatic and demographic data from BRN-approved prelicensure programs, as well as advanced practice RN and some other post-licensure programs in California. The annual surveys provide aggregate information on student enrollments, completions, and characteristics of the student population and faculty. Statewide and regional reports of the prelicensure programs, statewide reports of post-licensure programs, and a prelicensure program interactive database are available on the BRN website for data collected over the past ten survey years. Nursing educators and administrators, professional

organizations, private and public agencies, and researchers seek this information as they do for the survey of RNs. Key findings from the most recent report (2012-2013) include:

- 143 BRN-approved prelicensure RN programs provided data in 2012-2013, compared to 104 in 2003-2004, which represents a 38% increase in programs.
- 75% of the pre-licensure nursing programs in California are public, which has decreased from 84% in 2003-2004. Private schools have accounted for almost all new program growth (47% for private schools and 2% for public schools) since 2006-2007.
- New student enrollment increased by 68% since 2003-2004, with 13,181 new students enrolled in 2012-2013.
- Student completions also have shown a significant increase, from 6,158 in 2003-2004 to 11,292 in 2012-2013, an 83% increase.
- An 81% statewide retention rate was reported for 2012-2013, a 10% increase since 2003-2004.
- Employment of new graduates to California employers is currently approximately 64%. The number of new graduates working in hospitals has declined from 73% in 2004-2005 to 57% in 2012-2013. The number of graduates who had not found employment at the time of the survey has declined 10% from 2009-2010 (28%) to 2012-2013 (18%).

### *2012-2013 California New Graduate Hiring Survey*

The BRN partners with the California Institute of Nursing & Health Care (CINHC), the Association of California Nurse Leaders (ACNL), the California Student Nurses Association (CSNA), and the University of California, Los Angeles School of Nursing with funding provided by Kaiser Permanente Fund for Health Education to conduct what has become an annual survey of newly graduated RNs and their employment experiences. The 2012-2103 survey was the fourth annual statewide survey conducted in fall 2013. Results from this survey found that approximately 59% of the newly licensed RNs surveyed were reported working in their first RN job. This is a greater percentage compared to the past three surveys which found 57% in 2010 and 2011 and 54% in 2012. Some variations are found in employment depending upon degree type, geographic location, and type of employment. The majority of nurses who found employment did so within the first six months after licensure.

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

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

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

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

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

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

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

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

his survey was the first conducted by the BRN to describe these two categories of APRNs in California, Nurse practitioners (NPs) and Certified Nurse Midwives (CNMs). The survey included NPs and CNMs who were not also certified as a Clinical Nurse Specialist (CNS). Like the RN survey, this survey collected demographic,

education, and workforce data on these APRNs to provide information on who they are, where and how they work, where and how they are educated, why they do or do not work as an APRN, earnings, and future plans. APRNs have received education beyond their initial RN education to work in an advanced and/or specialized role in the delivery of health care services. Some highlights of the data include:

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

### *2010 Survey of Clinical Nurse Specialists*

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

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

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

In 2009, BRN staff collected data on 282 RNs who either began or extended probation in 2004 or 2005. An analysis of the data was completed and a report published in March 2011. The purpose of the study was to analyze characteristics of RNs on probation and their likelihood of recidivism to better inform BRN staff and Board members as they evaluate enforcement policies regarding this population of nurses, and address concerns over the presence of these nurses in hospitals and other health care settings. A control group of 298 RNs was also included in the study so characteristics could be compared to the overall population of RNs. This

study was based on one published in March 2009 in the *American Journal of Nursing* that explored and evaluated what factors might affect the outcomes of remediation, including the likelihood of recidivism. Addressing remediation techniques for nurses could positively impact their abilities to successfully and safely return to nursing practice. Some key findings of the study included:

- The majority of nurses on probation (67%) committed drug or criminal misconduct offenses, while 29% committed practice errors, and 4% were on probation for multiple offenses and/or another type of offense (i.e. mental illness related).
- Nurses were more likely to be on probation for a drug or misconduct offense if they were under 40 years of age, had a prior criminal history, had been in diversion, or worked in a hospital or had an unknown place of employment when probation began.
- In comparison to the average working RN in California, nurses on probation were: younger and less experienced in nursing; a greater share of them were men who had earned an ADN as their pre-licensure nursing education, had been licensed as LVNs, and worked for a nursing registry; and a smaller share received their pre-licensure education outside of the United States and were licensed as advanced practice nurses.
- Nurses on probation were more likely to have a criminal history if they were male, 40 years of age or older, or received their RN license more recently.
- More than half of the nurses on probation completed probation (54%), and almost all of those who completed probation returned to nursing practice (97%). Nurses who committed practice errors were more likely to complete probation than nurses on probation for other reasons.
- The majority of those who failed probation lost their license (66%) either by revocation or voluntary surrender. Nurses who were assigned substance use disorder requirements as part of their probation were less likely to complete probation than those without substance use disorder requirements.
- The recidivism rate for nurses on probation was 38%, which is similar to the NCSBN study which shows that 39% of the sample recidivated. Another analysis of 44 states reported by NCSBN found that recidivism rates averaged 21% across the 44 states, ranging from 0% to 43%.
- Among those who were placed on probation in 2004/2005, recidivism rates were higher for nurses on probation for drugs or criminal misconduct (46%) than for nurses on probation for practice errors (21%).
- Overall, these findings suggest that RNs are less likely to complete probation successfully and return to nursing practice if they have a criminal history, changed jobs while on probation, worked in a hospital when the probationary incident occurred, struggled with the substance use requirements of their probation, or were on probation for a drug or criminal offense. These findings reflect similar associations between recidivism and prior criminal history, and changing employer during probation reported by NCSBN.

## Major Publications Completed by the Board

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

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

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

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

## Board Participation in National Associations, Committees, Workgroups, Task Forces

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

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

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

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

- Association of California Nurse Leaders (ACNL) – the BRN Executive Officer presents at the ACNL annual conference and staff periodically present at meetings or conferences in different geographic areas of California (e.g., Sacramento, San Francisco Bay Area, Lost Angeles, etc.)
- California Institute for Nursing and Health Care (CINHC) – the BRN Executive Officer is a member of their Advisory Board and attends meetings four times per year.
- California Action Coalition – The Coalition was established in 2010 to implement the recommendations outlined in the Institute of Medicine's landmark report, *The Future of Nursing: Leading Change, Advancing Health*. The Coalition works to implement in California the eight recommendations outlined in the report and discussed in Section 8 of this report. BRN staff serve on the workgroup related to recommendation number 8 which focuses on collection and analysis of health care workforce data. Staff have attended two one-day meetings related to this work in San Francisco.
- Advanced Practice Registered Nurse Coalition – A workgroup related to APRNs was developed as part of the California Action Coalitions work and BRN staff participate in meetings of this workgroup. Most meetings are by teleconference bi-monthly and local staff attend face-to-face meetings twice a year in either Northern or Southern California.
- California Organization of Associate Degree Nursing Program Directors (COADN) and California Association of Colleges of Nursing (CACN) – BRN staff regularly attend meetings of these organizations that include nursing program directors who collaborate and work on RN education related topics and issues. There are separate Northern and Southern California groups that meet independently throughout the year and two joint meetings are held each year. BRN staff in the area attend the meetings depending upon where it is located. One of the joint meetings held each year includes all groups from both organizations. BRN staff attend and provide information for new and continuing program directors.
- Health Professions Education Foundation – This Foundation is housed under OSHPD and administers the Registered Nurse Education Program which provides scholarship and loan repayment programs for RNs which is partially funded by a $10 surcharge from RN licensure renewals. BRN staff serve on the Nurse Advisory Committee for this Foundation and attend meetings by teleconference three to four times per year.
- Governor's California Interagency Council on Veterans (ICV) – BRN staff attend workgroup and sub-workgroup teleconference meetings about twice per month related to resources available in education, employment, housing, and health for California military veterans.
- The California Department of Public Health – BRN staff participate in the California Partnership to Improve Dementia Care workgroup. Participants include the Department of Justice (DOJ) in the Northern Enforcement Network dealing with topics including elder abuse and Medi-Cal Fraud.
- Southern Section Consumer Protection Council – BRN staff participate on this council with District Attorneys, Attorney General's and other state law enforcement staff.
- Orange County Prescription Drug Abuse Task Force/Riverside CARE Task Force/Ventura County Drug Task Force – Membership on this task force includes staff from the BRN, law enforcement agencies, medical professionals, health care related agencies and the Drug Enforcement Administration dealing with prescription and narcotic drug abuse issues.
- Resident Placement Protocols Taskforce – BRN staff work with this task force on issues related to residential care facilities.
- Insurance Fraud Task Force/Federal Bureau of Investigation (FBI) Medical Fraud Task Force – Membership in these task forces have BRN staff working on issues related to the various types of fraud in the health care industry.

- Medical Board of California Prescribing Task Force – The BRN Executive Officer serves on this task force whose mission is to identify ways to proactively approach and find solutions to the epidemic of prescription drug overdose through education, prevention, best practices, communication, and outreach by engaging all stakeholders with a vision to significantly reduce prescription drug overdose.

DRAFT

## PERFORMANCE MEASURE REPORTS PUBLISHED BY THE DEPARTMENT OF CONSUMER AFFAIRS

All quarterly and annual performance measure reports for Fiscal Years 2010/11 through 2013/14 as published by the Department of Consumer Affairs (DCA) on their website are below. These reports are part of DCA's Consumer Protection Enforcement Initiative (CPEI). They are generic for the entire DCA. To date the FY 2013/14 Annual Report was not yet published on the DCA website.

***Fiscal Year 2013/14***

*Department of Consumer Affairs*

Board of Registered Nursing

# Performance Measures

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

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

**PM1 | Volume**

Number of complaints and convictions received.

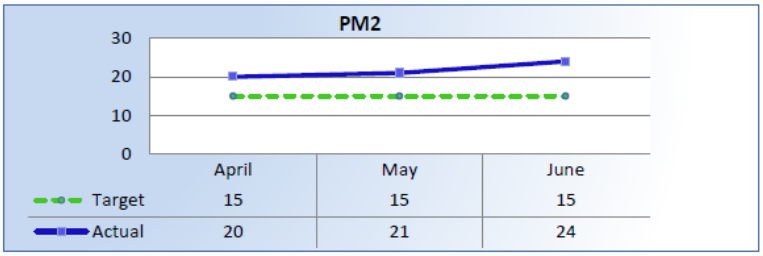
*Consistent data not yet available from BreEZe.*

Total Received: - Monthly Average: -

**Complaints**: - | **Convictions**: -

## PM2 | Intake

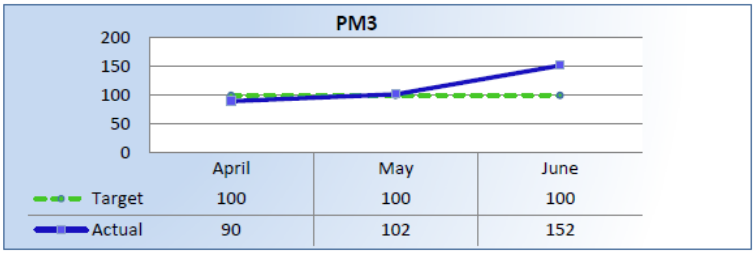
Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.




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

## PM3 | Intake & Investigation

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




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

## PM4 | Formal Discipline

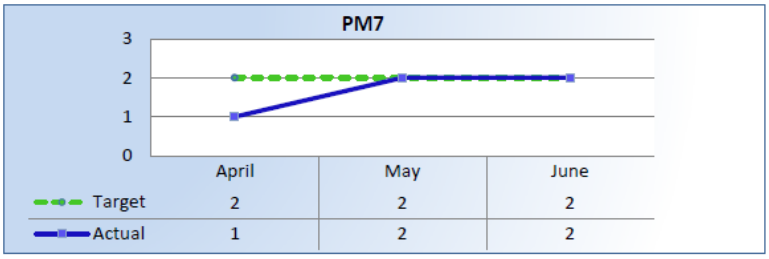
Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board and prosecution by the AG).

*Consistent data not yet available from BreEZe.*

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

## PM7 | Probation Intake

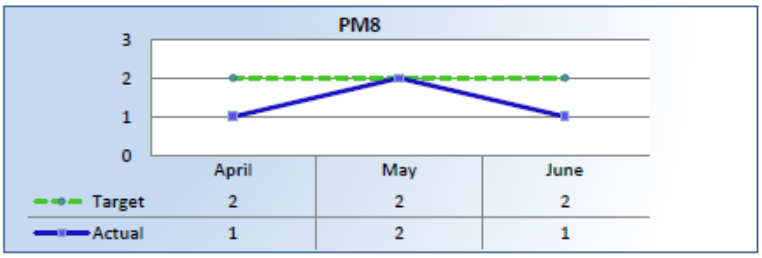
**Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.**




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

## PM8 | Probation Violation Response

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




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

*Department of Consumer Affairs*

# Board of Registered Nursing

# Performance Measures

## Q3 Report *(January - March 2014)*

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

## PM1 | Volume

Number of complaints and convictions received.

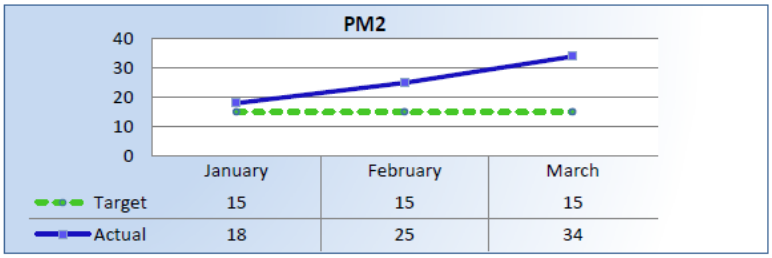
*Consistent data not yet available from BreEZe.*

Total Received: - Monthly Average: -

**Complaints**: - | **Convictions**: -

## PM2 | Intake

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

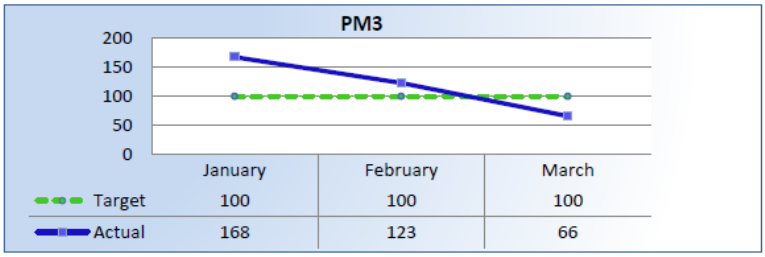



| | January | February | March |
|---|---|---|---|
| Target | 15 | 15 | 15 |
| Actual | 18 | 25 | 34 |

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

## PM3 | Intake & Investigation

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




| | January | February | March |
|---|---|---|---|
| Target | 100 | 100 | 100 |
| Actual | 168 | 123 | 66 |

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

## PM4 | Formal Discipline

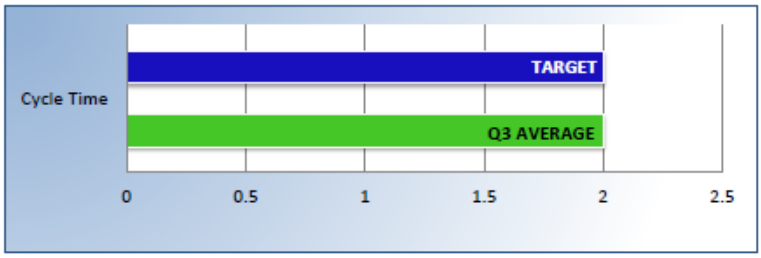
Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board and prosecution by the AG).

*Consistent data not yet available from BreEZe.*

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

## PM7 |Probation Intake

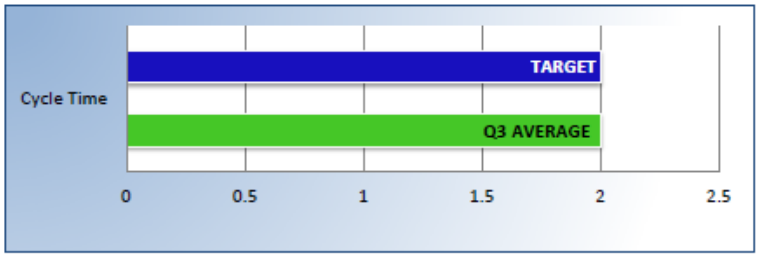
Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.




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

## PM8 |Probation Violation Response

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




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

*Department of Consumer Affairs*

# Board of Registered Nursing

## Performance Measures

### Q2 Report *(October - December 2013)*

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

**PM1 | Volume**

Number of complaints and convictions received.

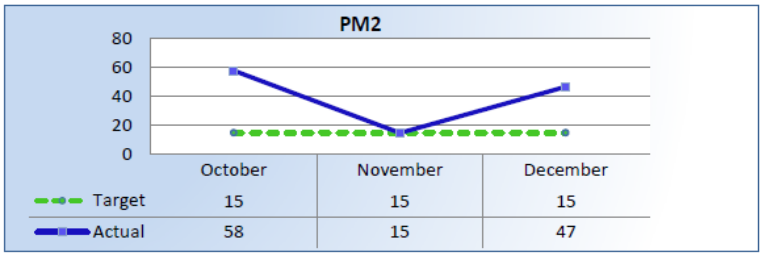
*Due to incorrect data with the BreEZe report, this information is not being reported.*

Total Received: - Monthly Average: -

**Complaints**: - | **Convictions**: -

**PM2 | Intake**

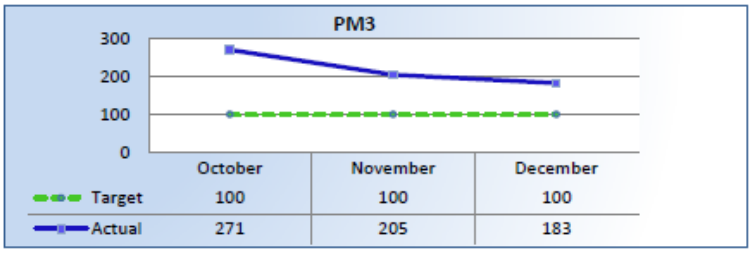
Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.




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

## PM3 | Intake & Investigation

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




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

## PM4 | Formal Discipline

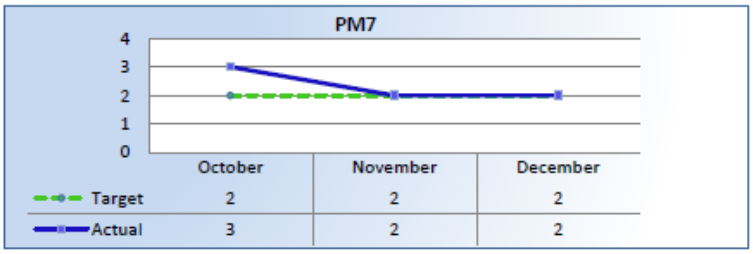
Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board and prosecution by the AG).

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

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

## PM7 |Probation Intake

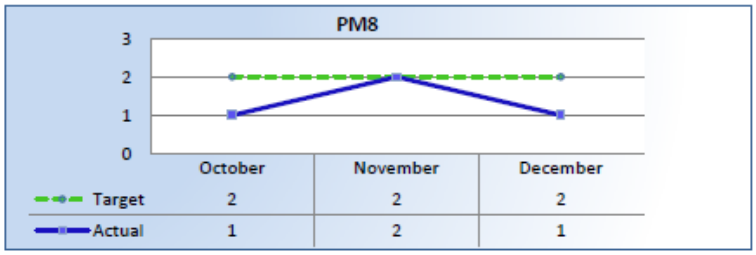
Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.




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

**PM8 | Probation Violation Response**

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




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

*Department of Consumer Affairs*

# Board of Registered Nursing

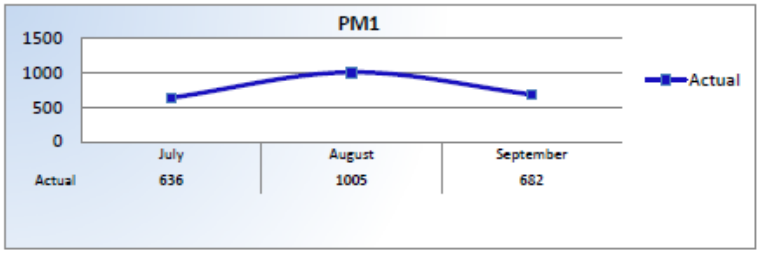
# Performance Measures

## Q1 Report *(July - September 2013)*

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

**PM1 | Volume**

Number of complaints and convictions received.

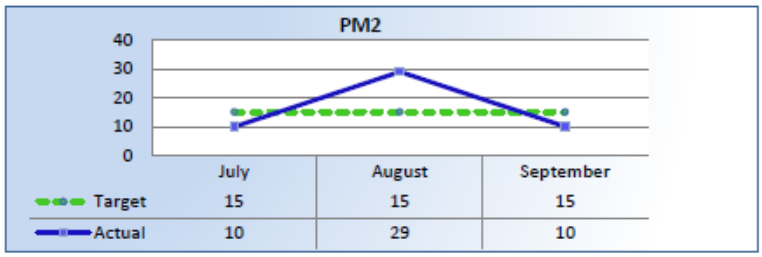



Total Received: 2,323 Monthly Average: 774

**Complaints**: 1,083 | **Convictions**: 1,240

## PM2 | Intake

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

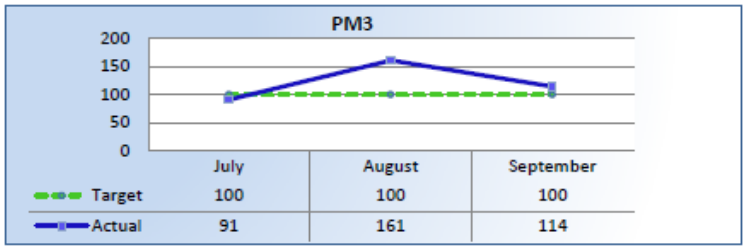



| | July | August | September |
|---|---|---|---|
| Target | 15 | 15 | 15 |
| Actual | 10 | 29 | 10 |

**Target Average:** 15 Days | **Actual Average:** 18 Days

## PM3 | Intake & Investigation

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

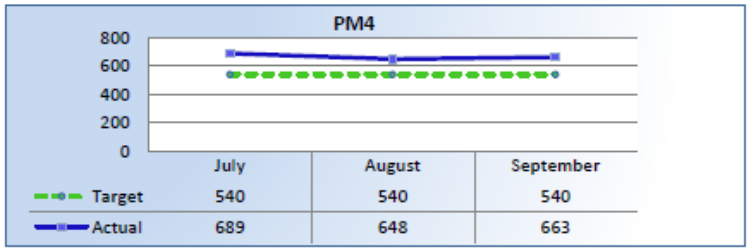



| | July | August | September |
|---|---|---|---|
| Target | 100 | 100 | 100 |
| Actual | 91 | 161 | 114 |

**Target Average:** 100 Days | **Actual Average:** 123 Days

## PM4 | Formal Discipline

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

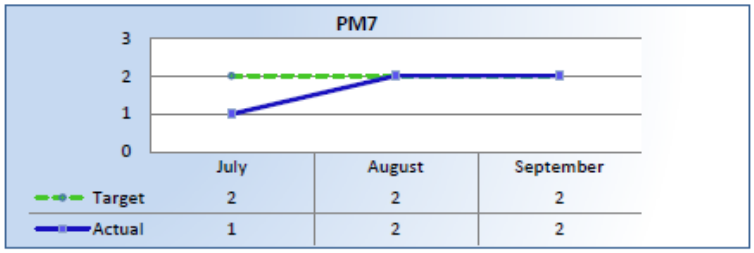



| | July | August | September |
|---|---|---|---|
| Target | 540 | 540 | 540 |
| Actual | 689 | 648 | 663 |

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

## PM7 | Probation Intake

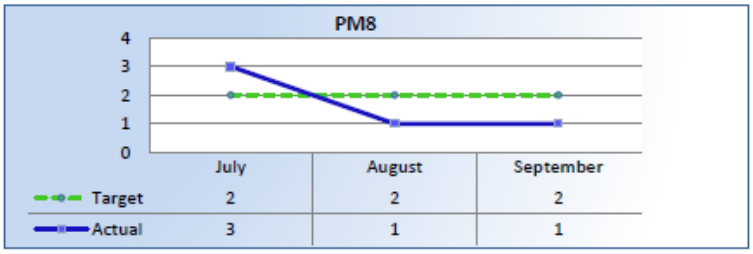
Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.




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

## PM8 | Probation Violation Response

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




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

***Fiscal Year 2012/13***

*Department of Consumer Affairs*

Board of Registered Nursing

# Performance Measures

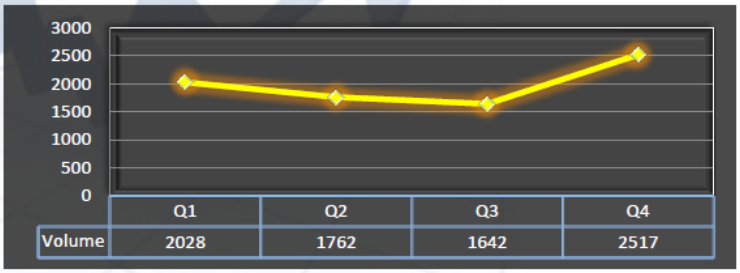
## Annual Report *(2012 – 2013 Fiscal Year)*

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

### Volume

**Number of complaints and convictions received.**

**The Board had an annual total of 7,949 this fiscal year.**

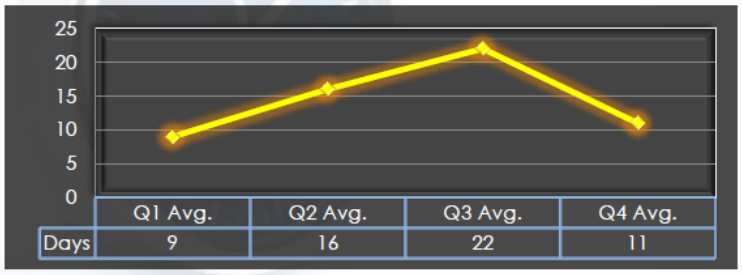



| | Q1 | Q2 | Q3 | Q4 |
|---|---|---|---|---|
| Volume | 2028 | 1762 | 1642 | 2517 |

### Intake

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

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

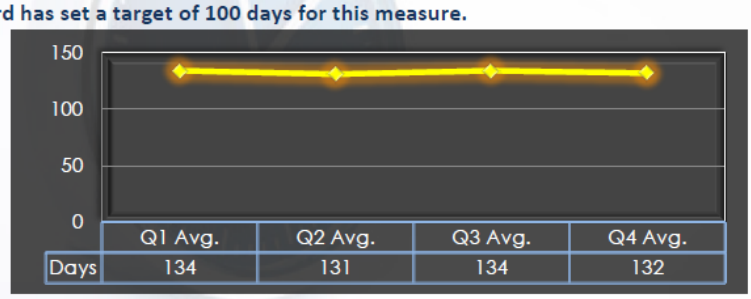



| | Q1 Avg. | Q2 Avg. | Q3 Avg. | Q4 Avg. |
|---|---|---|---|---|
| Days | 9 | 16 | 22 | 11 |

## Intake & Investigation

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

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

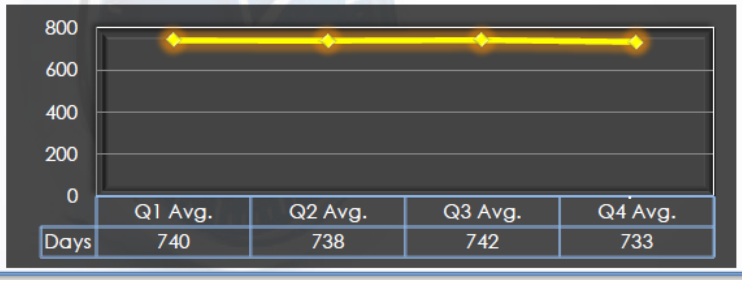



| | Q1 Avg. | Q2 Avg. | Q3 Avg. | Q4 Avg. |
|---|---|---|---|---|
| Days | 134 | 131 | 134 | 132 |

## Formal Discipline

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

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

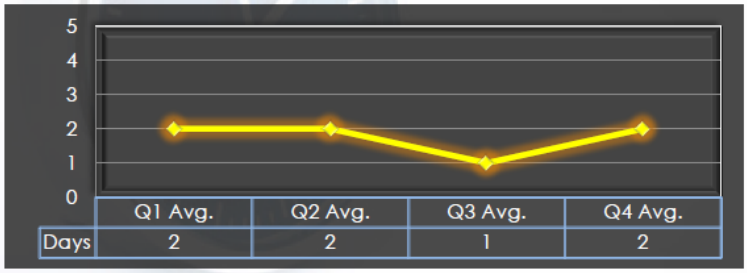



| | Q1 Avg. | Q2 Avg. | Q3 Avg. | Q4 Avg. |
|---|---|---|---|---|
| Days | 740 | 738 | 742 | 733 |

## Probation Intake

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

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

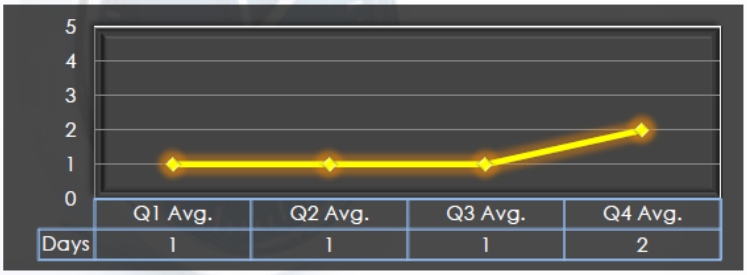



| | Q1 Avg. | Q2 Avg. | Q3 Avg. | Q4 Avg. |
|---|---|---|---|---|
| Days | 2 | 2 | 1 | 2 |

## Probation Violation Response

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

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




*Department of Consumer Affairs*

# Board of Registered Nursing

# Performance Measures

## Q4 Report *(April - June 2013)*

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

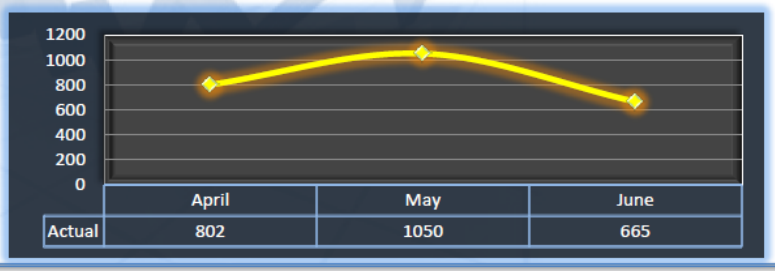
## Volume

**Number of complaints and convictions received.**

**Q4 Total: 2,517**

***Complaints: 895 Convictions: 1,622***

**Q4 Monthly Average: 839**

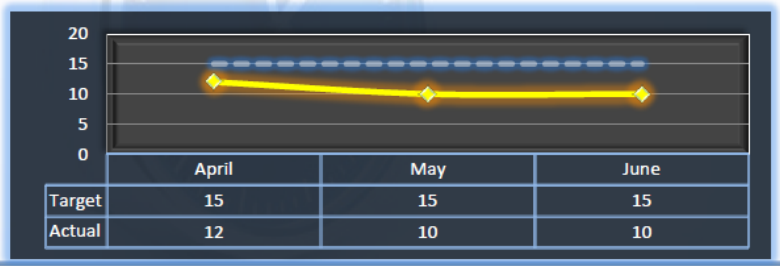


## Intake

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

**Target: 15 Days**

**Q4 Average: 11 Days**



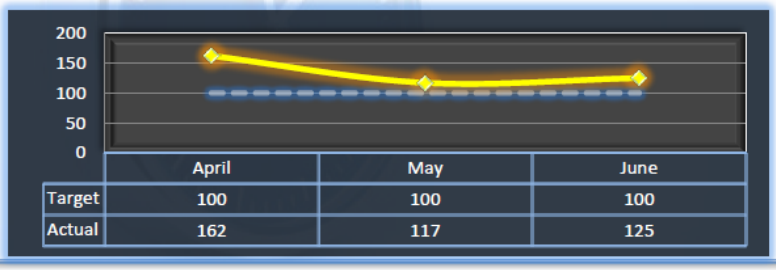

| | April | May | June |
|---|---|---|---|
| Target | 15 | 15 | 15 |
| Actual | 12 | 10 | 10 |

## Intake & Investigation

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

**Target: 100 Days**

**Q4 Average: 132 Days**



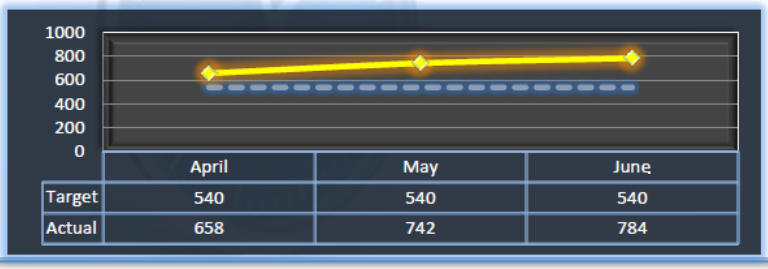

| | April | May | June |
|---|---|---|---|
| Target | 100 | 100 | 100 |
| Actual | 162 | 117 | 125 |

## Formal Discipline

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

**Target: 540 Days**

**Q4 Average: 733 Days**



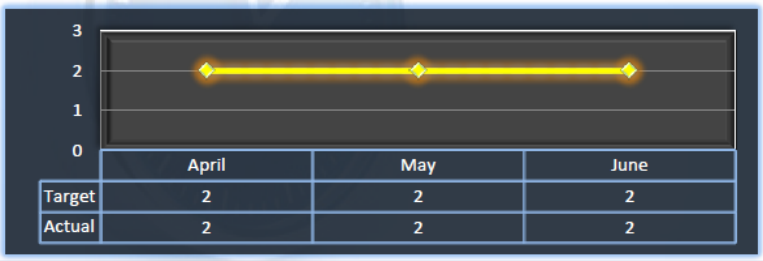

| | April | May | June |
|---|---|---|---|
| Target | 540 | 540 | 540 |
| Actual | 658 | 742 | 784 |

## Probation Intake

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

**Target: 2 Days**

**Q4 Average: 2 Days**




## Probation Violation Response

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

**Target: 2 Days**

**Q4 Average: 2 Days**

*Department of Consumer Affairs*

# Board of Registered Nursing

# Performance Measures

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

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

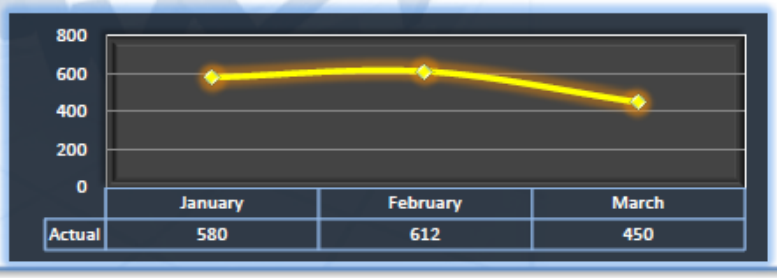
## Volume

Number of complaints and convictions received.

**Q3 Total: 1,642**

*Complaints: 472  Convictions: 1,170*

**Q3 Monthly Average: 547**

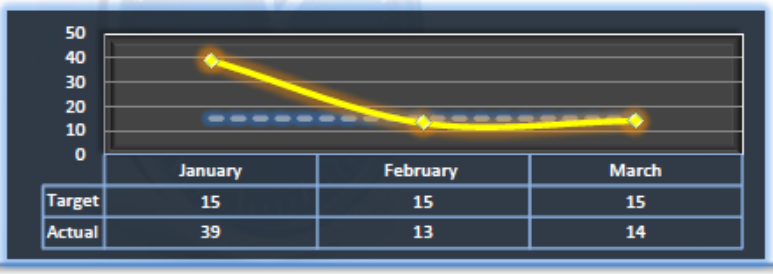



## Intake

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

**Target: 15 Days**

**Q3 Average: 22 Days**

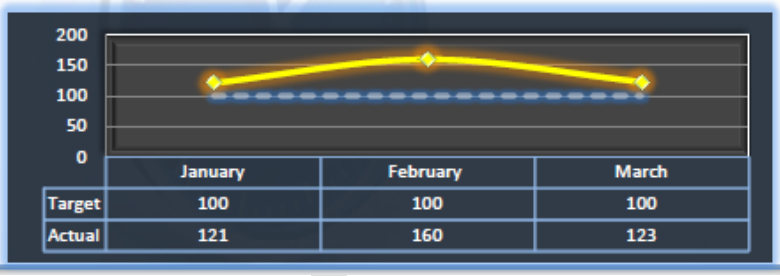



## Intake & Investigation

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

**Target: 100 Days**

**Q3 Average: 134 Days**

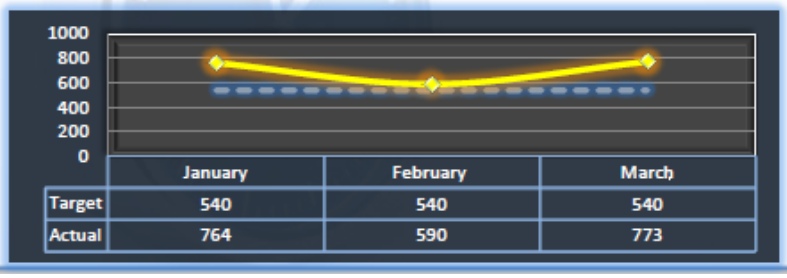


## Formal Discipline

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

**Target: 540 Days**

**Q3 Average: 742 Days**



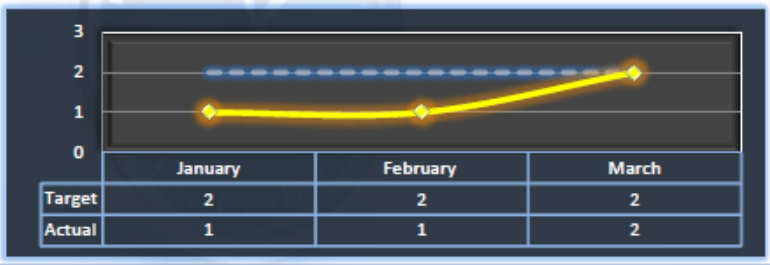

| | January | February | March |
|---|---|---|---|
| Target | 540 | 540 | 540 |
| Actual | 764 | 590 | 773 |

## Probation Intake

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

**Target: 2 Days**

**Q3 Average: 1 Day**



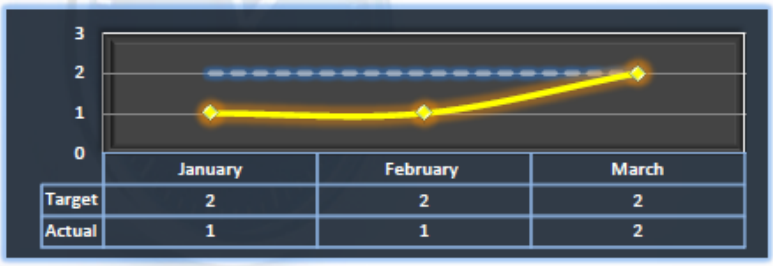

| | January | February | March |
|---|---|---|---|
| Target | 2 | 2 | 2 |
| Actual | 1 | 1 | 2 |

## Probation Violation Response

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

**Target: 2 Days**

**Q3 Average: 1 Day**




| | January | February | March |
|---|---|---|---|
| Target | 2 | 2 | 2 |
| Actual | 1 | 1 | 2 |

*Department of Consumer Affairs*

Board of Registered Nursing

# Performance Measures

## Q2 Report *(October - December 2012)*

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

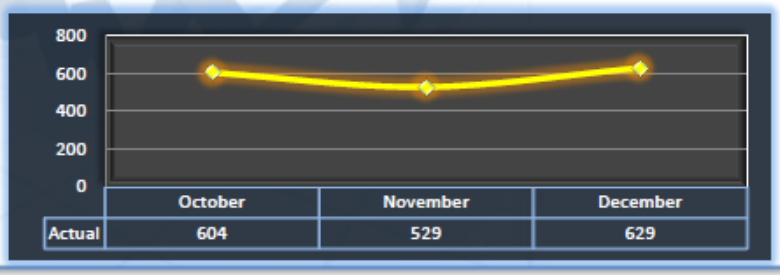
### Volume

Number of complaints and convictions received.

**Q2 Total: 1,762**

*Complaints: 501 Convictions: 1,261*

**Q2 Monthly Average: 587**

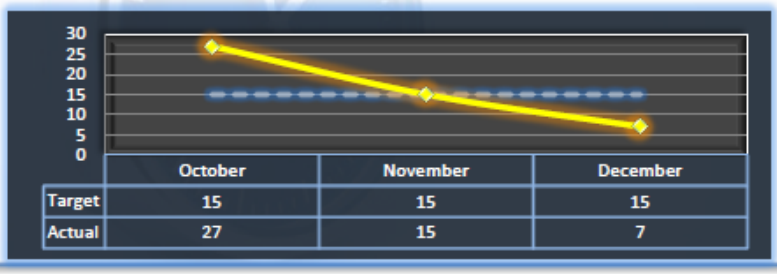



### Intake

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

**Target: 15 Days**

**Q2 Average: 16 Days**

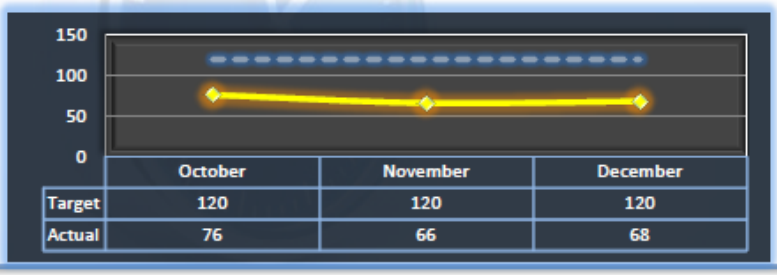


## Intake & Investigation

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

**Target: 100 Days**

**Q2 Average: 131 Days**



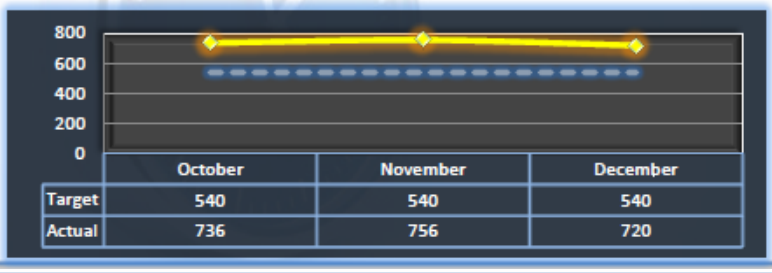

| | October | November | December |
|---|---|---|---|
| Target | 120 | 120 | 120 |
| Actual | 76 | 66 | 68 |

## Formal Discipline

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

**Target: 540 Days**

**Q2 Average: 738 Days**



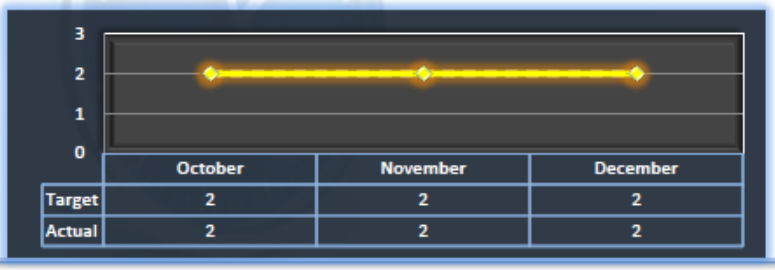

| | October | November | December |
|---|---|---|---|
| Target | 540 | 540 | 540 |
| Actual | 736 | 756 | 720 |

## Probation Intake

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

**Target: 2 Days**

**Q2 Average: 2 Days**



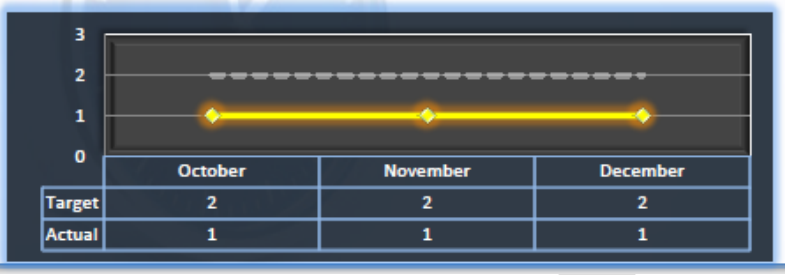

| | October | November | December |
|---|---|---|---|
| Target | 2 | 2 | 2 |
| Actual | 2 | 2 | 2 |

## Probation Violation Response

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

**Target: 2 Days**

**Q2 Average: 1 Day**




| | October | November | December |
|---|---|---|---|
| Target | 2 | 2 | 2 |
| Actual | 1 | 1 | 1 |

*Department of Consumer Affairs*

# Board of Registered Nursing

# Performance Measures

## Q1 Report *(July - September 2012)*

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

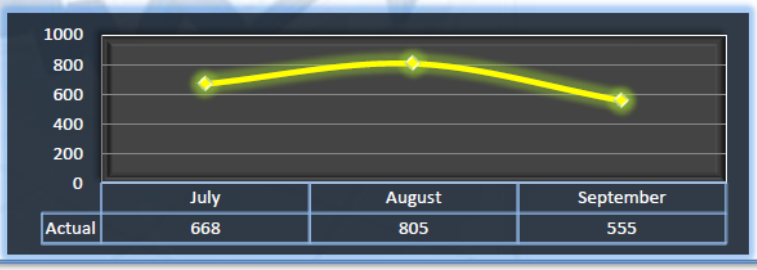
## Volume

Number of complaints and convictions received.

**Q1 Total: 2,028**

***Complaints: 808 Convictions: 1,220***

**Q1 Monthly Average: 676**



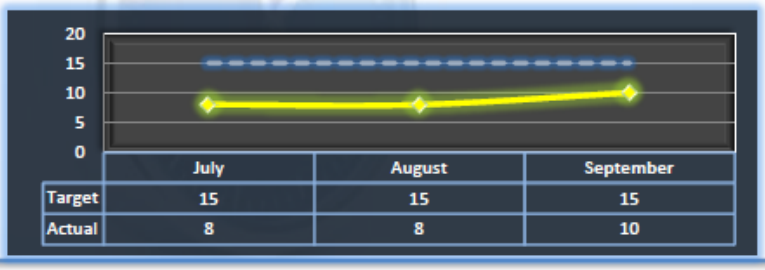

| | July | August | September |
|---|---|---|---|
| Actual | 668 | 805 | 555 |

## Intake

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

**Target: 15 Days**

**Q1 Average: 9 Days**



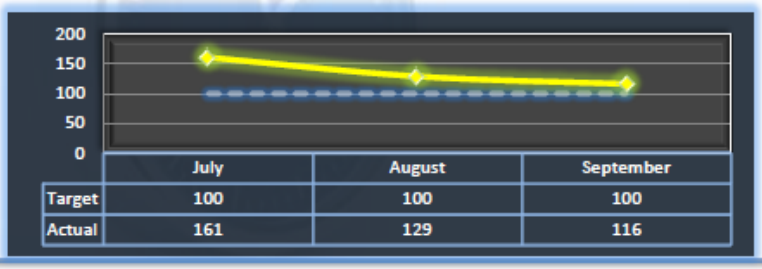

| | July | August | September |
|---|---|---|---|
| Target | 15 | 15 | 15 |
| Actual | 8 | 8 | 10 |

## Intake & Investigation

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

**Target: 100 Days**

**Q1 Average: 134 Days**



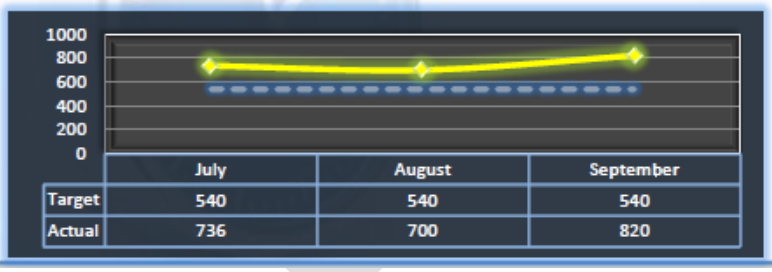

| | July | August | September |
|---|---|---|---|
| Target | 100 | 100 | 100 |
| Actual | 161 | 129 | 116 |

## Formal Discipline

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

**Target: 540 Days**

**Q1 Average: 740 Days**



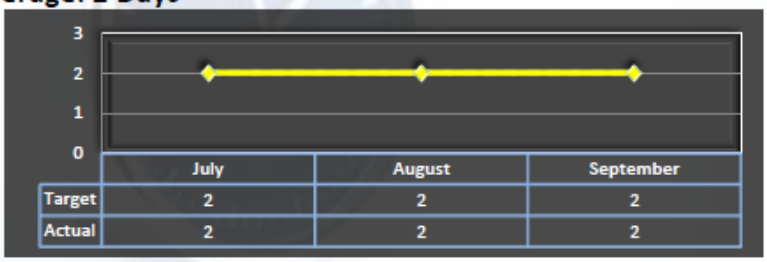

| | July | August | September |
|---|---|---|---|
| Target | 540 | 540 | 540 |
| Actual | 736 | 700 | 820 |

## Probation Intake

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

**Target: 2 Days**

**Q1 Average: 2 Days**



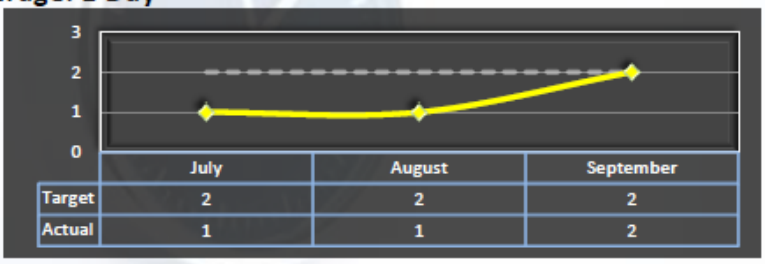

| | July | August | September |
|---|---|---|---|
| Target | 2 | 2 | 2 |
| Actual | 2 | 2 | 2 |

## Probation Violation Response

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

**Target: 2 Days**

**Q1 Average: 1 Day**




| | July | August | September |
|---|---|---|---|
| Target | 2 | 2 | 2 |
| Actual | 1 | 1 | 2 |

***Fiscal Year 2011/12***

*Department of Consumer Affairs*

Board of Registered Nursing

# Performance Measures

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

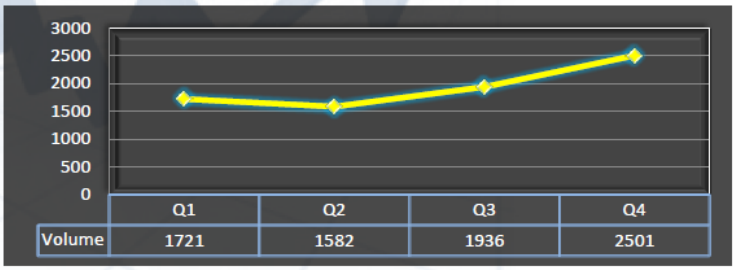
**To ensure stakeholders can review the Board's progress in meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures are posted publicly on a quarterly basis.**

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

### Volume

Number of complaints and convictions received.

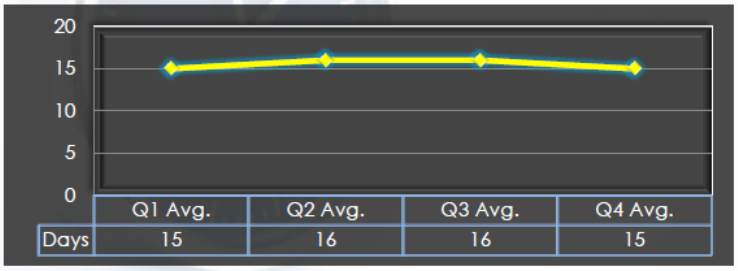
The Board had an annual total of 7,740 this fiscal year.




### Intake

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

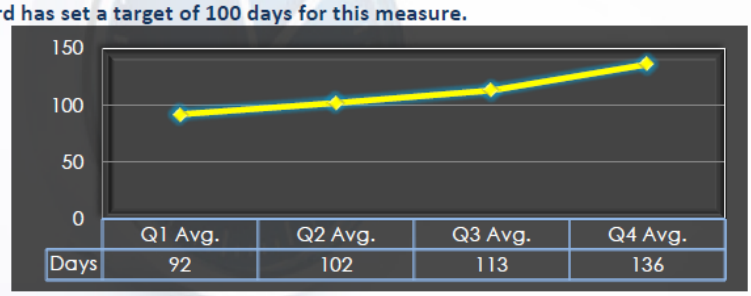
The Board has set a target of 15 days for this measure.



## Intake & Investigation

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

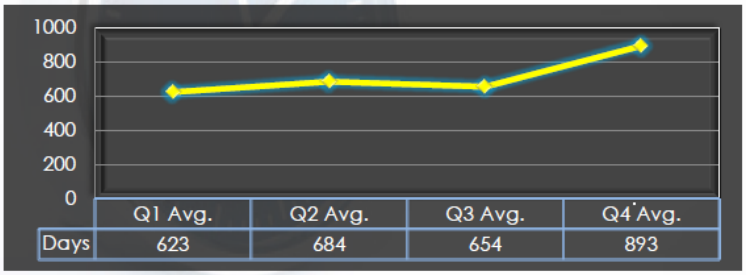
**The Board has set a target of 100 days for this measure.**




## Formal Discipline

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

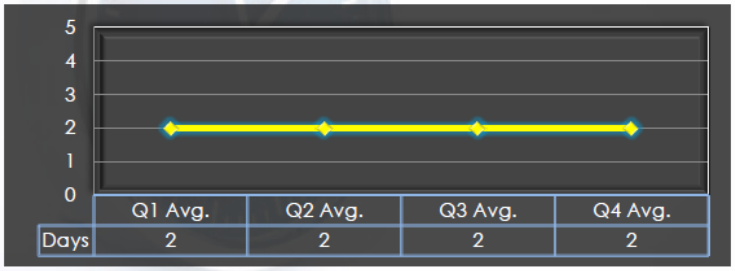
**The Board has set a target of 540 days for this measure.**




## Probation Intake

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

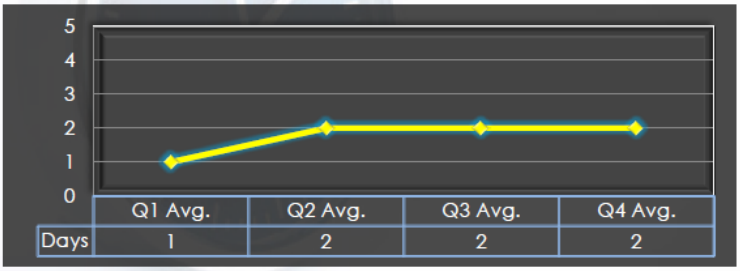
**The Board has set a target of 2 days for this measure.**



## Probation Violation Response

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

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




*Department of Consumer Affairs*

# Board of Registered Nursing

# Performance Measures

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

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

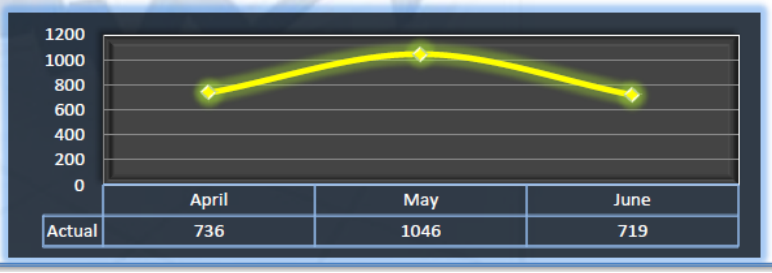
## Volume

**Number of complaints and convictions received.**

**Q4 Total: 2,501**

***Complaints: 807 Convictions: 1,694***

**Q4 Monthly Average: 834**

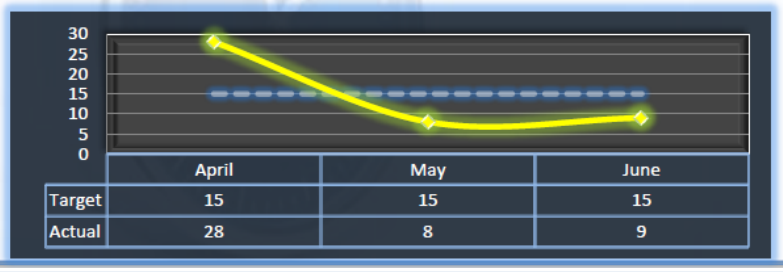


## Intake

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

**Target: 15 Days**

**Q4 Average: 15 Days**



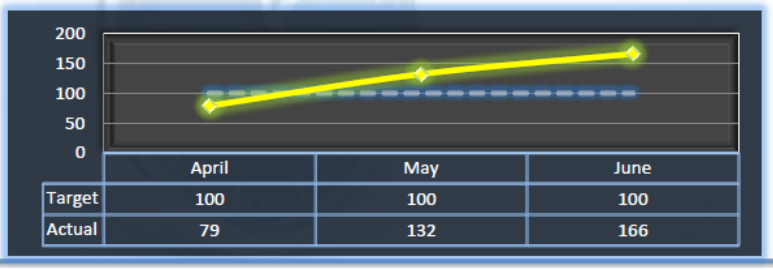

| | April | May | June |
|---|---|---|---|
| Target | 15 | 15 | 15 |
| Actual | 28 | 8 | 9 |

## Intake & Investigation

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

**Target: 100 Days**

**Q4 Average: 136 Days**



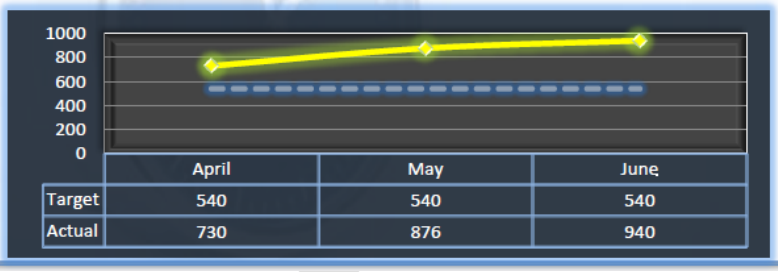

| | April | May | June |
|---|---|---|---|
| Target | 100 | 100 | 100 |
| Actual | 79 | 132 | 166 |

## Formal Discipline

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

**Target: 540 Days**

**Q4 Average: 893 Days**



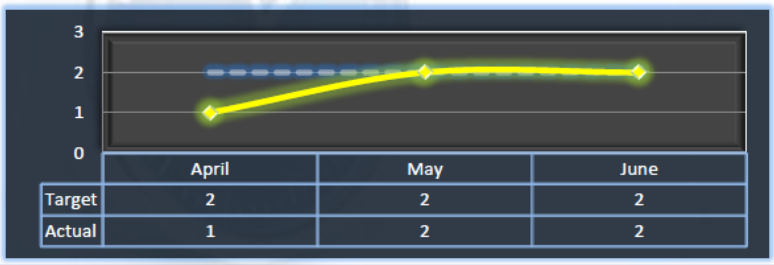

| | April | May | June |
|---|---|---|---|
| Target | 540 | 540 | 540 |
| Actual | 730 | 876 | 940 |

## Probation Intake

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

**Target: 2 Days**

**Q4 Average: 2 Days**



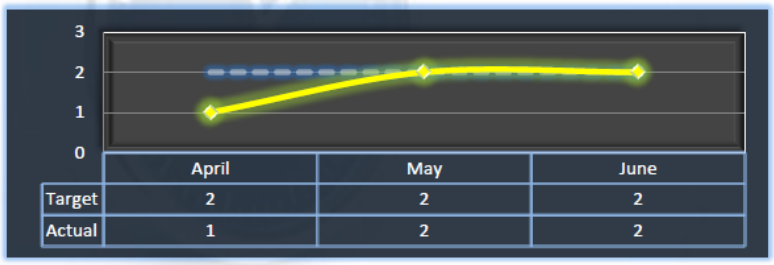

| | April | May | June |
|---|---|---|---|
| Target | 2 | 2 | 2 |
| Actual | 1 | 2 | 2 |

## Probation Violation Response

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

**Target: 2 Days**

**Q4 Average: 2 Days**




| | April | May | June |
|---|---|---|---|
| Target | 2 | 2 | 2 |
| Actual | 1 | 2 | 2 |

*Department of Consumer Affairs*

Board of Registered Nursing

# Performance Measures

## Q3 Report *(January - March 2012)*

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

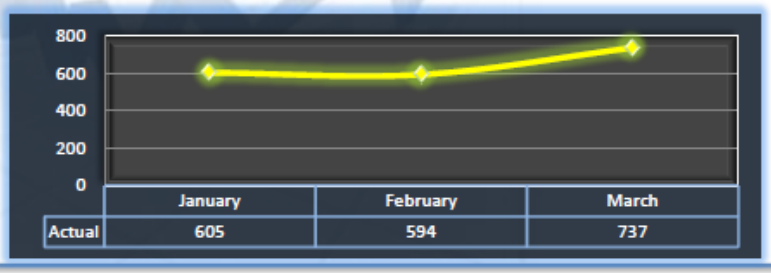
## Volume

Number of complaints and convictions received.

**Q3 Total: 1,936**

*Complaints: 575  Convictions: 1,361*

**Q3 Monthly Average: 645**

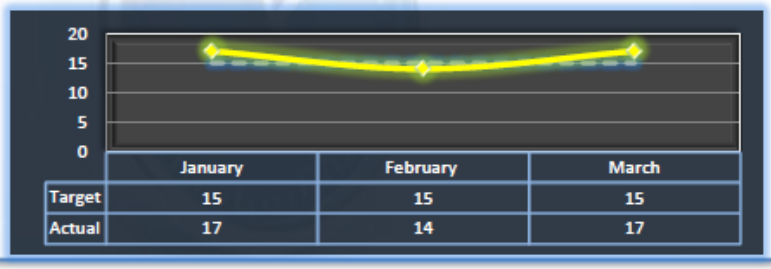



## Intake

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

**Target: 15 Days**

**Q3 Average: 16 Days**

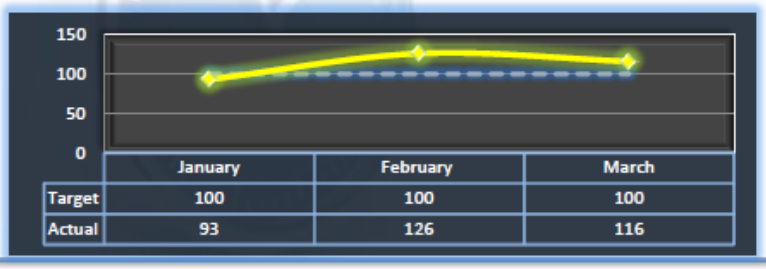



## Intake & Investigation

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

**Target: 100 Days**

**Q3 Average: 113 Days**

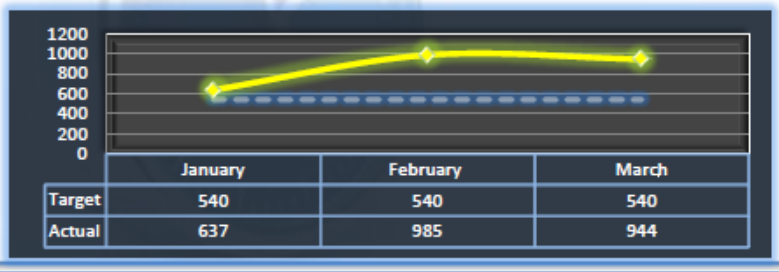


## Formal Discipline

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

**Target: 540 Days**

**Q3 Average: 654 Days**



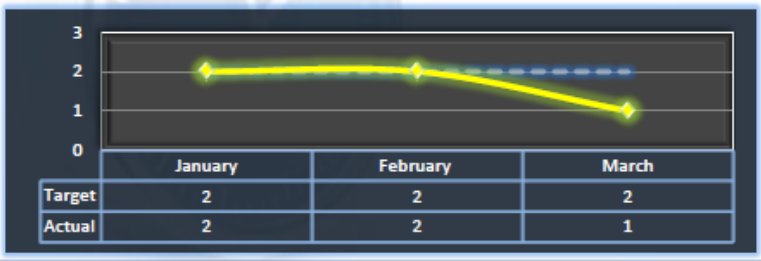

| | January | February | March |
|---|---|---|---|
| Target | 540 | 540 | 540 |
| Actual | 637 | 985 | 944 |

## Probation Intake

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

**Target: 2 Days**

**Q3 Average: 2 Days**



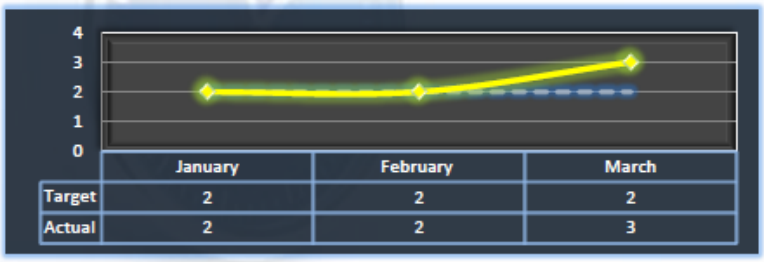

| | January | February | March |
|---|---|---|---|
| Target | 2 | 2 | 2 |
| Actual | 2 | 2 | 1 |

## Probation Violation Response

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

**Target: 2 Days**

**Q3 Average: 2 Days**




| | January | February | March |
|---|---|---|---|
| Target | 2 | 2 | 2 |
| Actual | 2 | 2 | 3 |

*Department of Consumer Affairs*

Board of Registered Nursing

# Performance Measures

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

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

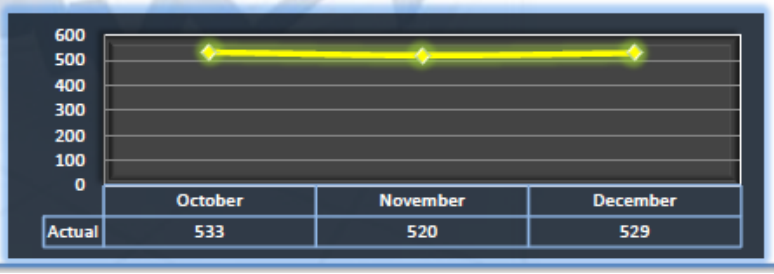
### Volume

Number of complaints and convictions received.

**Q2 Total: 1,582**

*Complaints: 581 Convictions: 1,001*

**Q2 Monthly Average: 527**

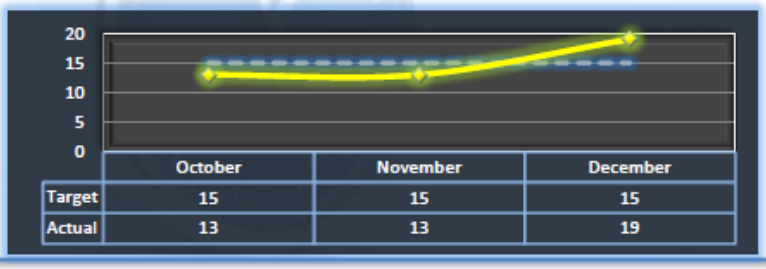



### Intake

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

**Target: 15 Days**

**Q2 Average: 16 Days**

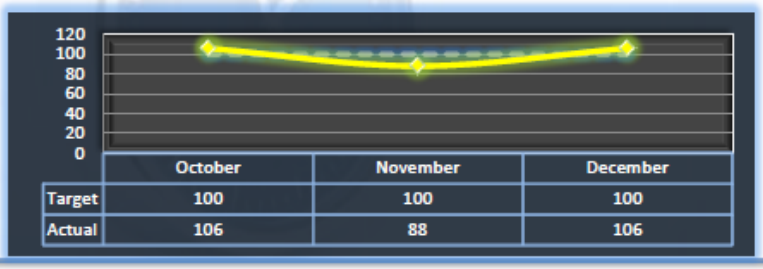


## Intake & Investigation

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

**Target: 100 Days**

**Q2 Average: 102 Days**



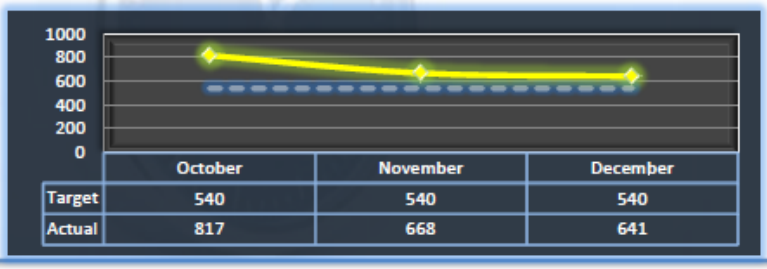

| | October | November | December |
|---|---|---|---|
| Target | 100 | 100 | 100 |
| Actual | 106 | 88 | 106 |

## Formal Discipline

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

**Target: 540 Days**

**Q2 Average: 684 Days**




| | October | November | December |
|---|---|---|---|
| Target | 540 | 540 | 540 |
| Actual | 817 | 668 | 641 |

## Probation Intake

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

**Target: 2 Days**

**Q2 Average: N/A**

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

## Probation Violation Response

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

**Target: 2 Days**

**Q2 Average: N/A**

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

*Department of Consumer Affairs*

# Board of Registered Nursing

# Performance Measures

## Q1 Report *(July - September 2011)*

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

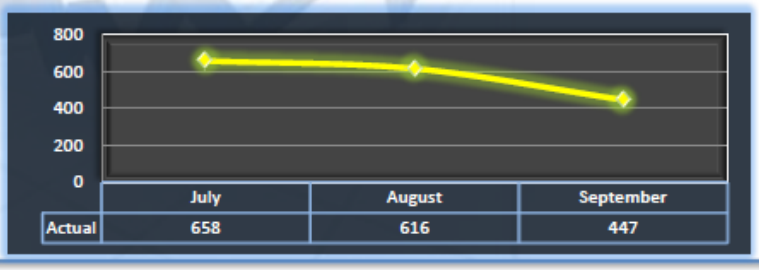
## Volume

Number of complaints and convictions received.

**Q1 Total: 1,721**

*Complaints: 700 Convictions: 1,021*

**Q1 Monthly Average: 574**

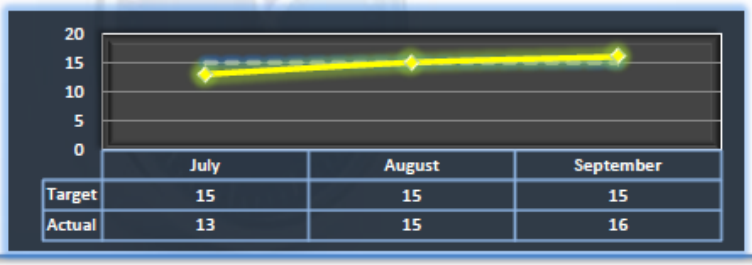


## Intake

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

**Target: 15 Days**

**Q1 Average: 15 Days**



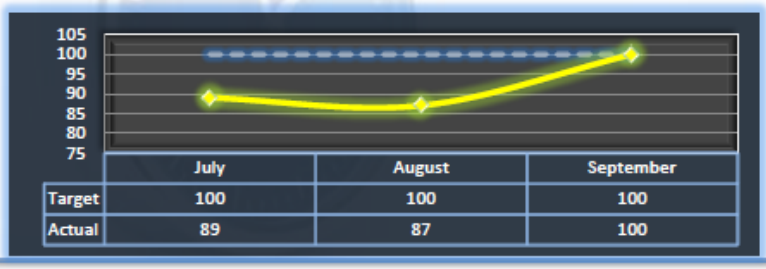

| | July | August | September |
|---|---|---|---|
| Target | 15 | 15 | 15 |
| Actual | 13 | 15 | 16 |

## Intake & Investigation

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

**Target: 100 Days**

**Q1 Average: 92 Days**



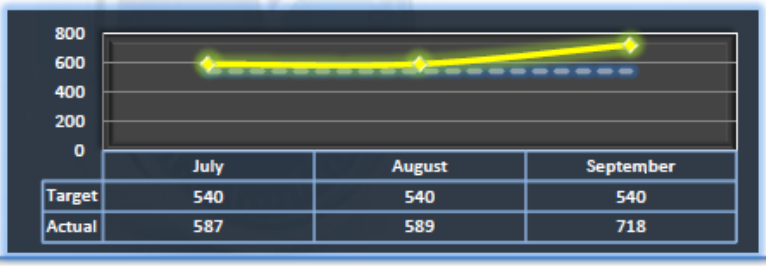

| | July | August | September |
|---|---|---|---|
| Target | 100 | 100 | 100 |
| Actual | 89 | 87 | 100 |

## Formal Discipline

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

**Target: 540 Days**

**Q1 Average: 623 Days**




| | July | August | September |
|---|---|---|---|
| Target | 540 | 540 | 540 |
| Actual | 587 | 589 | 718 |

## Probation Intake

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

**Target: 2 Days**

**Q1 Average: N/A**

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

## Probation Violation Response

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

**Target: 2 Days**

**Q1 Average: N/A**

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

***Fiscal Year 2010/11***

DRAFT

*Department of Consumer Affairs*

Board of Registered Nursing

# Performance Measures

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

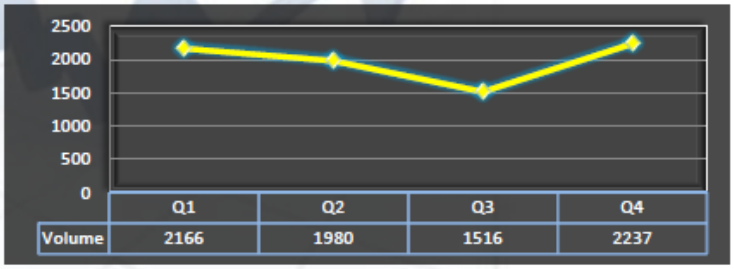
To ensure stakeholders can review the Board's progress in meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures are posted publicly on a quarterly basis.

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

### Volume

Number of complaints and convictions received.

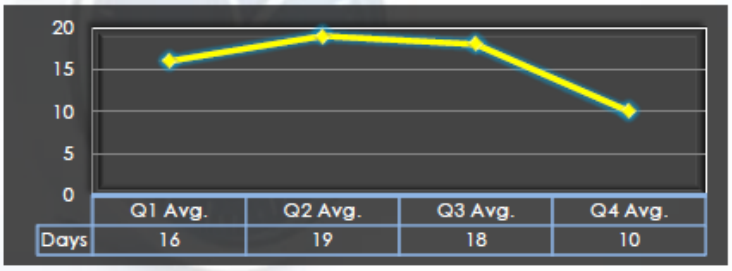
The Board had an annual total of 7,899 this fiscal year.




### Intake

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

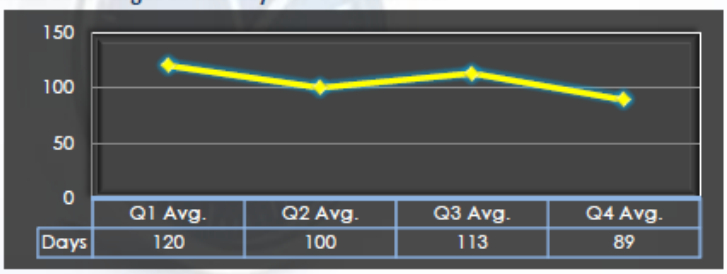
The Board has set a target of 15 days for this measure.



## Intake & Investigation

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

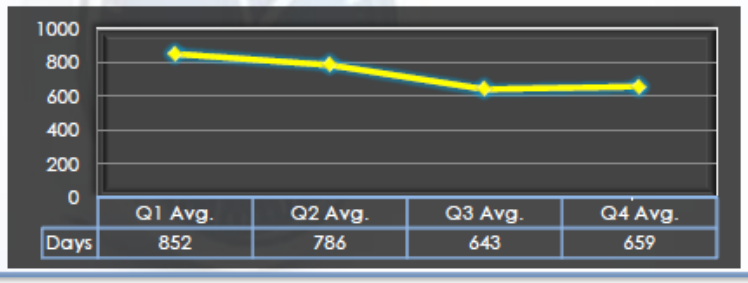
The Board has set a target of 100 days for this measure.




## Formal Discipline

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

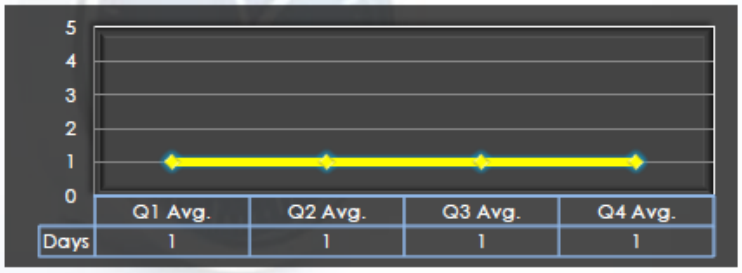
The Board has set a target of 540 days for this measure.




## Probation Intake

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

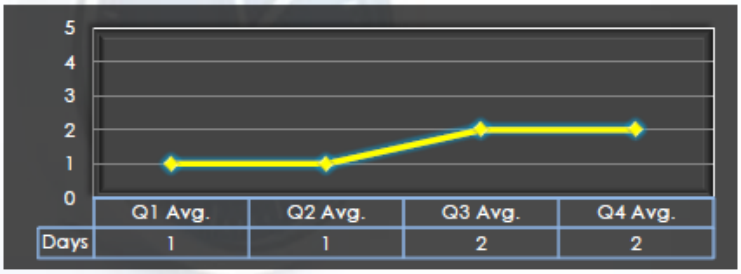
The Board has set a target of 2 days for this measure.



## Probation Violation Response

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

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




*Department of Consumer Affairs*

# Board of Registered Nursing

# Performance Measures

## Q4 Report *(April - June 2011)*

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

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

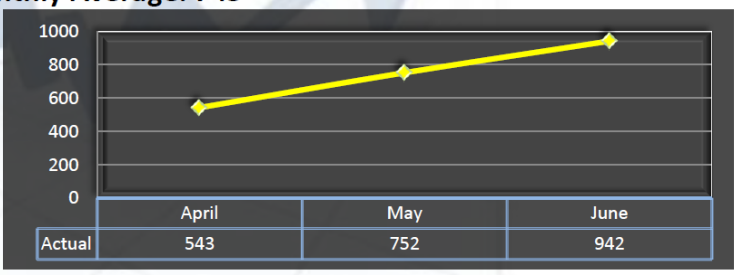
## Volume

**Number of complaints and convictions received.**

**Q4 Total: 2,237**

***Complaints: 941 Convictions: 1,296***

**Q4 Monthly Average: 745**

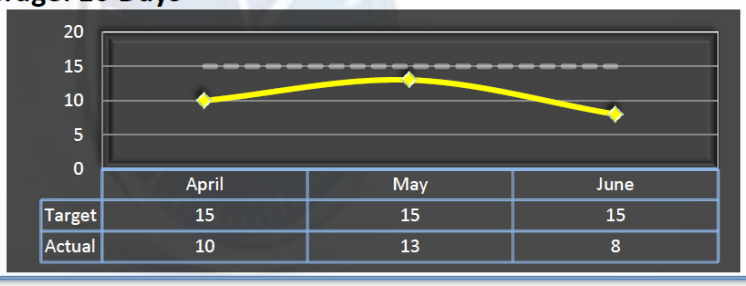


## Intake

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

**Target: 15 Days**

**Q4 Average: 10 Days**



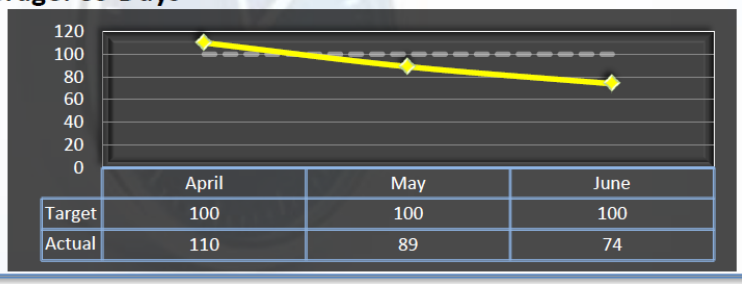

| | April | May | June |
|---|---|---|---|
| Target | 15 | 15 | 15 |
| Actual | 10 | 13 | 8 |

## Intake & Investigation

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

**Target: 100 Days**

**Q4 Average: 89 Days**



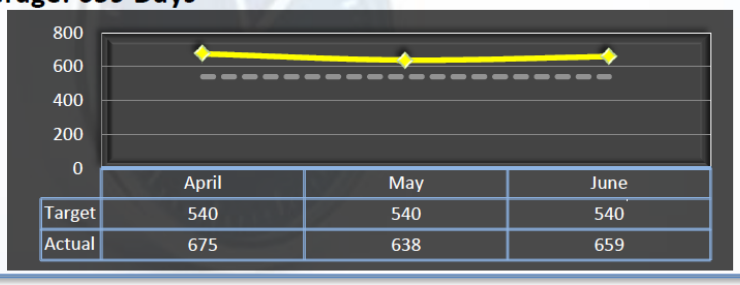

| | April | May | June |
|---|---|---|---|
| Target | 100 | 100 | 100 |
| Actual | 110 | 89 | 74 |

## Formal Discipline

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

**Target: 540 Days**

**Q4 Average: 659 Days**



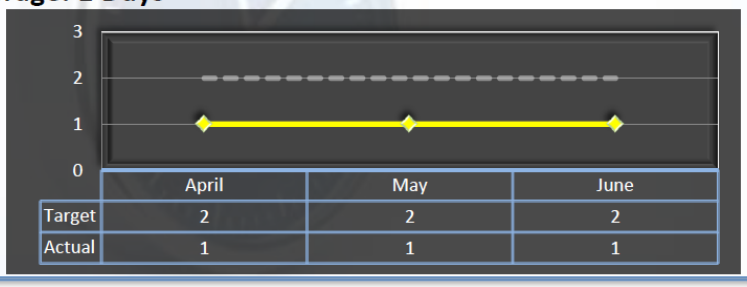

| | April | May | June |
|---|---|---|---|
| Target | 540 | 540 | 540 |
| Actual | 675 | 638 | 659 |

## Probation Intake

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

**Target: 2 Days**

**Q4 Average: 1 Days**



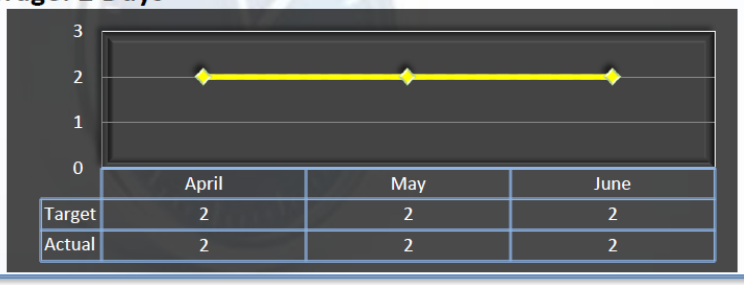

| | April | May | June |
|---|---|---|---|
| Target | 2 | 2 | 2 |
| Actual | 1 | 1 | 1 |

## Probation Violation Response

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

**Target: 2 Days**

**Q4 Average: 2 Days**




| | April | May | June |
|---|---|---|---|
| Target | 2 | 2 | 2 |
| Actual | 2 | 2 | 2 |

*Department of Consumer Affairs*

Board of Registered Nursing

# Performance Measures

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

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

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

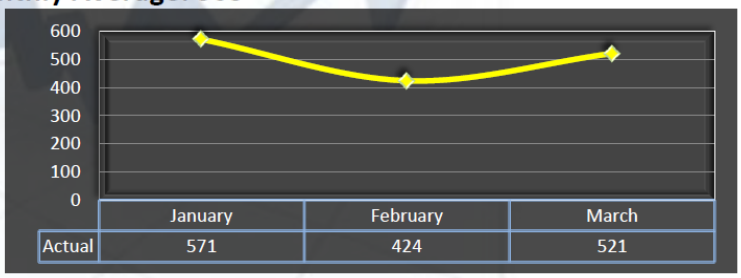
## Volume

Number of complaints and convictions received.

**Q3 Total: 1,516**

***Complaints: 429 Convictions: 1,087***

**Q3 Monthly Average: 505**

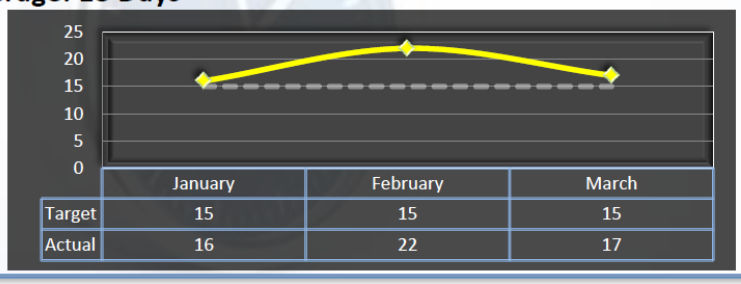



## Intake

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

**Target: 15 Days**

**Q3 Average: 18 Days**

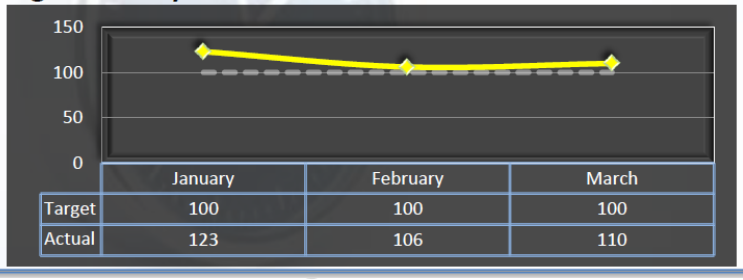



## Intake & Investigation

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

**Target: 100 Days**

**Q3 Average: 113 Days**

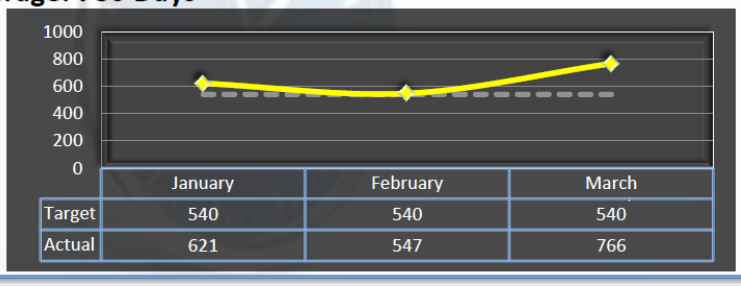


## Formal Discipline

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

**Target: 540 Days**

**Q3 Average: 786 Days**



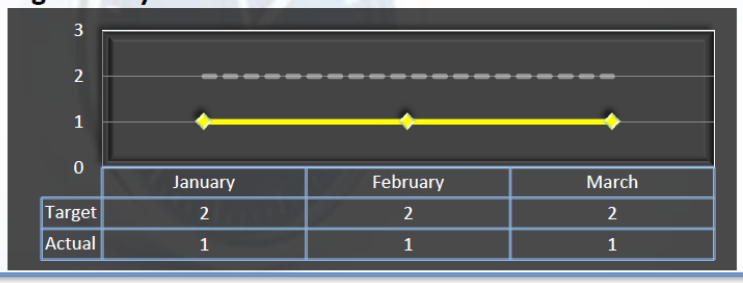

| | January | February | March |
|---|---|---|---|
| Target | 540 | 540 | 540 |
| Actual | 621 | 547 | 766 |

## Probation Intake

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

**Target: 2 Days**

**Q3 Average: 1 Days**



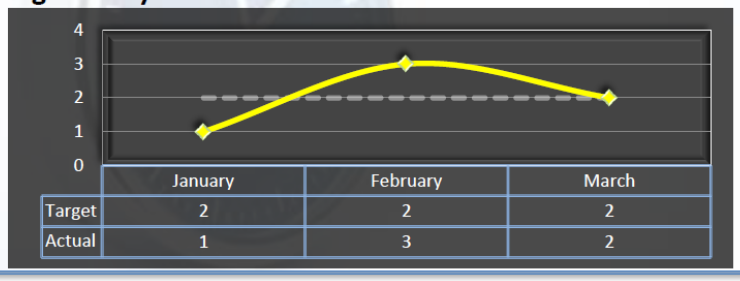

| | January | February | March |
|---|---|---|---|
| Target | 2 | 2 | 2 |
| Actual | 1 | 1 | 1 |

## Probation Violation Response

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

**Target: 2 Days**

**Q3 Average: 2 Days**




| | January | February | March |
|---|---|---|---|
| Target | 2 | 2 | 2 |
| Actual | 1 | 3 | 2 |

*Department of Consumer Affairs*

Board of Registered Nursing

# Performance Measures

## Q2 Report *(October - December 2010)*

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

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

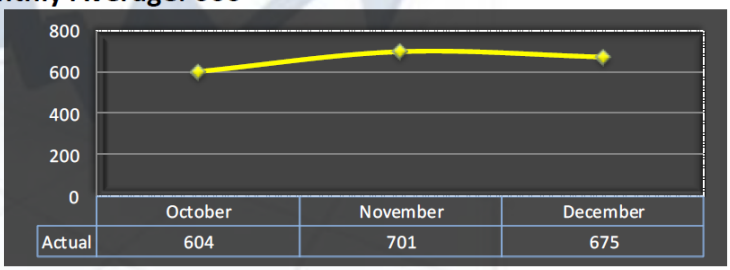
### Volume

**Number of complaints and convictions received.**

**Q2 Total: 1,980**

***Complaints: 644 Convictions: 1,336***

**Q2 Monthly Average: 660**

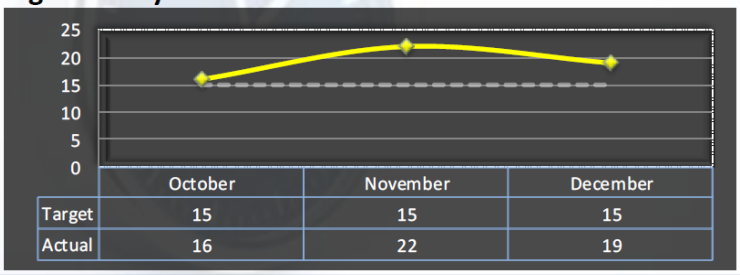



### Intake

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

**Target: 15 Days**

**Q2 Average: 19 Days**

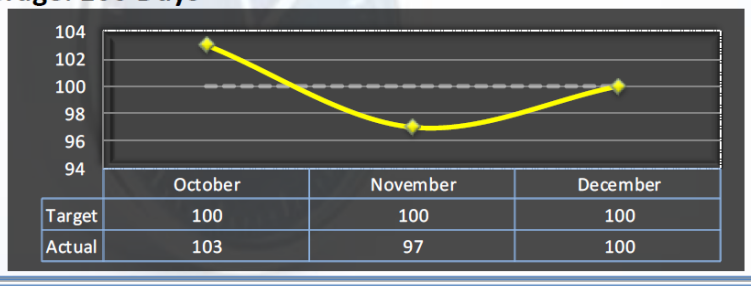


## Intake & Investigation

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

**Target: 100 Days**

**Q2 Average: 100 Days**



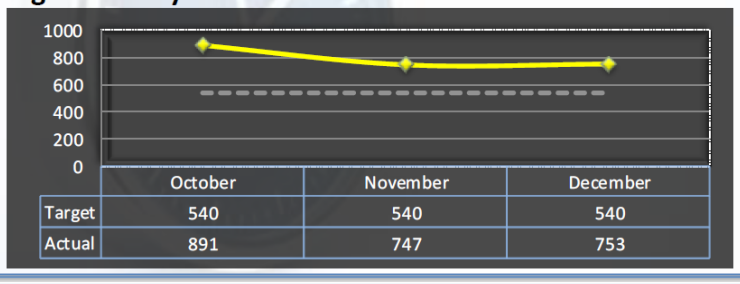

| | October | November | December |
|---|---|---|---|
| Target | 100 | 100 | 100 |
| Actual | 103 | 97 | 100 |

## Formal Discipline

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

**Target: 540 Days**

**Q2 Average: 786 Days**



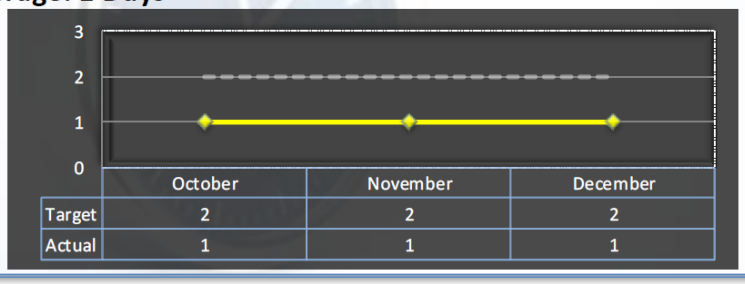

| | October | November | December |
|---|---|---|---|
| Target | 540 | 540 | 540 |
| Actual | 891 | 747 | 753 |

## Probation Intake

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

**Target: 2 Days**

**Q2 Average: 1 Days**



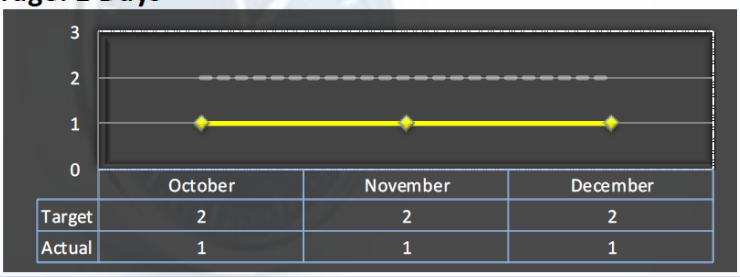

| | October | November | December |
|---|---|---|---|
| Target | 2 | 2 | 2 |
| Actual | 1 | 1 | 1 |

## Probation Violation Response

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

**Target: 2 Days**

**Q2 Average: 1 Days**




*Department of Consumer Affairs*

# Board of Registered Nursing

# Performance Measures

## Q1 Report *(July - Sept 2010)*

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

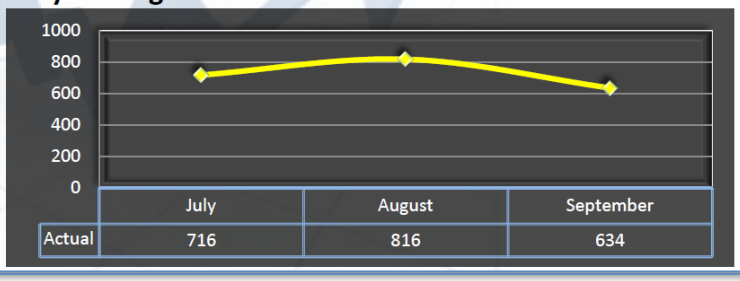
These measures will be posted publicly on a quarterly basis. In future reports, additional measures, such as consumer satisfaction and complaint efficiency, will also be added. These additional measures are being collected internally at this time and will be released once sufficient data is available.

## Volume

**Number of complaints received.***

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

**Q1 Monthly Average: 722**

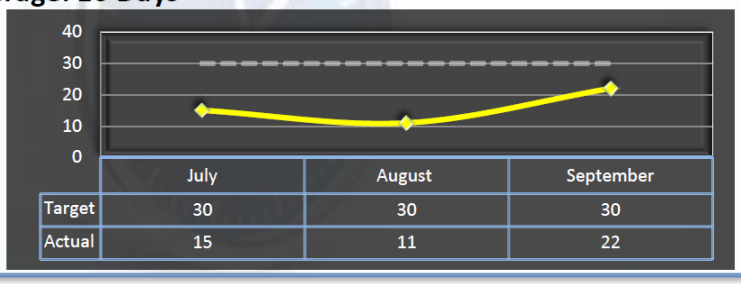


## Intake

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

**Target: 30 Days**

**Q1 Average: 16 Days**




| | July | August | September |
|---|---|---|---|
| Target | 30 | 30 | 30 |
| Actual | 15 | 11 | 22 |

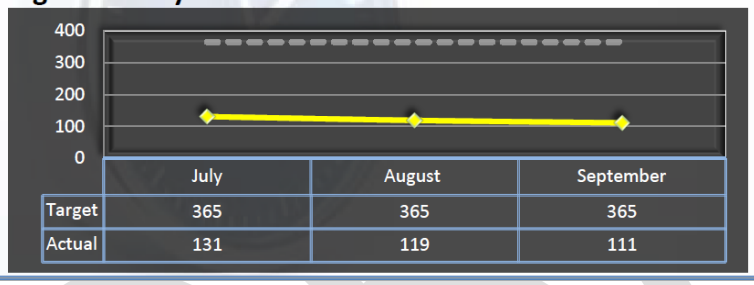
***"Complaints" in these measures include complaints, convictions, and arrest reports.**

## Intake & Investigation

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

**Target: 365 Days**

**Q1 Average: 120 Days**



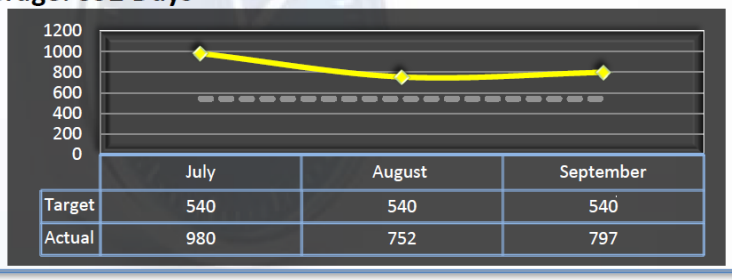

| | July | August | September |
|---|---|---|---|
| Target | 365 | 365 | 365 |
| Actual | 131 | 119 | 111 |

## Formal Discipline

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

**Target: 540 Days**

**Q1 Average: 852 Days**



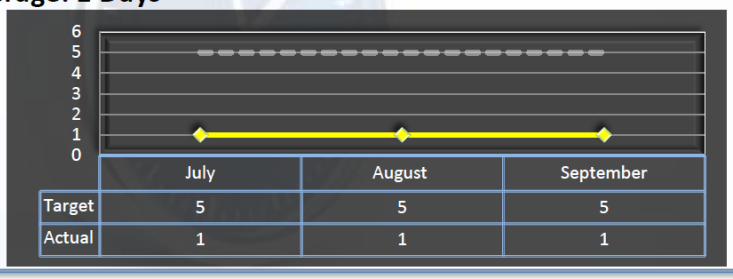

| | July | August | September |
|---|---|---|---|
| Target | 540 | 540 | 540 |
| Actual | 980 | 752 | 797 |

## Probation Intake

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

**Target: 5 Days**

**Q1 Average: 1 Days**



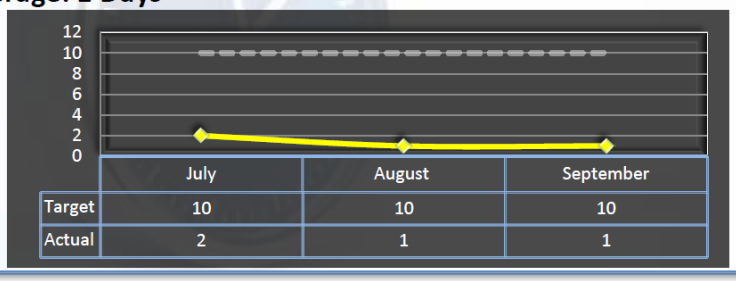

| | July | August | September |
|---|---|---|---|
| Target | 5 | 5 | 5 |
| Actual | 1 | 1 | 1 |

## Probation Violation Response

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

**Target: 10 Days**

**Q1 Average: 1 Days**




| | July | August | September |
|---|---|---|---|
| Target | 10 | 10 | 10 |
| Actual | 2 | 1 | 1 |

# CUSTOMER SATISFACTION SURVEYS CONDUCTED BY THE DEPARTMENT OF CONSUMER AFFAIRS

Beginning in FY 2010/11, DCA launched an online consumer satisfaction survey. The survey was implemented as part of DCA's CPEI to overhaul the enforcement and disciplinary processes of healing arts boards. The BRN began including the link to the online survey in all letters sent to notify complainants on the status or outcome of their complaint. Historically, very few individuals have responded to the surveys and this format has not appeared to increase the response rate. In FY 2010/11, the Board of Registered Nursing (BRN) received nine responses, six in FY 2011/12 and three in each 2012/13 and 2013/14 FYs for a total of 21 responses for the past four fiscal years. As is true with many satisfaction surveys and should be kept in mind when reviewing results, the few individuals that do respond are likely to give unfavorable ratings. People are more inclined to respond when dissatified with the outcome. In this case it is likely due to the non-disciplinary action taken on complaints which may also attribute to the low response rate of the survey. Many complaintants do not complete the survey at all because of their disappointment with the Board's decision. Many do not understand the Board's high burden of proof (clear and convincing) and the evidence needed to prosecute a case. Some complaints do not rise to the level of disciplinary action. Compared to the number of complaints, only a small number of cases go on to receive formal disciplinary action against the licensee.

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

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

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

| Question #2 | FY 2010/11 Response | | FY 2011/12 Response | | FY 2012/13 Response | | FY 2013/14 Response | | Total All FY Response | |
|---|---|---|---|---|---|---|---|---|---|---|
| How satisfied were you with the format and navigation of our website? | % | # | % | # | % | # | % | # | % | # |
| Very Satisfied | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 |
| Somewhat Satisfied | 0% | 0 | 17% | 1 | 0% | 0 | 0% | 0 | 5% | 1 |
| Neither Satisfied nor Dissatisfied | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 |
| Somewhat Dissatisfied | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 |
| Very Dissatisfied | 11% | 1 | 0% | 0 | 0% | 0 | 0% | 0 | 5% | 1 |
| No Response | 89% | 8 | 83% | 5 | 100% | 3 | 100% | 3 | 90% | 19 |
| Totals | 100% | 9 | 100% | 6 | 100% | 3 | 100% | 3 | 100% | 21 |

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| Question #3<br>How satisfied were you with information pertaining to your complaint available on our website? | FY 2010/11 Response | | FY 2011/12 Response | | FY 2012/13 Response | | FY 2013/14 Response | | Total All FY Response | |
|---|---|---|---|---|---|---|---|---|---|---|
| | % | # | % | # | % | # | % | # | % | # |
| Very Satisfied | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 |
| Somewhat Satisfied | 0% | 0 | 17% | 1 | 0% | 0 | 0% | 0 | 5% | 1 |
| Neither Satisfied nor Dissatisfied | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 |
| Somewhat Dissatisfied | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 |
| Very Dissatisfied | 11% | 1 | 0% | 0 | 0% | 0 | 0% | 0 | 5% | 1 |
| No Response | 89% | 8 | 83% | 5 | 100% | 3 | 100% | 3 | 90% | 19 |
| Totals | 100% | 9 | 100% | 6 | 100% | 3 | 100% | 3 | 100% | 21 |

| Question #4<br>How satisfied were you with the time it took to respond to your initial correspondence? | FY 2010/11 Response | | FY 2011/12 Response | | FY 2012/13 Response | | FY 2013/14 Response | | Total All FY Response | |
|---|---|---|---|---|---|---|---|---|---|---|
| | % | # | % | # | % | # | % | # | % | # |
| Very Satisfied | 11% | 1 | 0% | 0 | 33% | 1 | 0% | 0 | 9% | 2 |
| Somewhat Satisfied | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 |
| Neither Satisfied nor Dissatisfied | 11% | 1 | 17% | 1 | 0% | 0 | 0% | 0 | 9% | 2 |
| Somewhat Dissatisfied | 0% | 0 | 33% | 2 | 0% | 0 | 33% | 1 | 14% | 3 |
| Very Dissatisfied | 33% | 3 | 17% | 1 | 0% | 0 | 33% | 1 | 24% | 5 |
| No Response | 45% | 4 | 33% | 2 | 67% | 2 | 33% | 1 | 43% | 9 |
| Totals | 100% | 9 | 100% | 6 | 100% | 3 | 100% | 3 | 100% | 21 |

| Question #5<br>How satisfied were you with our response to your initial correspondence? | FY 2010/11 Response | | FY 2011/12 Response | | FY 2012/13 Response | | FY 2013/14 Response | | Total All FY Response | |
|---|---|---|---|---|---|---|---|---|---|---|
| | % | # | % | # | % | # | % | # | % | # |
| Very Satisfied | 11% | 1 | 17% | 1 | 33% | 1 | 0% | 0 | 14% | 3 |
| Somewhat Satisfied | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 |
| Neither Satisfied nor Dissatisfied | 11% | 1 | 17% | 1 | 0% | 0 | 0% | 0 | 10% | 2 |
| Somewhat Dissatisfied | 11% | 1 | 17% | 1 | 0% | 0 | 33% | 1 | 14% | 3 |
| Very Dissatisfied | 33% | 3 | 17% | 1 | 0% | 0 | 33% | 1 | 24% | 5 |
| No Response | 33% | 3 | 33% | 2 | 67% | 2 | 33% | 1 | 38% | 8 |
| Totals | 100% | 9 | 100% | 6 | 100% | 3 | 100% | 3 | 100% | 21 |

| Question #6<br>How satisfied were you with the time it took to speak to a representative of our Board/Bureau? | FY 2010/11 Response | | FY 2011/12 Response | | FY 2012/13 Response | | FY 2013/14 Response | | Total All FY Response | |
|---|---|---|---|---|---|---|---|---|---|---|
| | % | # | % | # | % | # | % | # | % | # |
| Very Satisfied | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 |
| Somewhat Satisfied | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 |
| Neither Satisfied nor Dissatisfied | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 |
| Somewhat Dissatisfied | 11% | 1 | 0% | 0 | 0% | 0 | 0% | 0 | 5% | 1 |
| Very Dissatisfied | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 |
| No Response | 89% | 8 | 100% | 6 | 100% | 3 | 100% | 3 | 95% | 20 |
| Totals | 100% | 9 | 100% | 6 | 100% | 3 | 100% | 3 | 100% | 21 |

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| Question #7<br>How satisfied were you with our representative's ability to address your complaint? | FY 2010/11 Response | | FY 2011/12 Response | | FY 2012/13 Response | | FY 2013/14 Response | | Total All FY Response | |
|---|---|---|---|---|---|---|---|---|---|---|
| | % | # | % | # | % | # | % | # | % | # |
| Very Satisfied | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 |
| Somewhat Satisfied | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 |
| Neither Satisfied nor Dissatisfied | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 |
| Somewhat Dissatisfied | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 5% | 1 |
| Very Dissatisfied | 11% | 1 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 |
| No Response | 89% | 8 | 100% | 6 | 100% | 3 | 100% | 3 | 95% | 20 |
| Totals | 100% | 9 | 100% | 6 | 100% | 3 | 100% | 3 | 100% | 21 |

| Question #8<br>How satisfied were you with the time it took for us to resolve your complaint? | FY 2010/11 Response | | FY 2011/12 Response | | FY 2012/13 Response | | FY 2013/14 Response | | Total All FY Response | |
|---|---|---|---|---|---|---|---|---|---|---|
| | % | # | % | # | % | # | % | # | % | # |
| Very Satisfied | 0% | | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 |
| Somewhat Satisfied | 0% | 0 | 0% | 0 | 33% | 1 | 0% | 0 | 5% | 1 |
| Neither Satisfied nor Dissatisfied | 0% | 0 | 17% | 1 | 33% | 1 | 0% | 0 | 10% | 2 |
| Somewhat Dissatisfied | 11% | 1 | 17% | 1 | 0% | 0 | 0% | 0 | 10% | 2 |
| Very Dissatisfied | 56% | 5 | 67% | 4 | 33% | 1 | 100% | 3 | 62% | 13 |
| No Response | 33% | 3 | 0% | 0 | 100% | 0 | 0% | 0 | 14% | 3 |
| Totals | 100% | 9 | 100% | 6 | 100% | 3 | 100% | 3 | 100% | 21 |

| Question #9<br>How satisfied were you with the explanation you were provided regarding the outcome of your complaint? | FY 2010/11 Response | | FY 2011/12 Response | | FY 2012/13 Response | | FY 2013/14 Response | | Total All FY Response | |
|---|---|---|---|---|---|---|---|---|---|---|
| | % | # | % | # | % | # | % | # | % | # |
| Very Satisfied | 11% | 1 | 17% | 1 | 67% | 2 | 0% | 0 | 19% | 4 |
| Somewhat Satisfied | 0% | 0 | 0% | 0 | 0% | | 33% | 1 | 5% | 1 |
| Neither Satisfied nor Dissatisfied | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 |
| Somewhat Dissatisfied | 0% | 0 | 33% | 2 | 0% | 0 | 0% | 0 | 10% | 2 |
| Very Dissatisfied | 56% | 5 | 50% | 3 | 33% | 1 | 67% | 2 | 52% | 11 |
| No Response | 33% | 3 | 0% | 0 | 0% | 0 | 0% | 0 | 14% | 3 |
| Totals | 100% | 9 | 100% | 6 | 100% | 3 | 100% | 3 | 100% | 21 |

| Question #10<br>Overall, how satisfied were you with the way in which we handled your complaint? | FY 2010/11 Response | | FY 2011/12 Response | | FY 2012/13 Response | | FY 2013/14 Response | | Total All FY Response | |
|---|---|---|---|---|---|---|---|---|---|---|
| | % | # | % | # | % | # | % | # | % | # |
| Very Satisfied | 0% | 0 | 0% | 0 | 33% | 1 | 33% | 1 | 10% | 2 |
| Somewhat Satisfied | 0% | 0 | 0% | 0 | 33% | 1 | 0% | 0 | 5% | 1 |
| Neither Satisfied nor Dissatisfied | 11% | 1 | 17% | 1 | 0% | 0 | 33% | 1 | 14% | 3 |
| Somewhat Dissatisfied | 11% | 1 | 33% | 2 | 0% | 0 | 0% | 0 | 14% | 3 |
| Very Dissatisfied | 44% | 4 | 50% | 3 | 33% | 1 | 33% | 1 | 43% | 9 |
| No Response | 33% | 3 | 0% | 0 | 0% | 0 | 0% | 0 | 14% | 3 |
| Totals | 100% | 9 | 100% | 6 | 100% | 3 | 100% | 3 | 100% | 21 |

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| Question #11<br>Would you contact us again for a similar situation? | FY 2010/11 Response | | FY 2011/12 Response | | FY 2012/13 Response | | FY 2013/14 Response | | Total All FY Response | |
|---|---|---|---|---|---|---|---|---|---|---|
| | % | # | % | # | % | # | % | # | % | # |
| Definitely | 11% | 1 | 50% | 3 | 100% | 3 | 33% | 1 | 38% | 8 |
| Probably | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 |
| Maybe | 11% | 1 | 17% | 1 | 0% | 0 | 33% | 1 | 14% | 3 |
| Probably Not | 11% | 1 | 33% | 2 | 0% | 0 | 0% | 0 | 14% | 3 |
| Absolutely Not | 22% | 2 | 0% | 0 | 0% | 0 | 33% | 1 | 14% | 3 |
| No Response | 44% | 4 | 0% | 0 | 0% | 0 | 0% | 0 | 19% | 4 |
| Totals | 100% | 9 | 100% | 6 | 100% | 3 | 100% | 3 | 100% | 21 |

| Question #12<br>Would you recommend us to a friend or family member experiencing a similar situation? | FY 2010/11 Response | | FY 2011/12 Response | | FY 2012/13 Response | | FY 2013/14 Response | | Total All FY Response | |
|---|---|---|---|---|---|---|---|---|---|---|
| | % | # | % | # | % | # | % | # | % | # |
| Definitely | 0% | 0 | 33% | 2 | 67% | 2 | 33% | 1 | 24% | 5 |
| Probably | 11% | 1 | 33% | 0 | 0% | 0 | 0% | 0 | 5% | 1 |
| Maybe | 0% | 0 | 0% | 2 | 0% | 0 | 33% | 1 | 14% | 3 |
| Probably Not | 11% | 1 | 33% | 2 | 0% | 0 | 0% | 0 | 14% | 3 |
| Absolutely Not | 22% | 2 | 0% | 0 | 33% | 1 | 33% | 1 | 19% | 4 |
| No Response | 56% | 5 | 0% | 0 | 0% | 0 | 0% | 0 | 24% | 5 |
| Totals | 100% | 9 | 100% | 6 | 100% | 3 | 100% | 3 | 100% | 21 |

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# Fiscal Issues

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

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

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

At the end of FY 2013/14 the BRN has a fund balance of $9.5 million dollars, which is a three month reserve. This reserve is projected to decline to less than one month in FY 2015/16. The goal of the BRN is to maintain a two to four month reserve and is thus projected to fall below that goal in 2015/2016. In FY 2008/2009 the BRN made a $2 million dollar loan to the General Fund that was repaid in FY 2010/11 without interest. Another loan of 11.3 million was made in FY 2011/12. It is projected that 3 million of this will be repaid in FY 2014/15, but again no interest is anticipated. There has been discussion to have an additional 6 million accelerated for repayment in FY 2014/15 and the remaining 2.3 million in FY 2015/16, however, to date this has not been scheduled so is not included in Table 2. Repayment of the loan is needed to assist in funding the approved Budget Change Proposals that are effective in the same year as well to continue to fund the existing BRN services and keep a minimal reserve.

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

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

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

### *Expenditures by Program Component*

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

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

* Administration costs are incorporated in each program component.
** Operating Expenses and Equipment

### *Fees and License Renewal Cycles*

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

increase, the fees had remained the same for 19 years. While the RN renewal fee is currently less than the statutory maximum, some of the current fee amounts are at the statutory limit.

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

**Table 4. Fee Schedule and Revenue** (list revenue dollars in thousands)

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

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

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### *Budget Change Proposals*

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

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

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

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

*Legislative Analyst* – For FY 2013/14, the BRN requested an Associate Governmental Program Analyst (AGPA) to serve as a legislative analyst for the BRN. The Board monitors and provides input into pending legislation and often promulgates regulations to implement legislation. This work requires a variety of tasks which was currently being done by a NEC, taking valuable time away from the completion of other education

and nursing related tasks. The Board's active role in health care-related legislation and regulations is critical in meeting the needs of California consumers and ensuring public protection. The BRN did not receive this requested position.

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

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

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

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

** Operating Expenses and Equipment

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## Staffing Issues

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

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

Classification and Pay (C&P) Analyst has been very high. The BRN has had more than four different C&P Analysts since the last Sunset Report in 2010.

While currently the BRN has full staffing in the NEC positions, these positions have been difficult to recruit and keep filled in the past. The BRN continues to have challenges in recruiting qualified NECs due to the salary inequity of these positions compared to equivalent jobs inside and outside of state service for RNs. The NEC education requirements (Master's level of education) are very high given the low rate of pay. There are state agencies that have RN classifications that do not require the same level of education whose salaries are higher than the NECs. The BRN has requested that DCA address the pay inequity, however, to date our requests have not been successful.

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

### *Staff Development*

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

The annual dollar amount for training varies dramatically from year to year depending upon budget constraints and DCAs approval for travel to seminars and workshops that NECs attend across the state as often as possible. All new managers and supervisors must attend a two week training class at a cost of $1,320 for each person; however, turnover of managers and supervisors is low so the cost for this varies and is not annual. Enforcement staff have attended the DCA's Enforcement Academy to help develop enforcement skills as well as share information between the various boards and bureaus within DCA. BRN staff helped develop the Enforcement Academy as well as provide the training for specific modules. The BRN hired special

investigators, a new classification to the BRN and DCA as of 2010. All special investigators attend training specific to their position. Over the past four fiscal years, the BRN has spent the following on staff training:

2010-2011: $ 8,110
2011-2012: $13,258
2012-2013: $ 2,572
2013-2014: $11,218

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

# Licensing Program

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

### *Performance Targets*

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

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

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

***Still be completed: Include/discuss average processing time frames when data is finalized: To be inserted here***

### *Processing Timeframes*

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

Even with the new processes BRN staff could not complete an initial review of applicant files within the timeframe specified by the regulations. In BreEZe, data entry time increased from two minutes to ten minutes per file. This significant difference increased the initial evaluation time from two weeks to more than twelve weeks. Examination applicants were not receiving their Authorization to Test documents due to a lack of

interface between BreEZe and the testing vendor (Pearson VUE). BRN staff were making applicants eligible to test but the systems were not communicating. BRN staff worked overtime during the week and on weekends for six months and although every effort was made to redirect Licensing staff as well as cross-training other BRN staff, this redirection was not sufficient to meet the operational needs.

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

The additional staff remained with the BRN through the busiest time period (April through June). The Licensing Unit became self-sufficient with BRN staff at the end of June 2014. BRN staff is now fully trained in BreEZe and have become accustomed to the system. BRN staff continues to work with DCA's BreEZe team as everyone works to obtain a full understanding of the systems operations and needs of the users. Because the BreEZe continues to impact data entry and processing timeframes in each area of the Licensing Program, the BRN is requesting additional staff through a FY 2015/2016 Budget Change Proposal (BCP). Approval of the BCP will allow a manageable workflow through the licensing program in order to efficiently process applications and abide by the BRNs rules and regulations.

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

<u>BRN and DCA Consumer Information Call Centers</u>

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

<u>BRN Licensing</u>

- Standardized voice mail scripts letting callers know we are experiencing high volumes of calls and a return call can be expected within 3-5 days.
- Improved manual tracking of fingerprint information.
- Updated deficiency letters to improve clarity and processing in licensing.
- Hard copy standardized letters available on the desktop for faster processing as it eliminates multiple steps in BreEZe.
- Improved process for referring and reviewing licensing files to and from Enforcement.
- Continuous evaluation to improve mail processing and locating files.
- BCP Concept Paper submitted in April 2014 requesting additional positions for FY 2015/2016.

BRN Website

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

### *Licensing Activity*

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

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

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

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

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

**Nurse-Midwife Certification –** Nurse-midwives are RNs who are authorized, under the supervision of a licensed physician and surgeon, to attend cases of normal childbirth and provide prenatal, intrapartum and

postpartum care, including family planning care, for the mother and immediate care for the newborn (B&P Code Section 2746.5). BRN certification may be obtained by successful completion of a BRN-approved nurse-midwifery program or certification as a nurse-midwife by the American Midwifery Certification Board. There is an equivalency method for applicants who completed a non BRN-approved midwifery program and who are not nationally certified. These applicants must provide evidence that deficiencies have been corrected in a BRN-approved nurse-midwifery program or through successful completion of specific courses approved by the BRN.

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

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

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

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

enables the psychiatric/mental health nurse to receive direct reimbursement from insurance carriers for counseling services.

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

**Continuing Education Provider Approval –** The BRN regulates and approves RN Continuing Education Providers (CEP). RNs are required, upon renewal, to have completed 30 hours of direct participation in a course or courses by a CEP approved by the BRN (B&P Code Sections 2811.5 and 2811.6).

### *Licensee Population Data*

Following are the licensee population data for each of the licenses and certifications issued by the BRN. Two sets of data are presented for FY 2013/14, one column is from reports generated from the BreEZe system, which based on historical data and spot checking the BRN does not believe to be accurate numbers. The last column includes best estimates by adding to the previous FY numbers a percentage increase based on historical and trend data. The BRN believes these numbers are closer to the actual numbers.

| **Table 6. Licensee Population** | | | | | | |
|---|---|---|---|---|---|---|
| | | FY 2010/11 | FY 2011/12 | FY 2012/13 | FY 2013/14 BreEZe** | FY 2013/14 BRN Estimates*** |
| Registered Nurse | Active | 366,815 | 377,095 | 387,478 | 388,835 | 398,134*** |
| | Inactive* | 19,730 | 17,438 | 15,960 | 14,087 | 16,025*** |
| | Out-of-State | 52,671 | 54,130 | 55,514 | 53,047 | 56,825 |
| | Out-of-Country | 1,707 | 1,596 | 1,529 | 1,865 | 1,885 |
| | Delinquent | 81,878 | 92,834 | 89,163 | 120,465 | 92,819 |
| Clinical Nurse Specialist | Active | 3,099 | 3,243 | 3,375 | 3,415 | 3,507 |
| | Inactive* | 25 | 25 | 27 | 41 | 29 |
| | Out-of-State | 182 | 181 | 192 | 194 | 202 |
| | Out-of-Country | 2 | 5 | 7 | 8 | 8 |
| | Delinquent | 375 | 422 | 451 | 578 | 480 |
| Nurse Anesthetist | Active | 2,047 | 2,113 | 2,202 | 2,230 | 2,290 |
| | Inactive* | 47 | 41 | 36 | 31 | 41 |
| | Out-of-State | 609 | 616 | 631 | 598 | 645 |
| | Out-of-Country | 2 | 2 | 3 | 1 | 3 |
| | Delinquent | 619 | 711 | 720 | 930 | 729 |
| Nurse-Midwife | Active | 1,191 | 1,229 | 1,234 | 1,246 | 1,239 |
| | Inactive* | 29 | 25 | 26 | 22 | 27 |
| | Out-of-State | 133 | 135 | 135 | 133 | 135 |
| | Out-of-Country | 6 | 5 | 5 | 7 | 7 |
| | Delinquent | 230 | 249 | 258 | 343 | 267 |

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| | | | | | | |
|---|---|---|---|---|---|---|
| Nurse-Midwife Furnishing | Active | 761 | 782 | 817 | 852 | 852 |
| | Out-of-State | 48 | 47 | 52 | 55 | 50 |
| | Inactive* | 7 | 9 | 9 | 8 | 9 |
| | Out-of-Country | 0 | 0 | 0 | 1 | 0 |
| | Delinquent | 109 | 121 | 125 | 170 | 129 |
| Nurse Practitioner | Active | 16,181 | 17,071 | 17,968 | 19,045 | 18,866 |
| | Inactive* | 460 | 422 | 398 | 284 | 368 |
| | Out-of-State | 1,398 | 1,509 | 1,612 | 1,730 | 1,705 |
| | Out-of-Country | 29 | 30 | 37 | 44 | 42 |
| | Delinquent | 1,798 | 1,991 | 2,016 | 3,057 | 2,056 |
| Nurse Practitioner Furnishing | Active | 11,701 | 12,321 | 13,740 | 15,041 | 15,155 |
| | Inactive* | 107 | 100 | 109 | 128 | 118 |
| | Out-of-State | 602 | 665 | 740 | 843 | 801 |
| | Out-of-Country | 14 | 13 | 14 | 22 | 20 |
| | Delinquent | 1,281 | 1,478 | 1,546 | 2,132 | 1,614 |
| Psychiatric Mental Health Nurse | Active | 361 | 353 | 356 | 357 | 359 |
| | Inactive* | 25 | 22 | 18 | 11 | 14 |
| | Out-of-State | 23 | 25 | 25 | 24 | 24 |
| | Out-of-Country | 1 | 2 | 2 | 1 | 2 |
| | Delinquent | 60 | 68 | 57 | 98 | 55 |
| Public Health Nurse | Active | 49,484 | 51,613 | 53,854 | 55,473 | 56,116 |
| | Inactive* | 3,029 | 2,733 | 2,510 | 2,074 | 2,315 |
| | Out-of-State | 2,595 | 2,707 | 2,743 | 2,639 | 2,808 |
| | Out-of-Country | 53 | 54 | 57 | 90 | 70 |
| | Delinquent | 4,684 | 5,166 | 5,186 | 9,498 | 5,207 |
| Continuing Education Provider | Active | 3,437 | 3,468 | 3,438 | 3,213 | 3,408 |
| | Inactive* | n/a | n/a | n/a | n/a | n/a |
| | Out-of-State | 800 | 819 | 846 | 802 | 875 |
| | Out-of-Country | 12 | 12 | 12 | 25 | 20 |
| | Delinquent | 679 | 862 | 861 | 1,289 | 860 |

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

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

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

Included in the 7a Tables below are data for each of the licenses, certifications or approvals issued by the BRN. For FY 2013/14, with the exception of Continuing Education Provider Approval, data is provided in two separate date ranges along with the FY totals. The date ranges include pre-BreEZe (7/1/13-9/30/13) and post-BreEZe (10/1/13-6/30/14) implementation. The reporting information available prior to BreEZe implementation is no longer available to the BRN as of October 1, 2013. The data generated by these reports was accurate and was used for the prior two year's data. Since the BreEZe implementation, the BRN has been working closely with DCA on developing reports that accurately identify the BRN workload and statistics. However,

currently the reporting system is limited and cannot provide the detail of data requested and in some instances, for a variety of reasons, does not appear to be providing accurate data. Pending application and cycle time data is provided when available.

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

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

| | Registered Nurse License | Received | Approved | Closed | Issued | Pending Applications | Cycle Times |
|---|---|---|---|---|---|---|---|
| | | | | | | Total (Close of FY) | combined, IF unable to separate out |
| FY 2011/12 | Exam* | 26,016 | 13,088 | -- | 13,088 | 4,725 | ***Still working on --*** |
| | Endorsement | 11,381 | 9,591 | -- | 9,591 | | ***past cycle time data for all license/certs--*** |
| | Renewal | 183,432 | 183,432 | n/a | 183,432 | n/a | ***To Be Inserted --*** |
| FY 2012/13 | Exam* | 23,784 | 12,250 | -- | 12,250 | 10,668 | -- |
| | Endorsement | 11,321 | 9,429 | -- | 9,429 | | -- |
| | Renewal | 185,140 | 185,140 | n/a | 185,140 | n/a | -- |
| FY 2013/14 | Exam* | 22,343 | 20,208** | -- | 20,208** | *** | -- |
| | | | | | | | -- |
| | Endorsement | 11,260 | | -- | | | -- |
| | Renewal++ | 198,525 | 198,525 | n/a | 198,525 | n/a | -- |
| Pre-BreEZe 7/1/13-9/30/13 | Exam* | -- | 4,517 | | 8,068 | n/a | -- |
| | Endorsement | -- | 3,551 | | | | -- |
| Post BreEZe 10/1/13-6/30/14 | Exam* | -- | 12,140** | -- | 12,140** | *** | First Time Applications-Receipt to Exam Eligibility: 82 days |
| | Endorsement | -- | | -- | | | Receipt to Licensure: 69 days |

++ These totals include Revenue Collected in Advance (RCA) as current reporting capabilities available to the BRN are not able to distinguish between revenue collected in FY 2013/14 and applied to renewals for FY 2013/14 or FY2014/15, thus all revenue received in FY2013/14 was included in FY2013/14 YTD Revenue. As a result, renewals received appear higher for FY 2013/14 than historically reported.

* Exam applications include initial exam applicants and repeater/reapply applicants.

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

*** Pending applications include initial and repeat exam and endorsement applicants whose initial evaluation is complete and additional documentation is required to complete the file or the exam applicant has been found eligible for the exam and they still need to register with the testing vendor. The current reporting system does not have the capability to obtain a number for a past point in time so we are unable to provide a pending count as of the close of FY 2013/14. A report was run on August 18, 2014 and it reported the number pending to be 6,576, however, a random audit found inaccuracies in the data and the BRN has been unable to confirm the accuracy of this count.

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| Table 7a. Licensing Data by Type | | | | | | | |
|---|---|---|---|---|---|---|---|
| Clinical Nurse Specialist Certification | | Received | Approved | Closed | Issued | Pending Applications* Total (Close of FY) | Cycle Times combined, IF unable to separate out |
| FY 2011/12 | Exam | n/a | n/a | n/a | n/a | n/a | n/a |
| | Certification | 252 | 198 | -- | 198 | 101 | -- |
| | Renewal | 1,512 | 1,512 | n/a | 1,512 | | -- |
| FY 2012/13 | Exam | n/a | n/a | n/a | n/a | n/a | n/a |
| | Certification | 236 | 192 | -- | 192 | 118 | -- |
| | Renewal | 1,532 | 1,532 | n/a | 1,532 | n/a | -- |
| FY 2013/14 | Exam | n/a | n/a | n/a | n/a | n/a | n/a |
| | Certification - FY Total | 165 | 157 | -- | 157 | * | -- |
| | Certification-Pre BreEZe (7/1/13-9/30/13) | -- | 61 | -- | 61 | -- | -- |
| | Certification-Post BreEZe (10/1/13-6/30/14) | -- | 96 | -- | 96 | -- | Receipt to Licensure: 54 |
| | Renewal++ | 1812 | 1812 | n/a | 1812 | n/a | -- |

++ These totals include Revenue Collected in Advance (RCA) as current reporting capabilities available to the BRN are not able to distinguish between revenue collected in FY 2013/14 and applied to renewals for FY 2013/14 or FY 2014/15, thus all revenue received in FY2013/14 was included in FY 2013/14 YTD Revenue. As a result, renewals received appear higher for FY 2013/14 than historically reported.

* Pending applications include those applicants that are incomplete and those that have been abandoned. The current reporting system does not have the capability to obtain a number for a past point in time so we are unable to provide a pending count as of the close of FY 2013/14. A manual count of actual files was completed on August 27, 2014 and it reported the number pending to be 76.

| Table 7a. Licensing Data by Type | | | | | | | |
|---|---|---|---|---|---|---|---|
| Nurse Anesthetist Certification | | Received | Approved | Closed | Issued | Pending Applications* Total (Close of FY) | Cycle Times combined, IF unable to separate out |
| FY 2011/12 | Exam | n/a | n/a | n/a | n/a | n/a | n/a |
| | Certification | 185 | 161 | -- | 161 | 31 | -- |
| | Renewal | 988 | 988 | n/a | 988 | n/a | -- |
| FY 2012/13 | Exam | n/a | n/a | n/a | n/a | n/a | n/a |
| | Certification | 182 | 173 | -- | 173 | 60 | -- |
| | Renewal | 967 | 967 | n/a | 967 | n/a | -- |
| FY 2013/14 | Exam | n/a | n/a | n/a | n/a | n/a | n/a |
| | Certification - FY Total | 192 | 172 | -- | 172 | * | -- |
| | Certification-Pre BreEZe (7/1/13-9/30/13) | -- | 33 | -- | 33 | -- -- -- | -- |
| | Certification-Post BreEZe (10/1/13-6/30/14) | -- | 139 | -- | 139 | -- | Receipt to Licensure: 50 |
| | Renewal++ | 1134 | 1134 | n/a | 1134 | -- -- n/a | -- |

++ These totals include Revenue Collected in Advance (RCA) as current reporting capabilities available to the BRN are not able to distinguish between revenue collected in FY 2013/14 and applied to renewals for FY 2013/14 or FY 2014/15, thus all revenue received in FY2013/14 was included in FY 2013/14 YTD Revenue. As a result, renewals received appear higher for FY 2013/14 than historically reported.

* Pending applications include those applicants that are incomplete and those that have been abandoned. The current reporting system does not have the capability to obtain a number for a past point in time so we are unable to provide a pending count as of the close of FY 2013/14. A manual count of actual files was completed on August 27, 2014 and it reported the number pending to be 35.

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

++ These totals include Revenue Collected in Advance (RCA) as current reporting capabilities available to the BRN are not able to distinguish between revenue collected in FY 2013/14 and applied to renewals for FY 2013/14 or FY 2014/15, thus all revenue received in FY2013/14 was included in FY 2013/14 YTD Revenue. As a result, renewals received appear higher for FY 2013/14 than historically reported.

* Pending applications include those applicants that are incomplete and those that have been abandoned. The current reporting system does not have the capability to obtain a number for a past point in time so we are unable to provide a pending count as of the close of FY 2013/14. A manual count of actual files was completed on August 27, 2014 and it reported the number pending to be 22.

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

++ These totals include Revenue Collected in Advance (RCA) as current reporting capabilities available to the BRN are not able to distinguish between revenue collected in FY 2013/14 and applied to renewals for FY 2013/14 or FY 2014/15, thus all revenue received in FY2013/14 was included in FY 2013/14 YTD Revenue. As a result, renewals received appear higher for FY 2013/14 than historically reported.

* Pending applications include those applicants that are incomplete and those that have been abandoned. The current reporting system does not have the capability to obtain a number for a past point in time so we are unable to provide a pending count as of the close of FY 2013/14. A manual count of actual files was completed on August 27, 2014 and it reported the number pending to be 11.

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| Table 7a. Licensing Data by Type | | | | | | | |
|---|---|---|---|---|---|---|---|
| | Nurse Practitioner Certification | Received | Approved | Closed | Issued | Pending Applications* Total (Close of FY) | Cycle Times combined, IF unable to separate out |
| FY 2011/12 | Exam | n/a | n/a | n/a | n/a | n/a | n/a |
| | Certification | 1,282 | 1,152 | -- | 1,152 | 248 | -- |
| | Renewal | n/a | n/a | n/a | n/a | n/a | n/a |
| FY 2012/13 | Exam | n/a | n/a | n/a | n/a | n/a | n/a |
| | Certification | 1,404 | 1,196 | -- | 1,196 | 199 | -- |
| | Renewal | n/a | n/a | n/a | n/a | n/a | n/a |
| FY 2013/14 | Exam | n/a | n/a | n/a | n/a | n/a | n/a |
| | Certification - FY Total | 1,465 | 1,611 | -- | 1,611 | * | -- |
| | Certification-Pre BreEZe (7/1/13-9/30/13) | -- | 662 | -- | 662 | -- | -- |
| | Certification-Post BreEZe (10/1/13-6/30/14) | -- | 949 | -- | 949 | -- | Receipt to Licensure:59 |
| | Renewal | n/a | n/a | n/a | n/a | n/a | n/a |

* Pending applications include those applicants that are incomplete and those that have been abandoned. The current reporting system does not have the capability to obtain a number for a past point in time so we are unable to provide a pending count as of the close of FY 2013/14. A manual count of actual files was completed on August 27, 2014 and it reported the number pending to be 179.

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

++ These totals include Revenue Collected in Advance (RCA) as current reporting capabilities available to the BRN are not able to distinguish between revenue collected in FY 2013/14 and applied to renewals for FY 2013/14 or FY 2014/15, thus all revenue received in FY2013/14 was included in FY 2013/14 YTD Revenue. As a result, renewals received appear higher for FY 2013/14 than historically reported.

* Pending applications include those applicants that are incomplete and those that have been abandoned. The current reporting system does not have the capability to obtain a number for a past point in time so we are unable to provide a pending count as of the close of FY 2013/14). A manual count of actual files was completed on August 27, 2014 and it reported the number pending to be 136.

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| Table 7a. Licensing Data by Type | | | | | | | |
|---|---|---|---|---|---|---|---|
| | Psychiatric Mental Health Nurse Listing | Received | Approved | Closed | Issued | Pending Applications* Total (Close of FY) | Cycle Times combined, IF unable to separate out |
| FY 2011/12 | Exam | n/a | n/a | n/a | n/a | n/a | n/a |
| | Listing | 2 | 2 | -- | 2 | 10 | -- |
| | Renewal | n/a | n/a | n/a | n/a | n/a | -- |
| FY 2012/13 | Exam | n/a | n/a | n/a | n/a | n/a | n/a |
| | Listing | 3 | 3 | -- | 3 | 18- | -- |
| | Renewal | n/a | n/a | n/a | n/a | n/a | -- |
| FY 2013/14 | Exam | n/a | n/a | n/a | n/a | n/a- | n/a |
| | Listing-FY Total | 18 | 12 | -- | 12 | * | -- |
| | Listing-Pre BreEZe (7/1/13-9/30/13) | -- | 1 | -- | 1 | -- | -- |
| | Listing-Post BreEZe (10/1/13-6/30/14) | -- | 11 | -- | 11 | -- | Receipt to Licensure:38 |
| | Renewal | n/a | n/a | n/a | n/a | n/a | -- |

* Pending applications include those applicants that are incomplete and those that have been abandoned. The current reporting system does not have the capability to obtain a number for a past point in time so we are unable to provide a pending count as of the close of FY 2013/14). A manual count of actual files was completed on August 27, 2014 and it reported the number pending to be 26.

| Table 7a. Licensing Data by Type | | | | | | | |
|---|---|---|---|---|---|---|---|
| | Public Health Nurse Certificate | Received | Approved | Closed | Issued | Pending Applications* Total (Close of FY) | Cycle Times combined, IF unable to separate out |
| FY 2011/12 | Exam | n/a | n/a | n/a | n/a | n/a | n/a |
| | Certification | 3,221 | 2,853 | -- | 2,853 | 474 | -- |
| | Renewal | n/a | n/a | n/a | n/a | n/a | -- |
| FY 2012/13 | Exam | n/a | n/a | n/a | n/a | n/a | n/a |
| | Certification | 3,430 | 3,144 | -- | 3,144 | 840 | -- |
| | Renewal | n/a | n/a | n/a | n/a | n/a | -- |
| FY 2013/14 | Exam | n/a | n/a | n/a | n/a | n/a- | n/a |
| | Certification - FY Total | 3,431 | 2,804 | -- | 2,804 | * | -- |
| | Certification-Pre BreEZe (7/1/13-9/30/13) | -- | 1,237 | -- | 1,237 | -- | -- |
| | Certification-Post BreEZe (10/1/13-6/30/14) | -- | 1,576 | -- | 1,576 | -- | Receipt to Licensure: 98 |
| | Renewal | n/a | n/a | n/a | n/a | -- | -- |

* Pending applications include those applicants that are incomplete and those that have been abandoned. The current reporting system does not have the capability to obtain a number for a past point in time so we are unable to provide a pending count as of the close of FY 2013/14. A report was run on August 18, 2014 and it reported the number pending to be 824.

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## Table 7a. Licensing Data by Type

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

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

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

## Table 7a. Licensing Data by Type

| Temporary License (TL-Endorsement) and Interim Permit (IP-Exam) | | Received | Approved | Closed | Issued | Pending Applications | Cycle Times*** |
|---|---|---|---|---|---|---|---|
| | | | | | | Total (Close of FY) | combined, IF unable to separate out |
| FY 2011/12 | Temporary License (TL) | 5,712 | 2,063 | -- | 2,063 | -- | -- |
| | Interim Permit (IP) | 4,751 | 3,983 | -- | 3,983 | -- | -- |
| | Renewal | n/a | n/a | n/a | n/a | n/a | n/a |
| FY 2012/13 | Temporary License (TL) | 5,408 | 1,993 | -- | 1,993 | -- | -- |
| | Interim Permit (IP) | 4,416 | 3,719 | -- | 3,719 | -- | -- |
| | Renewal | n/a | n/a | n/a | n/a | n/a | n/a |
| FY 2013/14 | Temporary License (TL)-FY Tota1 | 5,868 | 1,020 | * | 1,020 | * | -- |
| | TL-Pre BreEZe (7/1/13-9/30/13) | -- | 640 | -- | 640 | -- | -- |
| | TL-Post BreEZe (10/1/13-6/30/14) | -- | 380 | -- | 380 | -- | -- |
| | Interim Permit (IP)-FY Total | 4,070 | 3,107 | ** | 3,107 | ** | -- |
| | IP-Pre BreEZe (7/1/13-9/30/13) | -- | 633 | -- | 633 | -- | -- |
| | IP-Post BreEZe (10/1/13-6/30/14) | -- | 2,474 | -- | 2,474 | -- | -- |
| | Renewal | n/a | n/a | n/a | n/a | n/a | n/a |

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

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

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

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| Table 7b. Total Licensing Data | FY 2011/12 | FY 2012/13 | FY 2013/14 |
|---|---|---|---|
| **Initial Licensing Data:** | | | |
| Initial License/Initial Exam Applications Received* | 54,100 | 52,465 | 50,834 |
| Initial License/Initial Exam Applications Approved* | 34,257 | 34,028 | 31,233 |
| Initial License/Initial Exam Applications Closed | -- | -- | -- |
| License Issued* | 34,257 | 34,028 | 31,233 |
| **Initial License/Initial Exam Pending Application Data:** | | | |
| Pending Applications (total at close of FY) | 5,763 | 12,122 | ** |
| Pending Applications (outside of board control)* | -- | -- | -- |
| Pending Applications (within the board control)* | -- | -- | -- |
| **Initial License/Initial Exam Cycle Time Data (WEIGHTED AVERAGE):** | | | |
| Average Days to Application Approval (All - Complete/Incomplete) | | | ***Still working on this Data to be inserted*** |
| Average Days to Application Approval (incomplete applications)* | -- | -- | -- |
| Average Days to Application Approval (complete applications)* | -- | -- | -- |
| **License Renewal Data:** | | | |
| License Renewed | 193,834 | 196,183 | 210,818++ |

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

* Exam applications include initial exam applicants and repeater/reapply applicants

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

### *Verification of Applicant Licensure Information*

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

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

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

### *Fingerprinting*

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

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

The BRN is a member of the NCSBN computerized discipline information exchange system called NURSYS®. NCSBN is the BRN's agent to supply disciplinary information to the national database, the National Practitioners Data Bank (NPDB) from the data provided to them through NURSYS®. The licensing unit checks all endorsement applicants (applicants who are currently licensed in another state) in NURSYS® for any previous disciplinary action taken against the RN in another state. If something is found, the application and all documentation are forwarded to the enforcement unit for review. For nurses already licensed in California, their records are supplied to the NURSYS® database and any disciplinary actions in another state would automatically notify the BRN, thus it is not necessary for the BRN to check renewal applicants through the NURSYS® database. Upon renewal of a registered nurse license, the BRN requires RNs to indicate if they have had any license disciplined by a government agency or other disciplinary body; or, have been convicted of any crime in any state, the U.S. and its territories, military court or other country since they last renewed their license. RNs are notified that failure to disclose all or part of their convictions may be grounds for disciplinary action as they falsified information required on renewal of licensure.

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

### *Primary Source Documentation*

The BRN requires the following primary source documentation:

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

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

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

### *Military Veteran Applicants*

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

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

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

35 and came later in time, B&P Code Section 2736.5 supersedes for the BRN's purpose. In a broad sense, B&P Code Section 2736.5 and any regulations adopted thereto may be seen as satisfying B&P Code Section 35's general requirement. The bill analysis for SB 943 shows that the Legislature determined that training and experience did not apply to BRN's licensure process. As a result, that is "not applicable" for the BRN.

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

The BRN and NCSBN have worked on the issue of military education and preparation for RN nursing practice for many years. The military educational program tends to concentrate on specialized knowledge and skill of the care of the injured and does not include the breadth of information relative to care to patients during their life cycle. **Military personnel have told the BRN staff that they do not educate the military medical personnel to the RN level.** The BRN has found the education, training and experience of the military veterans to have more similarity in Licensed Practical Nursing/Vocational Nursing (LPN/VN) levels of education. This is documented in an analysis conducted by NCSBN in 2013, in consultation with military personnel and leading experts in the areas of nursing and military education. An in-depth analysis and comparison was conducted of the Army health care specialist (medic), corpsman (Navy and Air Force), Air Force medical technician (airman curricula), and Army LPN program with a standard LPN/VN curriculum comparable to LPN/VN curricula approved by U.S. Boards of Nursing. The elements of the standard curriculum developed for this comparison are considered minimal core requirements for an LPN/VN program. The entire report summarizing this analysis is included in Section 12, Attachment I. The report can also be found at:
https://www.ncsbn.org/13_NCSBNAnalyiss_MilitaryLPNVN_final_April2013.pdf

The following findings were reported from the NCSBN analysis:

- The Army LPN program is comparable to a standard LPN/VN program approved by Boards of Nursing.
- Significant differences in content were identified in the health care specialist (medic), corpsman, and airman curricula. These differences require additional LPN/VN coursework and clinical experience before meeting LPN/VN licensing requirements. While the courses offered in these military programs are comprehensive and rigorous, the veteran must learn the role of the nurse, the nursing process, and the science of nursing care. This includes learning the role of the LPN/VN, the scope of practice and the principles of delegation in order to practice competently and safely. This is acquired through formal education, both clinical and didactic, and must be integrated throughout the course of study.
- Each veteran leaves the military with varying levels of experience; therefore it is recommended that the knowledge, skills, and abilities of all veterans entering an LPN/VN program should be formally evaluated prior to beginning a program. If proficiency is demonstrated this should be accounted for in the program to assist in accelerating the education process.
- Formal bridge programs based on individual assessment of each veteran and geared towards helping these individuals acquire the knowledge, skills, and abilities needed to practice as an LPN/VN safely without repeating previously acquired content would be helpful to these veterans.

- The roles and responsibilities of RNs are different from that of health care specialists (medics), corpsmen, and airmen. Thus, the training for these military occupations is different from that of nursing education programs.

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

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

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

### *No Longer Interested Notifications to DOJ*

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

## Examinations

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

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| Table 8. Examination Data* | | | |
|---|---|---|---|
| **National Examination (include multiple language) if any:** | | | |
| | License Type | Registered Nurse | |
| | Exam Title | National Council Licensing Examination Registered Nurse (NCLEX-RN) | |
| | | National Data | California Data |
| FY 2010/11 | # of 1st Time Candidates | 145,613 | 11,183 |
| | Pass % | 87.73 | 87.64 |
| FY 2011/12 | # of 1st Time Candidates | 151,135 | 10,733 |
| | Pass % | 88.92 | 88.99 |
| FY 2012/13 | # of 1st Time Candidates | 152,243 | 10,875 |
| | Pass % | 87.03 | 87.96 |
| FY 2013/14 | # of 1st time Candidates | 155,335 | 10,370 |
| | Pass % | 82.56 | 82.41 |
| | Date of Last Occupational Analysis | Conducted in 2011, Effective 4/2013 | |
| | Name of Occupational Analysis Developer | National Council of State Boards of Nursing | |
| | Target Occupational Analysis Date | Conducted in 2014, Effective 4/2016 | |

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

### *Examination Statistics*

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

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

***Still be completed: Include/discuss repeater pass %information for past four years when data is finalized: To be inserted here***

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### *Examination Methodology and Administration*

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

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

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

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

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

## School Approvals

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

In order to protect the public by ensuring RNs obtain the necessary training to provide safe and competent patient care, the BRN reviews RN nursing programs in California for compliance with required standards as authorized by B&P Code Section 2786 and CCR Sections 1421 through 1432. The BRN manages mandatory approval of RN prelicensure nursing programs that include Associate Degree (ADN), Baccalaureate Degree (BSN), and Entry Level Master's (ELM) Degree programs. New RN prelicnesure nursing programs are evaluated and considered for approval in accordance with the process described in the *Instructions for*

*Institutions Seeking Approval of New Prelicensure Registered Nursing Program (EDP-I-01 Rev 3/10)* which is incorporated by reference in CCR Section 1421. This document is included in Section 12 Attachment H. BRN's NECs work with proposed new schools and monitor already approved nursing programs per B&P Code Section 2788. Advanced Practice Nurse Practitioner and Nurse-Midwifery programs may also seek program approval from the BRN if they meet requirements of B&P Code Section 2835.5 and CCR Section 1484 for Nurse Practitioner and B&P Code Section 2746.2 and CCR Section 1462 for Nurse-Midwifery programs.

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

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

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

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

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

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

Advanced Practice RN programs currently approved by the BRN include:

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

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

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

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

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

Newly proposed and approved nursing programs have multiple visits conducted by the NEC staff. They are reviewed prior to initial admission of students, at completion of the first academic year, just prior to the graduation of the first admitted cohort, five years from the date of first student admission and then every 5 years thereafter. Regularly scheduled continuing approval visits to established nursing programs are currently conducted every five years. The BRN has attempted various visiting schedules and has determined this to be a good compromise of frequency and use of the NEC resources. Additional focus review visits are also performed as needed for reasons that may include follow-up on findings of a scheduled approval visit, receipt of specific complaints regarding the program, substandard NCLEX-RN examination results, and other types of failure to comply with BRN rules and regulations. NECs must perform a significant number of these visits each year and are in addition to the regularly scheduled visits. NECs are always available to their assigned programs to answer questions and offer consultation and guidance when requested. This is especially the case

when new program directors are hired, which has been increasing as the BRN has seen an increasing rate of turnover in nursing program directors in the past five years.

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

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

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

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

When any status is conferred, other than Continued Approval, the NEC closely monitors the school and provides ongoing guidance, requiring progress reports from the program, additional consulting with the program and conducting additional program visits as needed. Failure to correct areas of noncompliance as directed by the Board could result in withdrawal of program approval. There has been no withdrawal of any program's approval in the past four fiscal years, although some programs have been placed on Warning Status with Intent to Withdraw Approval or on Deferred Action to Continue Approval. As of June 30, 2014, there are two programs in warning status and three in deferred action status.

### *International Nursing Programs*

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

## Continuing Education/Competency Requirements

Continued competence measurements for RNs and advanced practice nurses are essential to ensure public safety and protection. Mandatory continuing education (CE) is the primary method used by the BRN as an indicator of on-going competence for RNs with active licenses. CE courses must have been completed during

the preceding two years to ensure currency of information. The BRN's CE program was established on July 1, 1978. Requirements are found in the B&P Code Sections 2811.5 and 2811.6 and the regulations governing this program are found in CCR Sections 1450 through 1459.1. These statutes and regulations provide the basis for the BRN to approve Continuing Education Providers (CEPs) and require an RN who wants to maintain an active license to complete 30 hours of CE biennially as a condition for license renewal. Exceptions to these requirements are outlined in CCR Section 1452.

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

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

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

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

The majority of audited RNs provide documentation of acceptable course content and CE contact hours. Those in noncompliance are referred to the Enforcement Division. Since 1996, the BRN has issued citations and fines to RNs who knowingly violate the CE requirements. The fine amounts are $1,500 for submitting fraudulent CE certificates and $250 for indicating compliance with the CE requirement at the time of renewal but cannot produce evidence that, in fact, they did complete the CE. Serious violations are referred to the Attorney General's (AG's) Office for disciplinary action.

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

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

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

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

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

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

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

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# Enforcement Division

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

### *Performance Targets*

The BRNs performance targets as outlined in the Department of Consumer Affairs' (DCA's) Consumer Protection Performance Initiative (CPEI) includes the goal to improve discipline case processing timeframes so that cases are completed in an average of 12 to 18 months. While the BRN has made significant improvements in the processing timeframes, it has not been able as yet to meet this goal. The BRN staff and Board have worked diligently over the past five years and continue to work to improve performance in this area. Specific efforts to improve performance in this area include:

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

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

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

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

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

Some challenges that continue in the enforcement area include the BRN and the Division of Investigation (DOI) continue to have problems obtaining documents and records including consents for release of medical records and to receive court and arrest records timely and cost effectively. These delays significantly impact the investigation completion time frames. The BRN is also working with outdated Disciplinary Guidelines and regulations that need updating. The BRN has not had the opportunity to update the Disciplinary Guidelines due to length of time it had to function without a Board in place and as a result other backlogged work took priority. The Board has been reviewing and addressing the existing Disciplinary Guidelines and the Uniform Standards for Substance Abusing Licensees at Board meetings and have had staff collect background and additional data. The Board will continue to address these documents at future meetings.

The BRN has implemented various process efficiencies that include:

- The reorganization of the Enforcement Division to create units for Complaint Intake, Investigations, Discipline, Probation, and Diversion. This was done in part because of the addition of staff provided in the FY 2008/09 fingerprint Budget Change Proposal (BCP), and the FY 2010/11 CPEI BCP.
- The BRN obtained delegated subpoena authority to obtain medical and employee records from facilities as part of a legislation change.
- A regulation amendment to CCR Section 1419(c) became effective April 22, 2014 that increases the level of reportable traffic infraction fines from $300 to $1000 for RN renewal applicants. This decreases some of the workload for these violations without negatively impacting the public. This also enhances consumer protection by allowing staff to focus on other, more critical enforcement related activities.
- Other amendments to CCR Sections 1403, 1441 and 144.5 became effective July 23, 2014 that increase the timeliness and efficiency of some of the processes and include:

*CCR Section 1403* which allows delegation of certain functions to the Executive Officer and shortens the timeframe for some cases, thus adding to consumer protection by allowing orders to become effective in a timelier manner.
*CCR Section 1441* which specifies certain acts related to investigations and failure to disclose constitute unprofessional conduct. Defining these activities as unprofessional conduct and grounds for Board disciplinary action facilitates and expedites obtaining records, which accelerates the resolution of disciplinary cases.
*CCR Section 1444.5* and requires an Administrative Law Judge (ALJ) to issue a proposed decision revoking the RN license, without a stay order, if the licensee is found to have engaged in sexual misconduct with a patient or was convicted of a sex offense. Because of the seriousness of sex offenses and sexual misconduct, and the potential threat to consumers, the Board has determined that revocation of the RN license is the appropriate disciplinary action.

### *Disciplinary Action Statistics*

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

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

+ Statement of Issues (SOIs) are formal charges against applicants filed by the AG's Office.
* Prior FY numbers have been corrected/updated from those previously published.
** Close of FY pending accusations are included in Table 9b "AG Cases Pending".
*** Accurate data is not available. BRN has requested and is a awaiting from DCA a correction of these data breakdowns.

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

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

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

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

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

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

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

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

### *Complaint Prioritization*

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

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

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

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

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

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

### *Unlicensed Activity*

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

## Cite and Fine

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

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

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

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

- DUI
- Petty Theft
- Failure to submit an address change
- Simple Battery

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

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

## Cost Recovery and Restitution

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

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

**Table 11. Cost Recovery** (list dollars in thousands)

| | FY 2010/11 | FY 2011/12 | FY 2012/13 | FY 2013/14 |
|---|---|---|---|---|
| Total Enforcement Expenditures | $13,769 | $10,803 | $11,523 | $12,769 |
| Potential Cases for Recovery * | 1,165 | 1,448 | 2,110 | 2,060 |
| Cases Recovery Ordered | 264 | 215 | 279 | 428 |
| Amount of Cost Recovery Ordered | $1,097 | $958 | $1,197 | $1,836 |
| Amount Collected | $529 | $634 | $736 | $930 |

* "Potential Cases for Recovery" are those cases in which disciplinary action has been taken based on violation of the license practice act.

**Table 12. Restitution** (list dollars in thousands)

| | FY 2010/11 | FY 2011/12 | FY 2012/13 | FY 2013/14 |
|---|---|---|---|---|
| Amount Ordered | n/a | n/a | n/a | n/a |
| Amount Collected | n/a | n/a | n/a | n/a |

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# Public Information Policies and Procedures

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

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

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

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

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

the survey does allow a place for the public to provide feedback and express their issues and concerns as well as some positive comments which do include some saying “thank you” for timely responses and/or providing helpful information.

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

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

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

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

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

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

| Question #4 | FY 2011/12 Responses | | FY 2012/13 Responses | | FY 2013/14 Responses | | Total All FY Responses | |
|---|---|---|---|---|---|---|---|---|
| Were you successful in finding the information you were seeking on the BRN website? | % | # | % | # | % | # | % | # |
| Yes | 76% | 332 | 41% | 356 | 30% | 336 | 42% | 1,024 |
| No | 24% | 106 | 59% | 509 | 70% | 791 | 58% | 1,406 |
| Totals | 100% | 438 | 100% | 865 | 100% | 1,127 | 100% | 2,430 |

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

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

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

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

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

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

The BRN posts many ongoing activities on the website including Board and Committee meeting materials. The materials include an annual meeting calendar, an agenda posted at least 10 days prior to the meeting, and materials are also posted prior to the meeting. The meeting materials include approved and draft minutes of previous meetings. In 2009 the BRN began regularly providing access to Board meetings through a live webcast and plans to continue. Previous webcasts and meeting materials can be viewed on the BRN website for up to two years.

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

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

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

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

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

* A public reprimand is considered disciplinary action.
** This is considered disciplinary action.
*** If resulting in accusation or disciplinary action.

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

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

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

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

### *Licensee Information Available to the Public*

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

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

In addition to this information, licensees address and pre-licensure education information is available for a fee from the Department of Consumer Affair's (DCA) Consumer Information, Public Sales Office.

### *Consumer Outreach and Education*

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

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- **The BRN Report---**The BRN's official newsletter is published annually and recent and past issues are available to the public online at the BRN website. The most current issue was posted in February 2014.

- **Webcast of Board Meetings---**In 2009, the BRN began regularly providing access to Board administrative meetings through a live webcast. Previous webcasts can be viewed on the BRN website along with agendas, meeting minutes and materials.

- **Presentations---**Board members and staff regularly give presentations to consumers, RNs, student nurses, governmental agencies, and professional organizations. The Executive Officer and Nursing Education Consultants (NECs) present information annually to Deans and Directors of RN programs to review information on some of the critical things expected of them and their programs and to review any recent changes. A Directors Handbook is provided to them that includes forms and information on the BRN requirements for approved RN programs. In addition, the Executive Officer and NECs conduct presentations at various conferences including the California Organization of Associate Degree Nursing Program Directors (COADN), California Association of Colleges of Nursing (CACN), Magic in Teaching for nursing educators, Association of California Nurse Leaders (ACNL), and California chapters of the American Assembly for Men in Nursing to name a few.

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

- **Discussions with Employers Regarding Nurses on Probation---**NECs that work with the Enforcement Division to verify appropriate employment for RNs on probation speak regularly with employers regarding the supervision requirements of the RN, the amount and type of work the RN will be doing, etc. The NECs are able to use this opportunity to educate employers on the BRN functions, requirements and importance of public protection.

- **Information Table at Board Meetings---**BRN staff have a table set-up at each Board meeting with information about BRN programs, applications for Diversion Evaluation Committee membership and Expert Witness opportunities. BRN staff provide information and answer questions from the public attending the Board meeting.

- **Public Inquiries---**The BRN responds to questions about nursing practice, BRN programs, and related issues from consumers who reach the BRN via telephone, mail, e-mail, and the webmaster.

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# Online Practice and Education Regulation Issues

### *Online Practice Issues*

Telenursing is a subset of telehealth that focuses on the delivery, management, and coordination of nursing care and services using telecommunications technology. Telehealth nurses use the nursing process to provide care for individual patients or defined patient populations over a telecommunication device. The nursing process (assessing patient needs and symptoms, prioritizing the urgency, collaborating and developing a plan of care and evaluating outcomes) is the same in telenursing as in traditional nursing practice.

Telehealth/telenursing are common practice at this time. Registered Nurses (RNs) engaging in this area of nursing are required to follow the Nursing Practice Act (NPA) in the same manner as RNs providing care in other settings. Any RN providing telehealth/telenursing services to a patient in California must hold an active California license. The BRN has not identified any RN Internet practice at this time that requires regulation.

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

### *Online Education Issues*

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

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

# Registered Nursing Workforce in California

### *Background*

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

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

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

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

Since 2010, however, data have indicated that California's long-standing RN shortage may have ended, at least temporarily. Surveys of California hospital Chief Nursing Officers have reported that they perceive that there is a slightly greater RN supply than demand attributed to expanded nursing school enrollments which would have alleviated the shortage in many regions on its own, but in addition the national economic recession further mitigated the shortage by leading to an increase in workforce participation of RNs who would have

otherwise retired or reduced their work hours. The economic recession also has dampened demand for newly-graduated RNs. More recent data suggest the labor market may be shifting again. The Fall 2012 Survey of Nurse Employers found that greater share of Chief Nursing Officers are experiencing some difficulty recruiting RNs for specialized positions, and that on average they believe the labor market is in balance. These data are consistent with the widespread expectation that the economic recovery would lead nurses who delayed retirement, re-entered the labor force, or increased their hours of work due to the economic recession to retire or reduce their employment as the economy recovers. In fact, the 2012 BRN Survey of RNs found that there were increases in shares of RNs, compared to 2010, who plan to retire or to reduce their hours of nursing work within the next five years.

At the same time, the implementation of the most significant components of the Affordable Care Act, an expansion of Medi-Cal and the implementation of a Health Insurance Exchange to facilitate insurance enrollment, is expected to lead to an increase of more than 30 million additional Americans with health care insurance coverage in the near future. These and other changes have introduced uncertainty regarding the future supply and demand for RNs. The 2013 forecasts presented in the *2013 BRN Forecasts of the RN Workforce in California* indicate that supply of and demand for RNs are fairly well balanced, and the market will continue to be balanced in the future if current enrollment and state-to-state migration patterns remain stable. When considering supply and demand data, the forecasts are dependent on the data sources that are used. The BRN forecast presents several alternate supply and demand estimates which provide a range of possible scenarios for the future. A “Best Supply Forecast” is presented and is based on the midpoints of most of the parameters compared with the different estimates of demand. Readers are cautioned that the 2013 BRN forecasts represent long-term forecasts and are not intended to reflect rapidly changing economic and labor market conditions. They also do not measure variations across regions of California.

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

## Workforce Development

### *Education*

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

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

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

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

The BRN encourages collaboration between associate and baccalaureate degree nursing programs to develop a curriculum that provides a seamless transition without course repetition and other barriers for RNs to obtain a higher degree. BRN staff have participated in meetings and on committees with community colleges, state universities and private schools along with other stakeholders, such as those hosted by the California Institute for Nursing and Health Care (CINHC), so that all parties join to achieve local, state and nationwide goals to increase the number and educational level of RNs to meet the demand of California consumers.

### *Licensing*

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

The BRN understands that timely licensing of RNs is critical, not only for the individual waiting to be licensed but also for the health care workforce and the consumers of California who rely on educated and qualified

medical providers and that delays in the licensing process have an impact on this process. While the BRN has not formally conducted assessments on the impact of licensing delays, staff regularly participate in nursing stakeholder committees and workgroups and communicate with a variety agencies regarding the RN workforce which allows the BRN to keep current on relevant issues as well as get input on any impact of licensing delays if they occur. Some of the groups in which the BRN participates and/or has regular communication include:

- Association of California Nurse Leaders (ACNL) – the BRN is in regular communication with this organization, who has access to nurse leaders in California. The Executive Director of ACNL is a member of the BRNs Nursing Workforce Advisory Committee (NWAC).
- California Institute for Nursing and Health Care (CINHC) – the BRN works closely with this organization who does a variety of nursing research. The BRN Executive Officer is a member of their Advisory Board and the Executive Director of CINHC is a member of both BRNs NWAC and Education Issues Workgroup (EIW).
- California Action Coalition – The Coalition was established in 2010 to implement the recommendations outlined in the Institute of Medicine's (IOM) landmark report, *The Future of Nursing: Leading Change, Advancing Health*. The Coalition works to implement in California the following eight recommendations included in this report and BRN staff serve on the workgroup related to recommendation number 8:
    1. Remove scope of practice barriers.
    2. Expand opportunities for nurses to lead and diffuse collaborative improvement efforts.
    3. Implement nurse residency programs.
    4. Increase the proportion of nurses with baccalaureate degrees to 80 percent by 2020.
    5. Double the number of nurses with a doctorate by 2020.
    6. Ensure that nurses engage in life-long learning.
    7. Prepare and enable nurses to lead change to advance health.
    8. Build an infrastructure for the collection and analysis of interprofessional health care workforce data.
- Advanced Practice Registered Nurse (APRN) Coalition – A workgroup related to APRNs was developed as part of the California Action Coalitions work and BRN staff participate in their meetings.
- California Organization of Associate Degree Nursing Program Directors (COADN) and California Association of Colleges of Nursing (CACN) – BRN staff consult with and regularly attend meetings of these organizations of nursing program directors who collaborate and work on RN education related topics and issues.
- Health Professions Education Foundation – This Foundation is housed under OSHPD and administers the Registered Nurse Education Program which provides scholarship and loan repayment programs for RNs which is partially funded by a $10 surcharge from RN licensure renewals. BRN staff serve on the Nurse Advisory Committee for this Foundation which makes recommendations on program policy and scholarship/loan repayment awards to the Foundation's Board of Directors.
- Governor's California Interagency Council on Veterans (ICV) – BRN staff regularly attend workgroup and sub-workgroup telemeetings related to resources available in education, employment, housing, and health for California military veterans.
- California Committee on Employment of People with Disabilities – The BRN has recently been working with this agency to assist them in collecting data on disabled nursing students through the Annual School Survey.
- NCSBN – The BRN Executive Officer attends annual meetings of NCSBN not only as a member to vote on issues pertaining to nursing in California but to keep abreast of national nursing trends and information. Staff also participate in the Education and Practice Workgroup telemeetings to discuss nationally relevant nursing education and practice issues.

### *Data Collected by the BRN*

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

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

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

**2012-2013 Annual Survey of RN Educational Programs (ongoing – annually):** These surveys collect both programmatic and demographic data from BRN-approved prelicensure programs as well as APRN and some other post-licensure programs in California. The annual surveys provide aggregate information on student enrollments, completions, and characteristics of the student population and faculty. Statewide and regional reports of the prelicensure programs, statewide reports of post-licensure programs, and a prelicensure interactive database are available on the BRN website for data collected over the past ten survey years.

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

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

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

**2010 Survey of Clinical Nurse Specialists (one time):** This survey was conducted to describe Clinical Nurse Specialists (CNSs) in California. CNSs are classified as APRNs as they must receive education beyond their initial RN education to work in an advanced or specialized role. Employment, education and demographic data

was collected about CNSs to better understand the role they play in the delivery of health care, and assess their potential to address the care needs of Californians in the future.

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

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

The data collected from these surveys and analyses are used by many stakeholders including nursing organizations, employers, policymakers, researchers, students and the general public. The BRN collects the most, and in many cases the only, comprehensive and current data on RNs in California. The data is frequently used by CINHC to create RN workforce reports for employers, and professional and academic programs. The data informs these groups regarding future trends in employment settings, diversity issues, aging of the workforce, regional differences, and shifting skill sets. Employers review and share reports with funders, Human Resource staff, recruiters, educators and strategists for forecasting and planning purposes. The data is also shared with legislators so policies can be made based on current and trended data. The Office of Statewide Health & Planning Development (OSHPD) Healthcare Workforce Clearinghouse Program (Clearinghouse) also relies on the data collected by the BRN. The BRN has a Memorandum of Understanding (MOU) with the Clearinghouse to provide data to them from the DCA/BRN licensing database. The MOU also includes UCSF for the results of surveys they perform for the BRN. OSHPD relies on BRN and UCSF for nursing data and does not collect any data directly from licensed RNs. In addition, the BRN and UCSF receive frequent requests from educators, researchers, other governmental agencies, etc. for various data that is included in the reports.

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

### *Nursing Transition and Residency Programs*

While the BRN does not currently participate directly or collect data on the success of ~~successful~~ RN new graduate training programs, we do keep abreast of the current programs available to newly licensed RNs. Statewide and national interest continues to grow related to RN residencies. Research continues on competence gaps among new nurse graduates and how RN Transition Programs and residencies can serve

as valuable bridges. In response to employment challenges that California new RN graduates began to encounter beginning in 2008, partnerships began to develop with California nursing stakeholders including associations, funding sources, educators and employers to provide new graduate RNs with additional education, coaching, and clinical experience to improve competence, professional skills, and marketability. BRN staff serve on committees and workgroups that are involved in these transition and residency programs and keeps updated on their implementation, progress, and outcomes.

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## Uniform Standards/Consumer Protection Enforcement Initiative/BREEZE

### *Implementation Status of the Uniform Standards for Substance Abusing Licensees*

The Board is currently reviewing and considering the implementation of the Uniform Standards for Substance Abusing Licensees for disciplinary cases and the Diversion Program. In March 2011 a regulation to implement the standards was introduced to the Board, however, this process was not completed before the Board sunset on December 31. 2011. There was no Board quorum appointed to act upon the regulation package until July 2012 at which time the Board had other priorities in the backlog of enforcement cases and nursing program reviews. Board staff introduced the regulation package to the Board Diversion Discipline Committee (DDC) at its October 2013 meeting. At that time the Board reviewed and requested a side-by-side comparison of the Uniform Standards with existing disciplinary guidelines and the Diversion Program contract. The comparison was prepared with the Department of Consumer Affairs (DCA) legal counsel assistance and presented at the March 2014 DDC meeting.At Board meetings when this issue has been discussed, there has been public comment indicating that the Board's current guidelines are more effective than parts of the Uniform Standards and that the Board should consider implementing parts of the Uniform Standards but not in its entirety. The BRN has heard from nursing associations, unions and other stakeholders who oppose implementation of the Uniform Standards in their entirety as it is felt they would negatively impact the Diversion Program. The significant amount of required drug testing for RNs who are not working while in the Diversion Program would be cost prohibitive. The Board has not been presented with any scientific evidence that more frequent scheduled drug testing is more effective than the testing schedule, including random testing, currently done in the Diversion Program. If the Uniform Standards were to be implemented without changes it could negatively impact the current BRN Diversion Program. The Board continues to consider this issue.

### *Implementation Status of the Consumer Protection Enforcement Initiative (CPEI) regulations*

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

### *BreEZe Development Participation and other Information Technology Issues*

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

system into a newer version. BRN staff provided detailed business processes, vigorously tested all scenarios offered, provided input throughout development, and developed procedures to the best of their ability given the system limitations. The BRN took every opportunity available to provide input and gain knowledge prior to BreEZe implementation in October 2013.

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

From the BRN perspective, it was not possible to project the multitude of issues we would face after the system went live. Our staff diligently advised DCA BreEZe team and executive staff about the functionality concerns and issues. The BRN contacted the DCA executive staff regularly when cashiering was not functioning appropriately, when the Pearson VUE interface was not working, about the lengthier work processing times in BreEZe and the drastic differences between the training, testing and live environments.

With the many outstanding system fix it tickets, DCA has created two user groups for staff consultation. BRN staff is a part of the DCA licensing and enforcement user groups and meet twice a month with other DCA boards and bureaus to discuss outstanding issues, streamlining processes and putting forward fix it tickets for changes to the system that would benefit all. BRN SME's continue in their role as testers of the system and experts to other BRN staff if questions arise or process changes need to be made due to system functionality changes. Management continues to review the flow of work to improve processes and customer service. We continue to initiate requests for statistical reporting information which are in the development process.

One of the major challenges of the system was in obtaining FY 2013/14 data for this Sunset Report. In many instances, existing reports were unable to provide the necessary and/or accurate data. BRN staff worked with DCA staff requesting special reports with specific parameters. In many instances this took multiple attempts and fine-tuning to obtain data that appeared accurate based on random audits or spot checks of the data produced, in-house workload estimates and/or historical data. In some instances the data was obtained from other reports, manual counts or spreadsheets kept by the BRN staff, or estimates calculated from historical data. With the previous computer system, the BRN had the capability to run the reports in-house through the Ad-Hoc reporting system which is, in many instances, where the previous FY data has been obtained, however, this reporting system is no longer available to the BRN and must be requested through DCA. This significantly increased the time and staff resources needed to obtain this data and in many instances the BRN believes the data provided in this report for FY 2013/14 to be a "best estimate" of the true data. Due to the limited reporting capabilities of the current computer system, the FY 2013/14 data should be viewed with caution and make it difficult to compare data from previous years at this time. The data presented for FY 2013/14 may change in the future when more reliable sources of capturing data in the BreEZe system can be determined.

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

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

## ***BOARD ADMINISTRATION ISSUES***

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

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

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

The BRN was aware that a review and update of its Strategic Plan was needed and now had a full complement of Board members and was working on hiring an Assistant Executive Officer (AEO), which is a key managerial

position that should have input into the Strategic Plan. The BRN planned to begin work on updating the Strategic Plan when the AEO position was filled.

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

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

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

**Background:** While the BRN agreed that education and workforce issues are intertwined and should not be examined separately or in isolation, there are issues and work in each of these areas that benefit from a depth and richness of knowledge and experience that can be obtained from a variety of individuals representing different areas. For example, educators from community colleges may have a different perspective than those from state or university level colleges and public versus private school educators may also have different

issues. Similar in the workforce, nurses and/or administrators representing large hospitals may have different needs or perspectives than those from public health clinics or home health agencies and different regions of the state may also have different employment and educational issues. For these reasons the BRN has found value in having two separate committees, the Education Issues Workgroup (EIW, formerly the Education Advisory Committee) and the Nursing Workforce Advisory Committee (NWAC), so representation from the different areas can be obtained without the committee becoming too large. In order to allow for both groups to work together and still have a depth of representation, the BRN has continued both of the committees, but has overlap of some members between the two committees and communicate issues between committees.

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

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

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

The NWAC membership was updated in July 2011. On October 20, 2011, local members met at the BRN headquarters in Sacramento and due to travel restrictions, others joined by conference call to review the RN biennial survey document and provide input on other data collection endeavors and any recommendations to the BRN for additional research. In October 2012, they were emailed information

and their input was requested for the BRN post-licensure education survey. The entire NWAC met again at the BRN headquarters in Sacramento on January 14, 2014 to again review the RN survey document for its 2014 administration and to share other research ideas. Due to the limited travel, budgetary, and staff resources the BRN has not had the NWAC meet on a more regular basis.

Additional research and analysis projects the BRN has completed since 2010 include a report analyzing recidivism data for nurses on probation in 2011, an analysis of the diversity of the RN workforce in California in 2012 with an update in 2013, and a survey of RNs post-licensure education. The BRN is currently working on a survey of newly licensed RNs and their perceptions of how clinical simulation and clinical experience during their education prepared them for working with patients upon employment. Other organizations have completed employer surveys on a regular basis, including employer past hiring and intentions for future hiring. Annual surveys of new graduates and their experiences in finding employment have also been completed. Due to these other research projects, the BRN has chosen not to spend our limited resources on another employer survey at this time.

## ***NURSING EDUCATION AND PROGRAM APPROVAL ISSUES***

**ISSUE #3: (ADDITIONAL IMPROVEMENTS NEEDED TO THE APPROVAL PROCESS FOR NURSING SCHOOLS/PROGRAMS.) Are there ways in which the BRN could improve and streamline its approval process for pre-licensure nursing programs and thereby facilitate the approval of more programs and increase access to nursing education?**

**Legislative Staff Recommendation:** *The BRN should explore any opportunity to streamline their current nursing program approval process to decrease the amount of time it takes for program approval and to work more closely with those private for-profit programs also seeking approval of their programs to meet the current rules and regulations of the BRN regarding these programs. The BRN should also consider providing training to its staff and NECs involved in program approval so the new rules and regulations are applied consistently to these programs. The involvement of the BPPE in the approval of nursing school programs seems unnecessary and therefore the BRN should assume all responsibility regarding approval of these programs. In doing so, the BRN should be given authority to charge an appropriate fee to cover their costs for reviewing documents, consulting with the program and conducting site visits. This fee should be similar to fees currently assessed by the BPPE for approval of school programs. It should be noted that current student protections provided under the BPPE Act should continue to apply to those nursing programs which are currently approved by BPPE and that the BRN would now assume the responsibility of responding to student complaints regarding a nursing program.*

**Background:** There are many qualified applicants applying for nursing programs and not enough spaces to educate them all. While the BRN realizes this is an important issue and works proactively with nursing education programs and other agencies to assist wherever possible, it is also the responsibility of the BRN to ensure that all RN students receive a quality education that prepares them to practice nursing safely upon licensure. To this end, the BRN must ensure that approved nursing programs meet BRN requirements in their

educational programs and has developed regulations, policies, and procedures for approving new programs that allows appropriate assessment by the BRN.
While revising the education program regulations (CCR Sections 1420 to 1432) which became effective in October 2010, the BRN was able to review the nursing program approval process and consider ways to streamline and improve. After careful consideration and review of all steps in the process the Board decided that while the two-step initial approval process may take longer, it should continue as it allows the Board time to provide feedback from the Feasibility Study before the program has expended a great deal of effort, time, and money on the self study report. When the education regulations were revised, guidelines for new programs titled, *Instructions for Institutions Seeking Approval of New Prelicensure Registered Nursing Program*, was also revised. The steps and requirements for the feasibility and self study were revised to increase clarity and provide more detail to eliminate unnecessary delay in completing the initial program approval process.

The average length of time from the initial submission of a Letter of Intent until the program receives the final Board approval varies widely. Steps that the BRN has found delay the process include the school waiting for degree granting authority from an accrediting agency, school's inexperience with conducting nursing education, specifically prelicensure registered nursing education, shortage of clinical facilities, and shortage of appropriate faculty, including a qualified program director. To provide consistency, the BRN has one Nursing Education Consultant (NEC) who handles communications received from all new schools until the feasibility study report is received. At this time, another NEC assigned to review all of the feasibility study reports takes over the communications with the school until the feasibility study report is accepted by the Board. When the feasibility study report is accepted by the Board, an NEC is assigned to the school as the consultant and assists with the final phase of the approval process and continued monitoring of the program.

Legislative authority would be required for the BRN to take over the Bureau for Private Postsecondary Education (BPPE) responsibilities for institutional approval, handling additional student complaints and collecting fees. In order to complete these tasks, the BRN would require additional NEC, analytical and support staff, training, and resource support. BPPE's jurisdiction is institutional approval to operate a post-secondary educational institution and grant degrees, including a nursing degree, while the BRN's current jurisdiction is the programmatic approval. While the criteria reviewed have similarities, there are distinct differences that require specific knowledge and experience. The NECs performing nursing program approvals are versed in programmatic requirements but are not familiar with the rules and regulations for institutional approvals.

**BRN Action and Response (2014):** The BRN continues the procedures described above and in the *Instructions for Institutions Seeking Approval of New Prelicensure Registered Nursing Program* and processes are running smoothly and efficiently. From July 1, 2010 through June 30, 2014, the BRN has received 63 Letters of Intent from interested RN educational programs, 25 Feasibility Studies have been submitted, and 10 have been approved by the Board. Eight programs are currently in the Self-Study phase (two of these programs have not had recent contact with BRN) and three have been approved to accept students by the Board during this time frame. Due to the high number of existing and new RN programs statewide requiring monitoring and the severe shortage of NECs, the BRN instituted a temporary suspension of accepting and reviewing Feasibility Studies for proposed pre-licensure RN programs. The temporary suspension took place

between June 2011 and April 2013 at which time the processing of new program proposals was resumed after additional NEC staff was in place and the Board was fully functioning. The major barriers to program expansion reported by schools on the Annual School report that also applies to new programs are insufficient clinical sites, insufficient funding for faculty, and insufficient numbers of qualified classroom and clinical faculty. These and many others are considerations the Board must take into account when reviewing new program proposals and the number of students that can be educated and accommodated with existing and shared resources. Many of the new programs are having to use clinical placements during alternative times such as evenings, nights and weekends and at smaller community hospitals.

Effective January 1, 2013, the BRN implemented a fee structure for new programs applying after the effective date. So the fees only apply to programs who apply after January 1, 2013 and they are as follows:

- $5,000 for approval of a school of nursing
- $3,500 for continuing approval
- $500 processing fee for authorization of a substantive change to an approved program

In the past, prelicensure program approval site visit time frames had been every five years. This was changed prior to the previous Sunset Report to a complete site visit every eight years with an interim visit at four years. In October 2012, the BRN returned to the five year approval visit schedule as it was found that with the longer visit cycle (every eight versus every five years) schools that had issues and/or non-compliance activities was leading to issues that were more difficult to resolve. Additional focus review visits are also performed as needed and additional consultation with the school is often required when nursing program director turnover occurs. NECs perform a significant number of additional visits and consultations each year and are in addition to the regularly scheduled visits.

The BRN is responsible for ensuring academic institutions and nursing education programs are in compliance with regulatory standards specific to nursing education. The BPPE is responsible for ensuring that the academic institution offering the nursing program meets regulatory standards for institutions of post-secondary education. However, the BRN and the BPPE work collaboratively as full BRN approval of a nursing program requires that the institution meets the BPPE regulatory standards and the BPPE approval for issuance of a nursing degree is dependent upon BRN approval of the RN program so each approval is dependent upon the other. The BRN is required and does have a Memorandum of Understanding (MOU) with the BPPE that outlines the powers of the BRN to review and approve schools of nursing and the powers of the BPPE to protect the interest of students attending institutions governed by the California Private Postsecondary Education Act of 2009.

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**ISSUE #4: (APPROPRIATE OVERSIGHT OF CURRENT NURSING PROGRAMS.) Does the BRN provide appropriate oversight of those schools approved and those which may have potential problems, and take immediate action against those which do not meet the requirements of the BRN or are considered unapproved/ unaccredited?**

**Legislative Staff Recommendation:** *Even though the BRN has not placed a warning status on a nursing program over the past eight years, the BRN should assure that if such a status is accorded a program that it should be reflected on the Board's Website regarding that program. The BRN should continue its active role in trying to assure that troubled nursing programs can continue to meet both the rules and regulations of the BRN to maintain approval of their programs. The BRN must also work more closely with the AG's Office and perform site-visits to assure that a nursing program which is not approved somehow continues to operate in California. In other words, there must be an IMMEDIATE shut down of this program if the BRN or AG becomes aware of its continued operation so that students are not ultimately deceived and waste precious years of their lives attending a bogus program. The BRN should also consider other ways in which it can continue to better inform students about the information it has available regarding nursing programs; those approved and disapproved, the graduation rates of these programs, and potential employment from these programs. It is also not clear if use of the term "unaccredited" is clear when the BRN is also discussing those programs which may be "unapproved." There are nursing programs in California which may not have institutional or program accreditation, which are considered as "unaccredited" but do have approval status from the BRN to operate in California.*

**Background:** It is the responsibility of the BRN to approve nursing programs. In the past, the terminology "approved" and "accredited" were sometimes used interchangeably in reference to the BRN prelicensure nursing program approval process and resulted in confusion. Revisions to the nursing education regulations (Sections 1420 to 1432) in 2010 clarified that the BRN "approves" nursing programs in California. Professional and other organizations accredit programs and/or institutions. Currently, the BRN does not require prelicensure nursing programs to be accredited.

The BRN strives to keep the public informed about information related to BRN approved nursing programs. Information is provided to the nursing programs themselves, is included in the BRN Report Newsletter, and is a prominent tab on the BRN website. A list of approved nursing programs, each program's annual National Council Licensing Examination for Registered Nurses (NCLEX-RN) passing rate for the past five years, and the most current Annual School Report is available on the BRN website. When a California based program or school, which is not approved by the BRN, is brought to our attention through a fraudulent transcript or consumer complaint, the BRN works with the Attorney General's (AG's) Office through our Enforcement Division. Once due process has occurred, every effort is made to publicize the information. The BRN continues to consider different media resources (e.g., list-serve e-mail blast, press release, etc.) as a way to communicate this information to the public, including the addition of other information to the website, as well as other communication methodologies, to keep consumers informed.

**BRN Action and Response (2014):** The Board can withhold or withdraw approval of a nursing program when that program does not demonstrate operation in compliance with the BRN's rules and regulations. When reviewing a program's standing, generally the Board will continue approval, defer action to continue approval to allow time for the program to correct any minor noncompliance issues and report back to the Board, or place on warning status with intent to withdraw program approval if serious issues are identified. A timeline for follow-up visits, progress reports, and corrections are specified. There has been no withdrawal of any program's approval in the past four fiscal years. From July 2010 through June 2014, the following actions were taken by the Board:

- 99 programs were granted Continuing Approval
- 14 programs were placed on Deferred Action to Continue Approval, 10 of these later rectified their issues and were granted Continuing Approval, 2 continue on Deferred Action as of this date and 2 were later placed and continue on Warning Status with Intent to Withdraw Program Approval
- 4 programs were placed on Warning Status with Intent to Withdraw Program Approval, 2 continue this status as of this date, 1 later rectified their issues and were granted Continuing Approval, and 1 moved to Deferred Action and continues this status to date

When a program is placed on Warning Status, the Board requires the program to notify all existing students immediately and to inform all prospective students for the duration that this status is in effect. The Board may also direct the program to suspend admissions and place other requirements deemed necessary for public protection. The assigned NECs follow-up to ensure the program complies with the Board's requirements. To date, the BRN does not post program status as part of program's information or listing on the website but the information is available through Board meeting agendas and minutes. There is information included with the list of nursing programs cautioning the public to be aware of potential unapproved nursing programs operating in California, how to verify a BRN approved program and indicators that the program may be unapproved or cannot be deemed equivalent to California education standards.

The BRN takes immediate action when we become aware of any unapproved nursing program or any unlicensed or fraudulent activity. An example of this is the recent conviction of seven individuals for forging fake transcripts to become licensed RNs. The arrest and conviction was a result of a multi-agency investigation initiated by the BRN. BRN licensing staff were instrumental in assisting to identify the individuals involved and verifying they did not attend the nursing programs listed on the applications for licensure. The BRN worked with the Division of Investigation (DOI), the U.S. Immigration and Customs Enforcement, Homeland Security Investigations, the Internal Revenue Service (IRS), and with the AG's Office to file and serve accusations to revoke licenses.

**ISSUE #5: (REQUIRE ACCREDITATION FOR ALL NURSING PROGRAMS?) Should accreditation be required for all pre-licensure nursing programs to be approved by the BRN?**

**Legislative Staff Recommendation:** *The BRN should carefully consider a requirement for all nursing programs to be accredited in light of recent legal decisions and actions taken by other nursing boards, and by the Legislature, in dealing with the issue of which accrediting organizations would be recognized. It should also*

*carefully consider a timeline for implementing such a requirement so as to not severely impact existing programs or those programs which may be approved by the BRN in the near future.*

**Background:** During the regulatory process in which the education regulations were revised in 2010, the concept of requiring accreditation for schools of all prelicensure nursing programs was considered by the Board. The BRN received several public comments recommending an accreditation requirement. The Board at the time voted to accept the comments and to consider promulgation of a regulatory proposal requiring that schools with BRN approved nursing programs be accredited. This requirement would be for institutional accreditation for the school, not professional nursing program accreditation. The Board decided that it would be in the public interest to hold public forums for the purpose of gathering input prior to developing proposed regulatory language.

**BRN Action and Response (2014):** Public forums were held throughout California in 2011 and input was gathered at the forums or by direct submission to the BRN. Interested parties supported national accreditation for RN programs.

**ISSUE #6: (ADDITIONAL INFORMATION NEEDED REGARDING PROGRAM/ SCHOOL PERFORMANCE.) What additional information could be made available by the BRN to students of pre-licensure nursing programs to evaluate the quality of nursing educational programs?**

**Legislative Staff Recommendation:** *The BRN should continue to expand on ways to make this type of school/program data relevant and readily available to potential students of pre-licensure nursing programs. The BRN should consider whether they can provide a breakdown on individual prelicensure programs and provide the additional following information for each program:*

- *Whether a Public or Private Program*
- *If Program is Accredited and by Whom*
- *Possible Transfer for Accreditation Purposes*
- *Student Completion Rates*
- *Student Retention and Attrition Rates*
- *Attrition Rate for Graduates to Employment*

**Background:** The BRN strives to be transparent and provide the public with information whenever possible. Some of the information listed above is already available to the public. Whether the program is public or private is currently indicated on the BRN approved program list on the BRN website, the list on the website includes a link to the school/nursing program website where school accreditation information is generally readily available. Some of the data listed above is collected by the BRN but is not public for each individual program at this time (such as program professional accreditation, program success, retention and attrition rate, and employment of graduates as this is not reported by all schools and in many cases are estimates), and some the BRN does not collect, such as transfer credit information. Much of the information listed is generally available from the school

or the appropriate Chancellor's (California State Universities and Community Colleges) or Regent's Office (University of California). Collecting, publishing, and maintaining currency of this information is a labor intensive task which would require additional BRN staff resources and possibly additional technological resources to accomplish. While the BRN would like to include as much information as possible by school on the website, the ability to maintain accuracy and currency, and thus reliability, of the information relative to the current level of BRN staff resources must be taken into account.

**BRN Action and Response (2014):** The information provided above remains the same at this time.

## ***NURSING WORKFORCE AND DIVERSITY ISSUES***

**ISSUE #7: (NURSING GRADUATES ARE HAVING DIFFICULTY IN FINDING EMPLOYMENT.) There is currently an unexpected difficulty of new nursing graduates finding employment in California and this hiring dilemma threatens to undermine the progress that has been made, according to the BRN.**

**Legislative Staff Recommendation:** *The BRN should continue to serve on the Committee of the CINHC, and with other organizations and agencies to find ways to improve new RN graduates employability and their continued practice in the nursing profession. The BRN should also work with nursing programs, employers, health care facilities, and other agencies and organizations to ensure the availability of clinical training for nursing students and to enhance the employability of RN graduates; this includes promoting the use of transition or residency programs for RN graduates.*

**Background:** In 2002 a severe nursing shortage was underway in California and at this time significant effort and expense was invested to address the nursing shortage. The efforts to build the RN workforce in the educational programs led to significant results over the next ten years as the number of RN nursing programs drastically increased, RN nursing programs increased their educational capacity, RN program graduations and retention rates increased. However, the downturn in the California economy beginning in 2008 has impacted RNs as it has most occupations. RNs, especially new graduates, began having difficulty finding nursing employment in California. The BRN continues to work with and serve on many committees, including California Institute for Nursing and Health care (CINHC), and partners with various organizations that are working on ways to improve the employability of RN graduates, including assisting with a survey of new graduates to assist in gathering information on the extent of the problem statewide. The BRN supports new RN graduate transition and residency programs. The BRN supports funding efforts and legislation for these programs that include partnerships between nursing programs and employers to provide post-licensure experience and education to increase the RN's skills and keep them engaged in the nursing profession. The BRN will continue to support and promote these activities and work with nursing programs, employers and other agencies.

**BRN Action and Response (2014):** Since 2010, data have indicated that California's long-standing RN shortage may have ended, at least temporarily, for a variety of reasons including expanded nursing school enrollments and graduations, and the national economic recession which lead to an increase in workforce

participation of RNs who would have otherwise retired or reduced their work hours. The economic recession also has dampened demand for newly-graduated RNs. However, more recent data suggest the labor market may be shifting again. The Fall 2012 Survey of Nurse Employers found that greater share of Chief Nursing Officers are experiencing some difficulty recruiting RNs for specialized positions, and that on average they believe the labor market is in balance. These data are consistent with the widespread expectation that the economic recovery would lead nurses who delayed retirement, re-entered the labor force, or increased their hours of work due to the economic recession to retire or reduce their employment as the economy recovers. In fact, the 2012 BRN Survey of RNs found that there were increases in shares of RNs, compared to 2010, who plan to retire or to reduce their hours of nursing work within the next five years.

While employment for new RN graduates appears to be improving slightly, this continues to remain a pressing workforce issue. As discussed above, after several years of investing in building the workforce and increasing nursing program educational capacity, the slow economic recovery continues to impact hiring in the short term, and threatens to undermine the progress that has been made. The BRN continues to serve on committees, monitor and support transition/residency programs and collaborate on the new graduate survey. There is a link to information about residency programs on the BRN website and a presentation was made at the January 2013 Board Education Licensing Committee meeting relating to these programs.

**ISSUE #8: (IS THERE STILL, OR WILL THERE CONTINUE TO BE, A NURSING WORKFORCE SHORTAGE?) Will California continue to experience a critical shortage of registered nurses and what can the BRN do to address this shortage?**

**Legislative Staff Recommendation:** *The BRN should continue its efforts in increasing the number of RN graduates by not only improving on its approval process for nursing programs, but also working with schools, colleges and universities to promote, create or expand nursing programs, provide for more timely matriculation for students, alleviate course repetition through standardized course requirements and find ways to increase access to nursing programs especially for socioeconomically disadvantaged students.*

**Background:** The BRN continues an effort to support increasing the number of RN graduates by working with and supporting the nursing programs. BRN staff currently serves on the AB 1295 Implementation Group, a committee of educators and nursing stakeholders, focused on promoting transfer pathways and consistent course requirements between schools to eliminate students having to repeat coursework when transferring between schools. The BRN's NECs encourage nursing programs to streamline processes, reduce barriers to increase enrollment, and to implement measures to recruit diverse student populations. Many nursing programs have implemented successful programs to increase student retention rates and reduce attrition. The success of these programs is reflected in the increased retention rates reported in the BRN Annual School Report. These types of interventions benefit all students, particularly those who are socioeconomically disadvantaged.

The BRN is aware that the number of qualified nursing program applications exceeds the number of nursing program seats. There is no way to determine the exact number of individuals these applications represent due to the very common practice of the submission of multiple applications to multiple schools by a single student.

The actual number of students is likely less than the number of applications, so the exact number of students impacted is not known. The major barriers to program expansion reported by the nursing programs are insufficient clinical sites, insufficient funding for faculty, and insufficient numbers of qualified classroom and clinical faculty. Some nursing programs have implemented and are continuing to develop creative solutions and alternatives (i.e., expanding utilization of clinical simulation, partnering with other programs for shared distance learning, etc.) to allow admission of more students on their increasingly limited budgets. The Board supports these efforts by reviewing and approving these programs, while still monitoring them, to ensure they meet regulatory requirements and prepare students to safely practice registered nursing.

**BRN Action and Response (2014):** The BRN continues to the work as described above. The number of applications continue to outnumber the amount of available spaces. The Board continues to review and approve new RN programs, however, the Board must be mindful of the community and shared resources available for all nursing programs in California so when reviewing new RN programs, the Board also looks carefully at the number of students the new program will be able to accommodate given faculty and clinical space resources. Not displacing students from an existing nursing education program in clinical placements is always a priority. Often times the Board recommends to new programs to begin with lower numbers of student enrollments to avoid this from occurring. Enrollments in public programs, especially Associate Degree nursing (ADN) programs, have been declining the past five years, while private program enrollments have continued to increase as the number of public RN programs has remained fairly constant while the number of private programs has increased more significantly.

As discussed in the previous question response, recent data have indicated that California's long-standing RN shortage may have temporarily ended due to the increase in California RN graduates and the economic recession. However, as the nursing workforce continues to age, the state's population ages and grows, and increased demand for health care arising from health reform moves forward, it is a widespread belief in the nursing and health care communities that these factors will dramatically escalate the demand for nursing care in the near future, and California will again face a significant nursing shortage. For many reasons, there is uncertainty regarding the future supply and demand for RNs. The 2013 forecasts presented in the *2013 BRN Forecasts of the RN Workforce in California* indicate that supply of and demand for RNs are fairly well balanced, and the market will continue to be balanced in the future if current enrollment and state-to-state migration patterns remain stable. Readers are cautioned that the 2013 BRN forecasts represent long-term forecasts and are not intended to reflect rapidly changing economic and labor market conditions. They also do not measure variations across regions of California.

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

**ISSUE #9: (IS THERE STILL A SEVERE LACK OF DIVERSITY IN THE NURSING PROFESSION?) Is there more that the BRN can do to further diversity in the nursing profession by utilizing its advisory committees, the data it receives, and in its participation and collaboration with other schools, universities, colleges, and nursing programs and with other local and state agencies, nursing associations, groups and nursing research organizations?**

**Legislative Staff Recommendation:** *The BRN should continue to focus its efforts on diversity issues, both through its collaboration and participation with a number of state and local agencies, health facilities/employers, educational institutions, nursing programs, nursing associations and groups, and research organizations.*

**Background:** The ability of California RNs to provide culturally competent care to Californians is associated with the language skills and diversity of the RN workforce. The BRN recognizes the value of cultural diversity in the nursing workforce and requires that the curriculum of nursing education programs includes cultural diversity in their instructional content (CCR Section 1426(d)). The BRN works with nursing programs and other stakeholders to support and encourage diversity in the RN workforce, however, efforts to increase ethnic diversity in nursing and other professions requires a total community effort. Community and health care organizations and educational institutions should make workforce diversity a goal, and work toward increasing diversity. A plan that has a lasting solution would also require involvement with the K-12 populations.

**BRN Action and Response (2014):** The BRN continues to support and encourage diversity in the RN workforce and continues participation and collaboration with other stakeholders on this issue. Along with demographic data collected in the biennial RN survey and the Annual School Survey, the BRN contracted with the University of California, San Francisco (UCSF), Philip R. Lee Institute for Health Policy Studies to complete an analysis of data from a variety of existing sources to focus on trends in the diversity of California RNs, statewide and by region, and compare this diversity to that of the population of California as a whole. Data was examined to identify gaps in representation of racial/ethnic groups both statewide and by region and estimates of future diversity of the RN workforce was presented. The reports were completed in May 2012 and an update in October 2013. These reports are available on the BRN website. This issue will continue to be reviewed and analyzed by the BRN.

**ISSUE #10: (SHOULD THE FUNDING FOR THE NURSES SCHOLARSHIP PROGRAM BE INCREASED?) It is unclear how well the Board's scholarship and loan repayment program, which is managed by the OSHPD, is functioning and if moneys available are being fully utilized, and whether the funding should be increased based on the number of potential applicants. Should the BRN be the central source for information regarding available funding for students or at least the first point of contact for students?**

**Legislative Staff Recommendation:** *It is not clear what commitment will be made to scholarship programs for nursing students in the future. However, it does appear that there will be more dollars available for repayment of loan programs, especially for those students who commit to serve in medically underserved areas or who*

*want to become nursing instructors and faculty members for nursing programs. The BRN should consider increasing the amount of licensing fee committed to its scholarship program by $5 to at least increase the availability of funds for those students wishing to attend nursing programs. Prior to any increase, however, the BRN should report to the Legislature on how the moneys are being expended by OSHPD. Since these are licensing fees they must be expended only for those purposes which would further the nursing profession and not be diverted for other purposes. The BRN should also meet and collaborate with OSHPD, Labor and Workforce Development Agency, California Workforce Development Board and other agencies which may be involved in providing scholarship and loan repayment programs for students, and assure that potential and current nursing students have information and access to information regarding these programs.*

**Background:** Biennially, upon license renewal, RNs currently pay a $10.00 fee which is passed on to the Health Professions Education Foundation under the Office of Statewide Health Planning & Development (OSHPD), for a program that administers the BRN Registered Nurse Education Fund and provides scholarship and loan repayment programs for aspiring and practicing nurses. In 2010, according to the OSHPD RN fund condition most current monies collected were being awarded, however, the fund was carrying over $2 million dollars in reserve and thus there was no need to increase the $10 surcharge. The BRN was told by the RN Education Fund that unspent funds are returned to the fund (not used for any other purpose) and has built the reserve. The funds are not re-directed to the General Fund.

The need for additional nurses, including faculty, is a statewide, community, and professional issue. Accordingly, funds should come from other sources and not just one to be paid for by the RN community. RNs are already contributing $10.00 biennially to this effort and it needs to be reviewed if they should be required to contribute more. The Health Professions Education Foundation is charged with identifying funding sources for all health professions, including registered nursing. The BRN has a representative on the Health Professions Education Foundation's Nursing Advisory Committee, which makes recommendations on Program policy and scholarship/loan repayment awards to the Foundation's Board of Directors. The Board will continue to work with this, as well as other agencies involved in providing similar programs, to assure that nursing students and licensed RNs have information and access to these programs.

**BRN Action and Response (2014):** The BRN continues to have one staff representative on the Health Professions Education Foundation's Nursing Advisory Committee who has indicated there is no plan at this time to recommend an increase to the $10 surcharge for renewing RNs. The BRN also continues to notify the public in a variety of ways about this and other similar programs by making the financial aid information more prominent on the BRN website that includes links to the appropriate websites, sending out e-mail blasts, adding information on the homepage under "What's New" when application deadline dates are approaching, and making announcements at Board meetings under the Executive Officer Report. Information and articles are also regularly included in issues of the BRN newsletter, the BRN Report.

On July 1, 2013, the Health Professions Education Foundation launched an online application through the Responsive Electronic Application for California's Healthcare (CalREACH). CalREACH gives applicants the opportunity to apply for programs, submit applications, and communicate with program officers online. The post-licensure education survey conducted in 2013 by the BRN included questions regarding financial aid with a service obligation. Just over 15% of RNs currently enrolled agreed to a service obligation in return for

financial aid and just over 17% reported they would not consider or did not want financial aid with a service obligation. This data indicates that the majority of students (at least post-licensure students) would consider a service obligation for financial assistance. The BRN will continue to work with and support this and other similar programs to assist in furthering RN education.

## ***NURSING SCOPE OF PRACTICE ISSUES***

**ISSUE #11: (SCHOOL PERSONNEL PROVIDING NURSING SERVICES.) The BRN is concerned that school personnel may be providing nursing services that in other settings would be prohibited.**

**Legislative Staff Recommendation:** *This issue will have to be resolved through the Legislature. Special consideration should be given to the nurse's scope of practice and potentially allowing others to perform those procedures which have been traditionally restricted to the practice of nursing. The BRN should continue to provide input and participate in discussions regarding this very important issue.*

**Background:** The BRN works with consumers, the California Department of Education (DOE), school nurses and nursing organizations, as well as other stakeholders, to address school health-related issues as they relate to registered nursing practice. The Board also maintains its position that students should receive all health care services to which they are entitled and which are necessary for them to obtain maximum benefit from their educational program, and that such services must be provided by individuals legally authorized to provide the services.

**BRN Action and Response (2014):** The BRN maintains the same position and activities as described above.

**ISSUE #12: (PROVIDE PRESCRIPTIVE AUTHORITY TO ADVANCED PRACTICE NURSES?) Should the current terms "furnishing or ordering drugs or devices," as authorized by Section 2746.51 of the Business and Professions Code for certified nurse-midwives and Section 2836.1 for nurse practitioners, be changed to "prescribing drugs or devices," clarifying in effect the prescriptive authority for these advanced practice nurses?**

**Legislative Staff Recommendation:** *The BRN continues to recommend that the Nursing Practice Act (NPA) be changed so that the term "furnishing" is replaced with "prescriptive authority." The Legislature should review this issue to determine whether such a change is necessary and to determine if confusion still exists with pharmacists filling medication orders.*

**Background:** The BRN receives inquiries from pharmacists and nurses related to this issue. This has also provided a delay for NPs and CNMs in obtaining furnishing authority from the Drug Enforcement Administration (DEA). Whenever "prescriptive authority" is written into federal or state law related to drug classifications, because of the term "furnishing," NPs and CNMs must then obtain a change in California laws related to their

practice in order to "furnish" these drugs. With California looking to NPs and CNMs to fulfill more primary care health roles, having to obtain a change to California law every time the term "prescriptive authority" is used is an unnecessary time and cost burden to California.

**BRN Action and Response (2014):** The BRN continues its recommendation that the Nursing Practice Act (NPA) language be changed from "furnishing" to "prescriptive authority" as the issues described above still exist at this time. The term "furnishing" is confusing to the public and requires a definition to be understood. In addition, California is the only state using the term "furnishing" which adds to the confusion.

**ISSUE #13: (DEFINE "ADVANCED PRACTICE NURSE?") Should a separate statutory definition for "advanced practice nurse" be created?**

**Legislative Staff Recommendation:** *The BRN should consider whether a separate statutory definition for "advanced practice nurse" should be created similar to other states.*

**Background:** B&P Code Section 2725.5 was added in 2003 and identifies that an "advanced practice registered nurse" (APRN) are those that have met the requirements of the Sections related to Nurse Practitioner (NP), Certified Nurse-Midwife (CNM), Clinical Nurse Specialist (CNS), and Certified Registered Nurse Anesthetist (CRNA).

**BRN Action and Response (2014):** APRN definition in B&P Code Section 2725.5 has resolved this issue.

## ***CONTINUING COMPETENCY ISSUES***

**ISSUE #14: (INCREASE CONTINUING EDUCATION AUDIT OF RNs AND PROVIDERS?) Should the BRN increase the random audits it performs per year on both RNs and Continuing Education Providers (CEPs)?**

**Legislative Staff Recommendation:** *The BRN should submit a Budget Change Proposal to obtain staff dedicated to conducting increased RN audits and begin again audits of CEPs. The BRN should only be required to increase audits of RNs of CEPs if it receives sufficient staffing to conduct such audits. The BRN should also continue to review and evaluate national continued competence research and possible clinical competence based CE and make recommendations for changes, as appropriate.*

**Background:** Since 1978, the BRN has required RNs to complete a total of 30 contact hours of continuing education (CE) biennially to renew their licenses in the active status. An ongoing competence measurement for RNs is the CE requirement and is essential to ensure public safety and protection. The number of audits of RNs for compliance with statutory and regulatory requirements has significantly declined since 2002 due to

lack of staffing in this area. Prior to 2002, an average of 2,700 RNs were audited per year, since 2002, less than an average of 150 RNs per year have been audited and Continuing Education Provider (CEP) audits have only been completed when a complaint is received. The BRN has submitted and been denied Budget Change Proposals (BCPs) requesting additional support staff, and must continue to work with the limited staff and resources currently available. The BRN will not be able to complete the important function of RN and CEP audits, at the necessary levels, if additional staffing is not approved. The BRN continues to be involved with and evaluate national continued competence research, including clinical competency, and will make recommendations for changes as appropriate.

**BRN Action and Response (2014):** Every effort to redirect staff to complete random CE audits has been made; however, due to the lack of staff and the amount of work in other areas of the Renewals unit, the redirection of staff is not feasible to meet the current and projected operational needs of the CE Program. The BRN has continued to submit BCPs requesting staff dedicated to conducting RN and CEP audits. BCPs for these positions were submitted in FY 2012/13 and 2014/15. The BRN has assessed the workload considering the number of renewals received and the average time to process an audit. The total number of staff needed to audit 5% of the RNs renewing each year has been projected at 3.5 positions. However, the Board realized the tremendous budget constraints facing the State of California, and therefore requested 3 positions in the FY 2014/15 BCP. Both BCPs were denied.

The BRN has received approval for an additional 28 staff in the Enforcement Division. If the workload allows, one of these positions can be directed to assist with some of the CE audits. However, this will not be sufficient and the BRN is still in need of additional staffing to consistently audit RNs for CE and to conduct CEP audits. The lack of staffing in this area puts the public at risk as the Board is not able to verify the ongoing education of licensees and the ongoing quality of CEPs.

## ***ENFORCEMENT ISSUES***

**ISSUE #15: (DISCIPLINARY CASE MANAGEMENT TIMEFRAME STILL TAKING ON AVERAGE THREE YEARS OR MORE.) Will the BRN be able to meet its goal of reducing the average disciplinary case timeframe from three years or more, to 12-18 months?**

**Legislative Staff Recommendation:** *It does not appear as if the BRN will be able to meet its goal of reducing the timeframe for the handling of its disciplinary cases for some time. Lack of adequate staffing, reliance on DOI and delays at the AG's Office in prosecuting cases, and OAH in hearing cases, and the inability to obtain necessary records, all contribute to the current average of three years to complete a disciplinary action. The Committee should consider communicating with the Senate and Assembly Budget Committees, with the Department of Finance and with the Governor's Office on the unique circumstances which exist regarding the funding and staffing of the BRN. It was the intent of both Budget Committees last year to assure that the BRN had sufficient staffing and funding to provide for the increased staffing levels it needed. Without this additional staffing, the investigation and prosecution of BRN disciplinary cases and the overall administration of its other*

*programs, including licensing of nurses in an expeditious manner, will be in jeopardy. Backlogs of licensing applications and disciplinary cases will increase and any action on the part of the BRN against a nurse, who has either violated the law or the Nursing Practice Act, will be severely delayed. The BRN should also be granted statutory authority to deal with its need to obtain documents and records it needs pursuant to their investigations, including the need for medical records. The authority currently granted to the Medical Board of California in obtaining medical records should also be granted to the BRN. Provide that failure to furnish information in a timely manner to the BRN or cooperate in any disciplinary investigation constitutes unprofessional conduct. The Committee should also give consideration to auditing both DOI and the Licensing Section of the AG's Office to determine whether improvements could be made to the investigation and prosecution of BRN's disciplinary cases and coordination between all three agencies.*

**Background:** The BRN continued to work toward improving processing timeframes with activities such as regulatory changes, regular meetings and communications with the DOI and AG's Office, streamlining internal procedures, and data capturing improvements. As reported in 2010, these activities shortened the average case processing timeframes. The reductions were a result of many procedural changes, consistent staffing, and BRN staff resolving many complaints. The BRN had done everything possible, within the existing resources, to improve the case processing timeframes. However, even in light of the significant improvements, the BRN would still not be able to meet the CPEI timeframes for handling disciplinary cases in 12 to 18 months without significant changes in staffing, resources, and improved timeframes in case processing within DOI, AG's Office and Office of Administrative Hearings (OAH). The BRN received approval for 37 new enforcement positions through the CPEI BCP effective in FY 2010-11 and 2011-12. In previous response to this issue the BRN made several recommendations including:

- Lowering the burden of proof in enforcement cases from clear and convincing to preponderance.
- BRN hire at least one attorney to work with the Enforcement Division to develop better investigative requirements to meet the burden of proof and oversee staff to prepare less complex pleadings or allow BRN staff to perform these functions under the direction of a DCA attorney.
- Provide authority to issue public reprovals without accusation to reduce the number of cases referred to the AG's Office.
- Provide authority to issue warning and educational letters to provide the BRN an additional tool as a lower level of discipline for those licensees whose violations do not rise to the level of formal action.
- Consider having less complex cases be heard by a hearing officer instead of an ALJ or allow DCA to hire ALJs.
- Allow AG's Office and OAH to hire more personnel to keep up with DCA's and BRN's increasing caseload.
- Recommended and support an audit of DOI and the AG's Office to determine if there are ways to improve processing, coordination of agencies, and billing practices.

**BRN Action and Response (2014):** The BRN has made improvements in the discipline case processing timeframes; however, has not yet been able to meet the goal of 12 to 18 month average processing time. The average processing time for the BRN is currently less than 2 years (approximately 22 months) so the BRN has made significant progress from over three year timeframe in the past. The Board and BRN staff have worked diligently for the past five years. Other specific efforts and accomplishments include:

- Implementation of procedural changes and streamlining many internal processes to be more efficient.
- Addition of 28 additional staff approved and effective July 1, 2014.
- Increasing outreach to stakeholders.
- Reorganization of the Enforcement Division and the hiring of additional staff, including internal non-sworn special investigators.
- Through legislation the BRN obtained delegated subpoena authority to obtain medical and employee records from health care facilities.
- Regulation amendments including: CCR Section 1419(c), effective April 22,2014 to increase the level of reportable traffic infraction fines from $300 to $1,000 for RN renewal applicants allowing the Board to focus on other, more critical enforcement cases; CCR Section 1403 allowing delegation of certain functions to the Executive Officer which will shorten the timeframe for some cases; CCR Section 1441 specifying certain acts related to investigations and failure to disclose as unprofessional conduct and grounds for Board disciplinary action; and CCR Section 1444.5 which requires an ALJ to issue a proposed decision revoking the RN license, without a stay order, if the licensee is found to have engaged in sexual misconduct with a patient or was convicted of a sex offense. Amendments to CCR Sections 1403, 1441 and 1444.5 were all effective July 23, 2014.

The BRN continues to communicate regularly with DOI and AG's Office staff regarding case investigation and processing timeframes. The BRN and DOI continue to have problems obtaining documents and records including consents for release of medical records and receiving court and arrest records timely and cost effectively. These delays significantly impact the investigation completion timeframes. The Board will be reviewing the outdated Disciplinary Guidelines and the Uniform Standards for Substance Abusing Licensees.

**ISSUE #16: (DOES THE BRN RECEIVE SUFFICIENT INFORMATION ON NURSES WHO VIOLATED THE LAW OR HAVE ISSUES REGARDING THEIR COMPETENCY?) Does the BRN receive sufficient information from the courts, other agencies, health facilities, and from the licensee if there is reason to believe they have been involved in criminal activity, violated the Nursing Practices Act, or have issues regarding their competency or ability to continue practice.**

**Legislative Staff Recommendation:** *Require courts to report if there is a judgment for a crime committed or any civil judgment against the licensee for any death or personal injury in excess of $3,000, or any filings of a felony. The DOJ should also report within 30 days to the BRN any arrests, convictions or other updates on licensees pursuant to their fingerprint file. The BRN should also be allowed to employ a sufficient number of investigators classified as peace officers to receive important criminal justice information regarding their licensees rather than relying on DOI. RNs should also be required to self-report any serious crimes committed. The BRN shall also be required to report any of its enforcement actions against its licensees to the NPDB and the HIPDB and to also query these data banks for those licensed in another state. The BRN should be able to contract with the NURSYS® to meet this requirement, and report and retrieve enforcement actions provided on the NPDB and the HIPDB. Prohibit "gag clauses" against patients pursuant to a civil dispute settle agreement.*

*The BRN should begin to explore the use of nursing peer review and mandatory reporting for all health care facilities within California, possibly modeled after the Texas law.*

**Background:** Effective October 2008 the BRN began requiring, upon the renewal of an RN license, the licensees to disclose if he or she has had any license disciplined by a government agency or other disciplinary body; or has been convicted of any crime in any state in the U.S. and its territories, military court or a foreign country since his or her last renewal. If a response of "yes" is provided, additional information regarding the matter is requested to determine what, if any, action is needed. The BRN is a member of the NCSBN computerized discipline information exchange system called NURSYS®. NCSBN is the BRN agent to supply disciplinary information to the national database, the National Practitioners Data Bank (NPDB) from the data provided to them through NURSYS®. The BRN provides data to this system. At its September 23, 2010 Board meeting the Board members voted for the California BRN to contract with NCSBN to electronically share licensing information on a daily basis to NURSYS®. The BRN is a participating member of NURSYS® and this allows the public to verify a nurses license, check discipline status, or see if a nurse is licensed in more than one state. By electronically transmitting licensing information, the NURSYS® system is able to timely notify the BRN (and all states) of a disciplinary action occurring which involves a current licensee.

The BRN agrees that court mandated reporting and subsequent arrest and conviction reporting from the Department of Justice (DOJ) and the Federal Bureau of Investigations (FBI) as outlined in this recommendation is needed in order for the BRN to effectively protect the public by being able to track and enforce timely discipline against licensees when warranted. In addition, if the courts provide timely notice of a conviction, along with a certified copy of the documents, it would significantly reduce the amount of time to take disciplinary action.

In 2010, the BRN was approved to hire investigators; however, the hiring restrictions did not allow this to occur immediately so the BRN had two retired annuitant investigators working on only routine case investigations. At that time there were approximately 635 BRN disciplinary cases pending at DOI for investigation and approximately 400 at BRN awaiting investigation.

The idea of nursing peer review has not yet been a topic of discussion, but prior Boards have discussed the issue of mandatory reporting as a method to improve public protection, however, no formal decision was made due to the staffing resource limitations. Nursing peer review and mandatory reporting would undoubtedly create an increase in workload. With between 414,000 and 420,000 licensees there could be a dramatic increase in workload.

**BRN Action and Response (2014):** The governor did not approve SB 538 which would have allowed the BRN to hire sworn peace officer investigators as part of the BRN January 1, 2012 Sunrise legislation but as discussed in response to the previous issue above, the BRN was approved and has hired non-sworn special investigators. Regulations have been implemented dealing with some of the issues of concern. The BRN will continue to review and consider further regulation amendments as needed. As discussed above, the BRN is now a participating member of the NURSYS® system and continues to report disciplinary data to national

entities as required. Nursing peer review and mandatory reporting are issues that have not yet been addressed by the current Board but may be considered in the future.

The BRN receives conviction information in some cases, however, the majority of cases require the BRN to request and pay for the records. More courts have started charging for records since the last Sunset report. This process is very costly and cumbersome as the court must count the number of pages and send the BRN a bill for that cost, staff must then verify the records requested were received and that the charge is correct. There are examples of licensees or the public reporting of an arrest or conviction unknown to the BRN which makes us question whether we are receiving all of the arrest information for our licensees.

**ISSUE #17: (PROTRACTED PROCESS TO SUSPEND LICENSE OF RN.) The BRN must go through a cumbersome process to suspend the license of an RN who may pose an immediate threat to patients or who have committed a serious crime and may even be incarcerated.**

**Legislative Staff Recommendation:** *Extend the time constraints placed on the AG to file an accusation thus allowing the AG to utilize the ISO process without having to have their accusation prepared within a very limited time frame (15 days). Pursuant to Section 494 of the B&P Code, the BRN does not have to always rely on an ALJ to conduct the ISO hearing, the BRN also has authority to conduct the hearing and could do so more expeditiously where serious circumstances exist regarding the suspension of the nurses' license. Provide for automatic suspension of a nurses' license if the nurse is incarcerated and mandatory revocation of their license if they are found to be convicted of acts of sexual exploitation of a patient or if they must register as a sex offender.*

**Background:** The Board supports extending the time to file an accusation pursuant to initiating the Interim Suspension Order (ISO) process. The limited timeframe is just one consideration in whether to pursue an ISO. The Board is interested in finding ways to reduce the cost in taking immediate action via the ISO process. The BRN has the authority pursuant to B&P Code Section 494 to conduct a hearing but needs to research the administrative and legal processes before a determination can be made if and how the BRN can use this authority.

The BRN's regulatory proposal requires that an ALJ's proposed decision must be to revoke the license if there is a finding of fact that a licensee had "sexual contact" with a patient, or has committed an act, or been convicted of a sex offense. The proposed decision cannot contain an order to stay the decision. Additionally, the Board may deny an application and revoke the license of an RN who is required to register as a sex offender.

**BRN Action and Response (2014):** As discussed above in Issue #15, an amendment effective July 23, 2014 to CCR Section 1444.5 requires an ALJ to issue a proposed decision revoking the RN license, without a stay order, if the licensee is found to have engaged in sexual misconduct with a patient or was convicted of a sex offense. The BRN should receive subsequent arrest/conviction notifications of licensees and thus allow the

Board to address incarceration of the licensee. The BRN still utilizes the ISO process for appropriate cases, however, it is costly and time consuming for the AG's Office due to the limited amount of time allowed to complete the process. An AG who is assigned to an ISO case is dedicated to handling that one case.

**ISSUE #18: (DIFFICULTY IN TRACKING DISCIPLINARY CASES.) The BRN along with other health boards have to rely upon an outdated, limited and cumbersome tracking system called the "Consumer Affairs System" (CAS) that is managed by the DCA.**

**Legislative Staff Recommendation:** *With the recent concerns raised by the State Auditor regarding a case management system for California's courts, called the "California Court Case Management System, or CCMS, and its cost overruns and questions about the quality of the system, the DCA should be closely monitored in its efforts to implement an integrated licensing and case management system that could have significant impact on its 40 boards and bureaus. The DCA and the boards and bureaus together manage more than 2.5 million licenses, certificates and approvals in more than 100 businesses and 200 professional categories. The failure of such a new program for DCA could have vast impact on professional licensing and consumer enforcement efforts throughout the state and for those trying to enter the state to practice. There is no doubt that a new system is needed. The DCA over several years has made other attempts to implement a new computer system, but for varying reasons have not been able to move forward. The BRN should continue in its role to work collaboratively with the DCA's Office of Information Services project staff, as well as with any vendor, to assist in creating an efficient and user-friendly integrated computer system.*

**Background:** The BRN continued its work with DCA staff and vendors to assist in DCA's new computer system called BreEZE. Funds for the BreEZE were built into the BRN budget expenditures but it appears that DCA underestimated the costs and are looking into what options are available. This may have an impact on the existing BRN fund condition and drain the limited BRN reserve. The BreEZe system is planned to assist with case and billing tracking, enhanced reporting and data analysis.

**BRN Action and Response (2014):** The DCA and the BRN implemented the updated computer system (BreEZe) on October 8, 2013. A significant number of BRN staff hours from many units were spent on assisting with development, testing, troubleshooting and preparing for the BreEZe implementation. This new system can provide real time licensing verification to applicants and to the public thus furthering our mission of protection. On April 18, 2014, the BRN announced that Applications for Licensure by Examination were available online as one of the features now available with the implementation of the BreEZe system. As with any new technology, there have been a significant number of issues to address with the implementation. The Licensing Program and other units within the BRN experienced dramatic delays and workload challenges. Workload increased in many areas due to the number of extra steps required to input data in multiple screens, many workarounds and problems in the system. Staff in many units worked overtime during the week and on weekends for six to seven months to try and keep up with the workload. Examination applicants were made eligible to test by BRN staff but they were not being issued Authorizations to Test (ATTs) from Pearson VUE, the test administration vendor, due to interface issues between BreEZe and Pearson VUE. This delayed many applicants from taking their examination.

While it was not the case when BreEZe was first implemented, the BRN is now currently meeting target timeframes, however, in BreEZE data entry time has increased from two minutes to ten minutes per file which has a significant impact on the initial evaluation time period. BRN staff is now fully trained in BreEZe and have become accustomed to the system and it's workarounds and continue to work with DCAs BreEZe team. Because the BreEZe continues to impact data entry and processing timeframes in many areas, the BRN is requesting addition staff through a BCP that would be effective in FY 2015/16. Approval of the BCP will allow a manageable workflow through the licensing program in order to efficiently process applications.

## ***SUBSTANCE ABUSE AND DIVERSION PROGRAM ISSUES***

**ISSUE #19: (EFFECTIVENESS OF DRUG DIVERSION PROGRAMS CALLED INTO QUESTION.) It is unknown how successful the BRN's Drug Diversion Program is in preventing recidivism of those nurses who may abuse drugs or alcohol, and if the Diversion Program is effectively monitoring and testing those who participate in the program.**

**Legislative Staff Recommendation:** *The Committee should consider requiring an audit of the BRN's Diversion Program in 2012, along with the other health boards which have Diversion Programs, to assure that these programs are appropriately monitoring and treating participants and to determine whether these programs are effective in preventing further substance abuse. The BRN should also indicate to the Committee how the Uniform Standards are being implemented and if all Uniform Standards are being followed, and if not, why not.*

**Background:** The Board believes accountability and transparency of the Diversion Program (the Program) is critical. Evaluations and audits are considered tools to be used to strengthen the Program and enhance public protection. When the contractor, MAXIMUS is audited, the BRN is also audited as the vendors work cannot be separated from the BRN work. The BRN provided policy and procedural information to the auditors. The BRN staff provides oversight and direction, and determines that the mandates of the contract are being met as all aspects of the monitoring is done through the contractor. The Program was audited in 2009 and 2010 and in an audit report dated April 1, 2010, it stated that "MAXIMUS is operating in compliance with contract provisions." They were provided with some recommendations for corrective actions to be implemented. The audit team returned for follow-up visits, the final one in July 2011 and while a final review was not released verbal reports from the auditors indicated that MAXIMUS had demonstrated evidence that all corrective actions had been implemented. In addition, MAXIMUS has achieved certification from the International Standards Organization, an international quality review organization. MAXIMUS Diversion Program is visited annually by International Standards Organization auditors and certification occurs every three years. The reviews focus on the organization's quality standards, attention to client satisfaction, and adherence to policies and procedures that support the contract requirements. The MAXIMUS California Diversion Program is the only program of this type in the world to have achieved this certification.

The NCSBN has done extensive research on Diversion Programs for nurses and identified criteria for success of a Diversion Program, of which the California Program meets:

- **Large number of referrals** – California has one of the highest in the country.
- **Quick removal from practice** – RNs must immediately cease practice upon entering the program, unless they show documentation of having been monitored for a year under an equivalent program. They must also cease practice if they have tested positive for any prohibited substance, or admit to relapse. A Diversion Evaluation Committee (DEC) must approve the RN returning to practice. Usually the RN returns to work in approximately nine to 12 months, and may return to work only if they have been compliant with all of the terms of their contract, have been testing negative and have shown signs of embracing recovery.
- **Quickly addressing relapses –** Per the MAXIMUS contract, case managers must notify the RNs Work Site Monitor, the RN, and the BRN within one hour of relapse.
- **Relapses identified –** The BRN receives quarterly reports identifying relapses of all program participants. The latest relapse information available in 2010 was 4.4% for the quarter ending in September 2010. A relapse report is provided to the BRN each month outlining participant relapse details.
- **Low recidivism rates –** Less than 4% of the RN's that have successfully completed the program have relapsed and returned. The BRN keeps a running report as allowed by law.
- **Positive Audit Findings –** The three audits of the contractor in 2009, 2010, and 2011, reported positive findings.

Positive components of the BRN Diversion Program include:

- Early and immediate intervention
- Strict eligibility criteria
- Prohibiting RN from practicing until deemed safe by a panel of experts
- Development of rehabilitation plan contract between the participant and the Program
- Close monitoring of participants for compliance
- Work site monitor required prior to job approval
- Participant involvement in Nurse Support Groups
- Stringent criteria for determining successful completion

The Program protects the public at a cost savings compared to the disciplinary process. If participants were not in the Program, they may still be working in the health care field with their substance abuse disorder, without being monitored, while waiting two to three years for the discipline process to complete. When an RN enters the program, even though they are not working, they are drug tested a minimum of 24 times a year. This may be increased at the request of the DEC, the BRN Diversion Program Manager, or the need of the RN. When the RN returns to work the testing is increased to approximately 36 times per year. Despite the increase in testing, there has been no increase in the amount of relapses occurring.

The Uniform Substance Abuse Standards were developed in large part from the standards that were already incorporated into the MAXIMUS contract. A strict drug testing requirement has always been a part of the Program. The Board reviewed the drug testing requirements in the Uniform Standards and made recommendations for changes. It was questioned whether the number of required drug tests in the Uniform Standards was based on any scientific evidence and the $10,000 or more per year cost to participants who are

not working would be prohibitive and would be counterproductive to their voluntarily entering the program and their recovery.

**BRN Action and Response (2014):** As discussed above, MAXIMUS is the only diversion program of this type in the world to have achieved certification from the International Standards Organization which is an international quality review organization that has auditors visit programs annually. Certification occurs every three years and MAXIMUS' most recent certification was effective April 1, 2014. The Program remains a beneficial tool for the Board as it fulfills two major purposes: it protects the public by providing immediate intervention and removal of the impaired RN from the workplace and second it provides a comprehensive program for recovery for the RN to prevent future problems.

The Board is currently reviewing and considering the implementation of the Uniform Standards for Substance Abusing Licensees for disciplinary cases and the Diversion Program. This has been delayed due to the sunset of the Board on December 31. 2011 as there was no Board quorum appointed to act upon the regulation package until July 2012 at which time the Board had other priorities in the backlog of enforcement cases and nursing program reviews. The current Board has reviewed the regulation package at multiple meetings and has requested additional information at various times. At Board meetings when this issue has been discussed, the BRN has heard from nursing associations, unions and other stakeholders who oppose implementation of the Uniform Standards in their entirety as it is felt they would negatively impact the Diversion Program. The significant amount of required drug testing for RNs who are not working while in the Diversion Program would be cost prohibitive. The Board has not been presented with any scientific evidence that more frequent scheduled drug testing is more effective than the testing schedule, including random testing, currently done in the Diversion Program. If the Uniform Standards were to be implemented without changes it could negatively impact the current BRN Diversion Program. The Board continues to consider this issue.

## ***DISCLOSURE POLICY ISSUE***

**ISSUE #20: (INCONSISTENT REPORTING OF PRIOR DISCIPLINARY OR CRIMINAL CONVICTIONS OF NURSES.) The BRN was criticized by the Media for not providing information on the correct status of the licensee, or if they had a prior disciplinary action or criminal conviction.**

**Legislative Staff Recommendation:** *Statutory authorization should be granted to the BRN, similar to that of the Medical Board and other health boards, to disclose all of the above information which it currently provides on its Website, and also provide whether the status of the license of the RN is in good standing, and/or they have been subject to one of the above disciplinary actions or convicted of a crime in California or in another jurisdiction.*

**Background:** The Board agrees that statutory authorization would be helpful in order to continue to disclose disciplinary action on the BRN website. At the time of the 2010 Sunset Report, the Board was reviewing and revising the Complaint Disclosure Policy and considering a timeframe for how long the disciplinary information would remain on the website. The BRN receives requests from previous disciplined licensees requesting that this information be removed, especially in cases where many years have passed, as they are having difficulty

finding employment. However, any disciplinary action remains a public document regardless of the amount of time it is retained on the Board's website.

**BRN Action and Response (2014):** The BRN Complaint Disclosure Policy which outlines when the BRN releases complaint information to the public was originally adopted by the Board in September 2001. It was reviewed and approved in its original form by the Board again in November 2010. The current policy is included in Section 6 of this report and is available on the BRN website at http://rn.ca.gov/pdfs/regulations/npr-b-36.pdf. Currently the Board is reviewing the Policy once again. The BRN has based its disclosure policy on legal advice and concerns about consumer protection, investigative integrity, and basic privacy issues.

Current and past BRN Board members have expressed concern and believe it is vitally important that the public is aware of nurses who may pose a danger to the public. In order to uphold the Board's statutory mandate and mission, while keeping up with advances in technology, since 2005 the BRN has provided on its website information regarding disciplinary actions taken against registered nurse licenses. Disciplinary action taken against a licensee is now visible on the BreEZe License Verification system. Employers may subscribe to a service called e-notify available from NCSBN's NURSYS® system which automatically notifies employers of publicly available discipline and license status updates for nurses they request.

In 2010 the Board began addressing the development of a policy on internet discipline document retention. This policy was finalized and approved by the Board in June 2011. These policies are consistent with DCA's recommendations for compliant disclosure and website posting of accusations and disciplinary actions. The policy is included in Section 6 of this report and can also be found on the BRN website at http://rn.ca.gov/pdfs/enforcement/disclosure.pdf.

## ***BUDGETARY ISSUES***

**ISSUE #21: (ARE RECENT INCREASES IN LICENSING FEES SUFFICENT TO COVER BRN COSTS?) Is the BRN adequately funded to cover its administrative, licensing and enforcement costs and to make major improvements to its enforcement program?**

**Legislative Staff Recommendation:** *The BRN should assure the Committee that with the recent fee increase it will have sufficient funds to cover its administrative, licensing and enforcement costs and to provide for adequate staffing levels for critical program areas if appropriate staffing is provided.*

**Background:** Notwithstanding a significant drop in revenues, and with the return of the loans made to the General Fund, the BRN has sufficient funds to cover costs and to provide for adequate staffing levels, if provided, for critical program areas as outlined in the 2010 Sunset Review Addendum.

**BRN Action and Response (2014):** The BRN implemented the first fee increase in 19 years effective January 1, 2011. This increased revenues and has allowed the BRN to operate effectively with the additional enforcement staff obtained in FY 2010/11 and FY 2011/12. The BRN has been approved additional enforcement positions and BCPs effective FY 2014/15 for which repayment of the $11.3 million dollar loan

made in FY 2011/12 is necessary to fund. However, even with the return of the loans, the BRN is aware of reserves possibly shrinking in FY 2016/17 and is considering a fee increase in FY 2015/16 to ensure future financial stability.

**ISSUE #22: (THERE IS STILL A SEVERE LACK OF STAFFING FOR BRN'S ENFORCEMENT PROGRAM.) The BRN is still suffering from backlogs in critical program areas and is still having difficulty shortening its time frame for pursing disciplinary action against licensees because of the lack of staffing and the inability to hire for any new positions, even though additional staffing was granted to the BRN (but put on hiring freeze) and it appears to have sufficient funding to cover any additional staffing needs.**

**Legislative Staff Recommendation:** *The BRN should express to the Committee its frustration in being unable to meet the staffing needs of its various critical programs, especially that of its enforcement program, and the impact that it will have on its ability to address the problems identified by this Committee, especially as it concerns its goal to reduce the timeframe for the investigation and prosecution of disciplinary cases.*

**Background:** The Board takes its mandate of public protection very seriously and continuously seeks to improve the effectiveness and efficiencies of all programs to better respond to California consumers. In response to the media attention in 2008 and 2009, the Board members, BRN and DCA staff worked zealously and diligently to develop a comprehensive plan to address the enforcement issues and meet the CPEI goal of reducing the average disciplinary case processing timeframes from three years to 12 to 18 months. The BRN, in collaboration with DCA, projected and requested 63 additional positions to fully implement the plan. In FY 2010/11 and 2011/12 the BRN received approval for 37 positions (five of which were Limited Term positions that expired on June 30, 2012). Regulations were adopted to increase fees to pay for the additional staffing. Effective August 30, 2010 a hiring freeze was imposed and the BRN was not allowed to fill the positions until hiring freeze exemptions were processed and approved. In January 2011, the BRN was approved to use the Special Investigator classification, however, due to the hiring freeze there was a lengthy delay in hiring for these positions. At that time, the tragedy was that in spite of the turmoil, upheaval, and controversy, the average case processing timeframe in 2009-2010 was 33 months and was projected to increase with consumers still at risk. The BRN was in desperate need of more staff to meet our mandate to protect the public.

**BRN Action and Response (2014):** Effective July 1, 2014 the BRN was approved for an additional 28 enforcement positions (again five of which are Limited Term positions, four for three years and one for two years). With these positions, the BRN is adequately staffed in the Enforcement Division to handle the workload and confident that internal timeframes can be met, however, the goal of completing discipline cases in an average of 12 to 18 months does rely on other agencies and activities, such as DOI, AG's Office, and OAH, and cooperation in obtaining court and medical records during investigations, which are beyond the control of the BRN. Additional activities that have hindered the BRN case processing in the past are the sunset of the BRN in 2011, hiring freezes, and staff furloughs. Since these are no longer an issue the BRN is hopeful the

processing timeframes will continue to improve as enhancements in processing continue to be implemented, reviewed, and refined. Currently the BRN is completing cases on average in less than two years at approximately 22 months.

**ISSUE #23: (IMPACT OF THE RECENT PROPOSED BRN LOAN TO THE GENERAL FUND.) Will the Governor's recent proposed borrowing of $15 million from the BRN's reserve account have an impact on the ability of the BRN to deal with some of the serious issues raised in this Paper?**

**Legislative Staff Recommendation:** *No more loans from the reserve funds of the BRN to the General Fund, especially in light of the recent fee increase which the RN profession must now absorb. The RN profession will see little if any return on its investment to improve the operation of the BRN, especially in its enforcement program and in providing the resources and staffing it so sorely needs. The BRN should explain to the Committee what the impact will be to its overall Budget and the ability to hire new staff if the loan of $15 million is made from its reserve fund. This of course is if the BRN is granted an exemption from the hiring freeze, otherwise new expenditures will not be necessary.*

**Background:** A commitment was made to the BRN that the loan would not impact operations and if the BRN is in need of the monies in the event additional staff are approved, it will be re-paid immediately. The BRN implemented a fee increase in January 2011 to pay for additional staff to handle the additional enforcement workload and to process cases in a timely manner. The BRN will not be able to handle the additional workload or decrease disciplinary case processing timeframes without the ability to hire additional staff immediately. A loan to the general fund would leave the BRN with a very small 1.2 month reserve in 2011-12 and while this takes into account the 37 new positions being hired, it does not include the additional staff requested in the Sunset Review Report Addendum. The BRN would be relying on the commitment for the funds to be repaid immediately in the event additional staff was approved.

**BRN Action and Response (2014):** With the return of the $2 million dollar General Fund loan in FY 2010/11, the fee increase in January 2011, and revenues remaining fairly stable since FY 2011/12, the BRN, to date, has been able to maintain financial stability with a three month reserve at the end of FY 2013/14. However, with the approved BCPs effective July 1, 2014, the BRN is in immediate need of the return of the General Fund loan of $11.3 million which was made in FY 2011/12. Currently $3 million is scheduled to be returned in FY 2014/15. There has been discussion to have an additional 6 million repayment accelerated for repayment in FY 2014/15 and the remaining 2.3 million in FY 2015/16, however, to date this has not been scheduled. The BRN is submitting BCPs in FY 2014/15 requesting additional staff for the Licensing, Renewals and Support Services programs of the BRN, thus even with the loan repayment the BRN would need additional funds to ensure future financial stability. The BRN is considering a fee increase in FY 2015/16. If revenues were to decline again, reduction of temporary staff would be considered.

## ***CONTINUED REGULATION OF THE PROFESSION BY THE CURRENT MEMBERS OF THE BOARD OF REGISTERED NURSING***

**ISSUE #24. (CONSUMER SATISFACTION WITH BRN IS LOW.) A Consumer Satisfaction Survey performed by the BRN over the past four years, shows that on average about 65% of consumers were satisfied with the overall service provided by the BRN. There was a higher satisfaction, almost 70%, if some disciplinary action was taken by the BRN.**

**Legislative Staff Recommendation:** *The BRN should explain to the Committee why it believes consumer satisfaction regarding the service of the BRN is still so low and what other efforts the BRN could take to improve its general service to the consumer. Does BRN believe that mediation could be used in certain circumstances to help resolve complaints from the general public regarding health care practitioners?*

**Background:** The BRN found an increase in consumer satisfaction ratings in 2010 from the previous Sunset Report in 2002, however, it was still low. The BRN believed it was low because of the time for disciplinary cases to reach resolution. At that time complaintants received a letter when the case was opened, and would most often not hear again until the case was closed, which may be up to three years. The BRN planned to review processes to identify how complaintants could be notified at times during the process, to assure them the complaint is being investigated. To date, the Board has not considered mediation of cases or alternative dispute resolution as we do not believe that the BRN has any types of cases that could be resolved through these methods.

**BRN Action and Response (2014):** The BRN had a very small response rate to the Consumer Satisfaction Survey in the past four fiscal year (n=21). The majority of respondents were dissatisfied with the process and the outcome of their complaint. Letters are sent to complainants at various stages throughout the complaint process, including at time complaint is received, at the filing of an accusation and disciplinary action (if warranted), and at case closure. The BRN still believes that it does not have any types of cases that could be resolved through mediation or alternative dispute resolution strategies.

**ISSUE #25. (CONTINUED REGULATION OF RNs BY THE BRN.) Should the licensing and regulation of the nursing profession be continued and be regulated by the current board membership?**

**Legislative Staff Recommendation:** *Recommend that the nursing profession continue to be regulated by the current BRN members in order to protect the interests of the public and be reviewed once again in four years.*

**Background:** In light of the increasing complexity of nursing care, nursing workforce issues, the increasing number of nursing education programs, and the need to protect the public through licensure and enforcement activities, regulation of the profession is more important than ever. The Board concurs with the recommendation that the BRN should be reauthorized.

**BRN Action and Response (2014):** The Board continues to concur with this recommendation.

The BRN has developed the following issues that it believes are the most critical at this time and should be considered during this review of the BRN. Some are issues that were addressed under the prior Sunset Review and continue to be a significant issue, and others are either new issues that have been identified earlier in this report or are being discussed for the first time in this section. These issues are discussed in detail on the following pages, but are grouped below for easy reference.

**Licensing Program Enhancements – 2 Issues**

1. Additional staff for licensing due to BreEZe and CE/CEP audits as submitted in Budget Change Proposal for FY 2015/16 and necessary proposed fee increase
2. Regulation amendment related to international applicant evaluations

**Nursing Practice and Education Enhancements – 4 Issues**

3. Additional NEC staff and difficulty hiring due to non-competitive salary compared to RNs in practice and in other state agencies
4. Language change from furnishing to prescribing
5. Continue educating current number of nurses/preparing them for work
6. Collaborative education programs – nurses furthering their education (IOM recommendations)

**Advanced Practice Registered Nursing (APRN) Enhancements – 1 Issue**

7. Removal of supervision requirement for NPs and CNMs as done with Licensed Midwives through the Medical Board and CNMs having dual certification

**Overall Program Enhancements – 1 Issue**

8. BreEZe Issues

***To be Competed: For each issue, background data will be presented and a recommendation will be made.***

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# ATTACHMENTS

A. Board's administrative manual.
B. Current organizational chart showing relationship of committees to the board and membership of each committee (cf., Section 1, Question 1).
C. Major studies, if any (cf., Section 1, Question 4).
D. Year-end organization charts for last four fiscal years. Each chart should include number of staff by classifications assigned to each major program area (licensing, enforcement, administration, etc.) (cf., Section 3, Question 15).
E. Sunset Report Form with Questions
F. Board Member Attendance
G. Strategic Plan
H. Instructions for Institutions Seeking Approval of New Prelicensure RN Programs
I. NCSBN Military Education Equivalency Analysis
J. List of Acronyms and Terms

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# BOARD'S ADMINISTRATIVE MANUAL

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# BOARD MEMBER ORIENTATION PACKET

The Board of Registered Nursing (BRN) has a very large and detailed Board Member Orientation Packet that is used and provided to orient new Board Members. The Packet contains time sensitive documents and information and is updated prior to an orientation session. Most of the information provided in the Packet is included either in text or as attachment in this report. For this reason and due to the time sensitive nature of much of the information provided here is the Table of Contents for the Packet and brief descriptions of what is included in each section.

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# CALIFORNIA BOARD OF REGISTERED NURSING

## *BOARD MEMBER ORIENTATION PACKET*

### Table of Contents

**Section 1: Board of Registered Nursing General Information**

**Section 2: Board and Committee Meetings**

**Section 3: Board Member Responsibilities**

**Section 4: Fair Political Practices Commission (FPPC) – Form 700**

**Section 5: Board Member Per Diem**

**Section 6: Travel Information/Reimbursements**

**Section 7: Bagley-Keene Open Meetings Act**

**Section 8: Departmental Policies**

**Section 9: Legislative Information**

**Section 10: Regulations/Rulemaking**

**Section 11: Miscellaneous**

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# SECTION 1:
# BOARD OF REGISTERED NURSING
# GENERAL INFORMATION

## What Does the BRN Do?

This section contains the following information:

- Board's Mission
- Overview of Board Structure
- Scope of Regulation
- Strategic Planning
- Licensing and Renewals Program
- Special Licensee Services
- Enforcement Program
- Diversion Program
- Nursing Education Consultants
- Website

## History of the Board of Registered Nursing

This section includes a brief summary of the historical regulatory related events from 1905 to the present.

## Board of Registered Nursing Organizational Chart

A current BRN organizational chart is included in this section.

## State of California Organizational Chart

A current state of California organizational chart is included in this section.

## Department of Consumer Affairs Organizational Chart

A current Department of Consumer Affairs (DCA) organizational chart is included in this section.

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## California Nursing Practice Act

This section contains excerpts from Business and Professions Code, Division 2, Chapter 6, Article 2 which are a portion of the laws that provide authority to the BRN.

## Board of Registered Nursing Strategic Plan

This section provides the most current Strategic Plan approved by the Board.

## Board of Registered Nursing Budget Basics

This section includes the following:

- Summary of the BRN Budget, Spending Authority, and Mandated Requirements
- Operating Expenses and Equipment (OE&E)
- BRN Expenditures by Program Component

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# Section 2:
# BOARD AND COMMITTEE MEETINGS

## Charge of the Administrative, Legislative, Diversion/Discipline, Education/ Licensing, and Nursing Practice Committees

Charges for each of the Board Committees are included in this section along with current Committee Goals and Objectives.

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# SECTION 3:
# BOARD MEMBER RESPONSIBILITIES

## Board Member Responsibilities

Information in this section includes Board Member obligations and responsibilities in the following areas:

- Board/Committee Meetings
- Disciplinary Matters
- Policy Decision Making
- Governance
- Outreach
- Training

## Board of Registered Nursing Board Members

A current roster of Board Members is included.

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# SECTION 4:
# FAIR POLITICAL PRACTICES COMMISSION (FPPC) – FORM 700

## Your Duty to File, FORM 700

This publication from the Fair Political Practices Commission which provides an overview of state economic disclosure law and reporting requirements, and information about filing the Form 700 is included.

## Current State of Economic Interest – Form 700

A current Form 700, instructions and reference pamphlet are provided in this section.

## Travel Guide for California Officials and Candidates

A flyer that outlines travel policies, procedures, and reporting requirements is included in this section.

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# SECTION 5:
# BOARD MEMBER PER DIEM

## Authorization for Board Member Per Diem Request

This section includes an Authorization for Board Member Per Diem Request form and instructions for completing.

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# SECTION 6:
# TRAVEL INFORMATION/REIMBURSEMENTS

## Department of Consumer Affairs Travel Guide

The current DCAs travel guide that outlines travel and reimbursement policies and procedures and provides instructions is provided in this section.

## Travel Expense Information Sheet and Data Needed When Filing a Claim

A sheet that outlines information needed when filing a claim for reimbursement of travel expenses and an information worksheet is provided in this section.

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# SECTION 7:
# BAGLEY-KEENE OPEN MEETINGS ACT

## Guide to the Bagley-Keene Open Meetings Act

A guide prepared by the DCA Division of Legal Affairs that provides the requirements of the Open Meeting Act is included in this section.

## Bagley-Keene Open Meetings Act

Also included in this section is a copy of the Act itself.

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# SECTION 8:
# DEPARTMENTAL POLICIES

## Media Relations Policy

The current DCA Media Relations Policy is included in this section.

## Guidelines for Access to Public Records

This section also contains the current DCA guidelines for access to public records per the Public Records Act.

## Incompatible Work Activities

The current DCA policy on Incompatible Work Activities is also included in this section.

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# SECTION 9:
# LEGISLATIVE INFORMATION

## How a Bill Becomes Law

This includes a diagram which shows the process from introduction of a Bill to the Bill becoming law.

## A Guide for Accessing California Legislative Information on the Internet

Included in this section is this guide prepared by the state of California Legislative Counsel and includes how to access legislative information on the internet, glossary of legislative terms and glossaries of legislative and internet terms.

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# SECTION 10:
# REGULATIONS/RULEMAKING

## How to Participate in the Rulemaking Process

Included in this section is a booklet from the California Office of Administrative Law which outlines and provides information on how to develop regulations and take them through the approval process.

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# SECTION 11: MISCELLANEOUS

## What is NCSBN?

Included in this section is information on the National Council of State Boards of Nursing (NCSBN), who they are and how they assist the Boards of Nursing.

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# RELATIONSHIP OF COMMITTEES TO THE BOARD AND MEMBERSHIP OF EACH COMMITTEE

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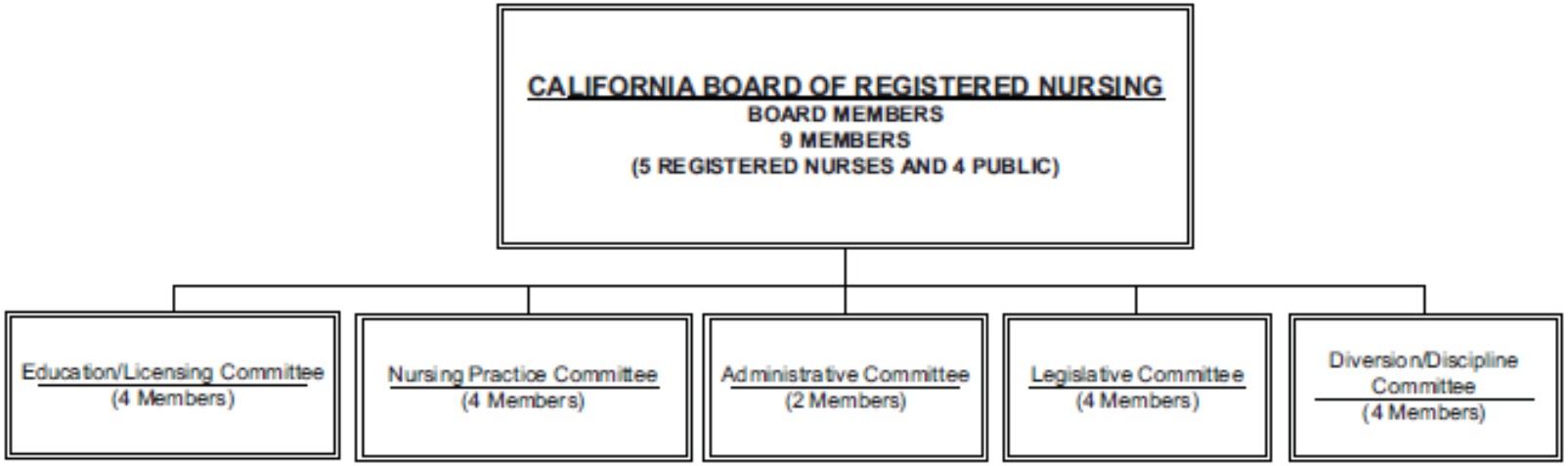
CALIFORNIA BOARD OF REGISTERED NURSING
BOARD MEMBERS
9 MEMBERS
(5 REGISTERED NURSES AND 4 PUBLIC)
Education/Licensing Committee
(4 Members)
Nursing Practice Committee
(4 Members)
Administrative Committee
(2 Members)
Legislative Committee
(4 Members)
Diversion/Discipline Committee
(4 Members)

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# MAJOR STUDIES

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## MAJOR STUDIES

1. ***Biennial Demographic/Workforce Survey of RNs and Forecasting Analysis***
   ***2012 RN Survey Report: http://rn.ca.gov/pdfs/forms/survey2012.pdf***
   ***2013 RN Forecasting Report: http://rn.ca.gov/pdfs/forms/forecasts2013.pdf***
   ***2012 RN Interactive Data Summary: http://rn.ca.gov/forms/datasummaries2012.shtml***

2. ***Annual Survey of RN Educational Programs***
   ***2012-13 Annual School Trend Report: http://rn.ca.gov/pdfs/schools/schoolrpt12-13.pdf***
   ***2012-13 Annual School Data Summary Report: http://rn.ca.gov/pdfs/schools/prelicensure12-13.pdf***

3. ***2012-2013 California New Graduate Hiring Survey***
   ***http://cinhc.wpengine.netdna-cdn.com/wp-content/uploads/2013/02/2012-2013-Californa-New-Grad-Hiring-Survey.pdf***

4. ***2013 Survey of Nurses' Educational Experiences:***
   ***http://rn.ca.gov/pdfs/forms/survey2013.pdf***

5. ***The Diversity of California's Registered Nursing Workforce***
   ***2013 Analysis: http://rn.ca.gov/pdfs/forms/diversityupdate.pdf***
   ***2012 lysis: http://rn.ca.gov/pdfs/schools/diversity.pdf***

6. ***2010 Survey of Nurse Practitioners and Certified Nurse Midwives:***
   ***http://rn.ca.gov/pdfs/forms/survey2010npcnm.pdf***

7. ***2010 Survey of Clinical Nurse Specialists:***
   ***http://rn.ca.gov/pdfs/forms/survey2010cns.pdf***

8. ***A Study of California Nurses Placed on Probation:***
   ***http://rn.ca.gov/pdfs/forms/probnurse.pdf***

## MAJOR PUBLICATIONS

1. ***BRN Reports***
   ***Winter 2013 Edition: http://rn.ca.gov/pdfs/forms/brnwinter2013.pdf***

2. ***Strategic Plan***
   ***2014-2017 Edition: http://rn.ca.gov/pdfs/about_us/stratplan14-17.pdf***

3. ***Annual Reports – DCA***
   ***2012-13 Edition: http://www.dca.ca.gov/publications/12_13_annrpt.pdf***

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# YEAR END ORGANIZATIONAL CHARTS

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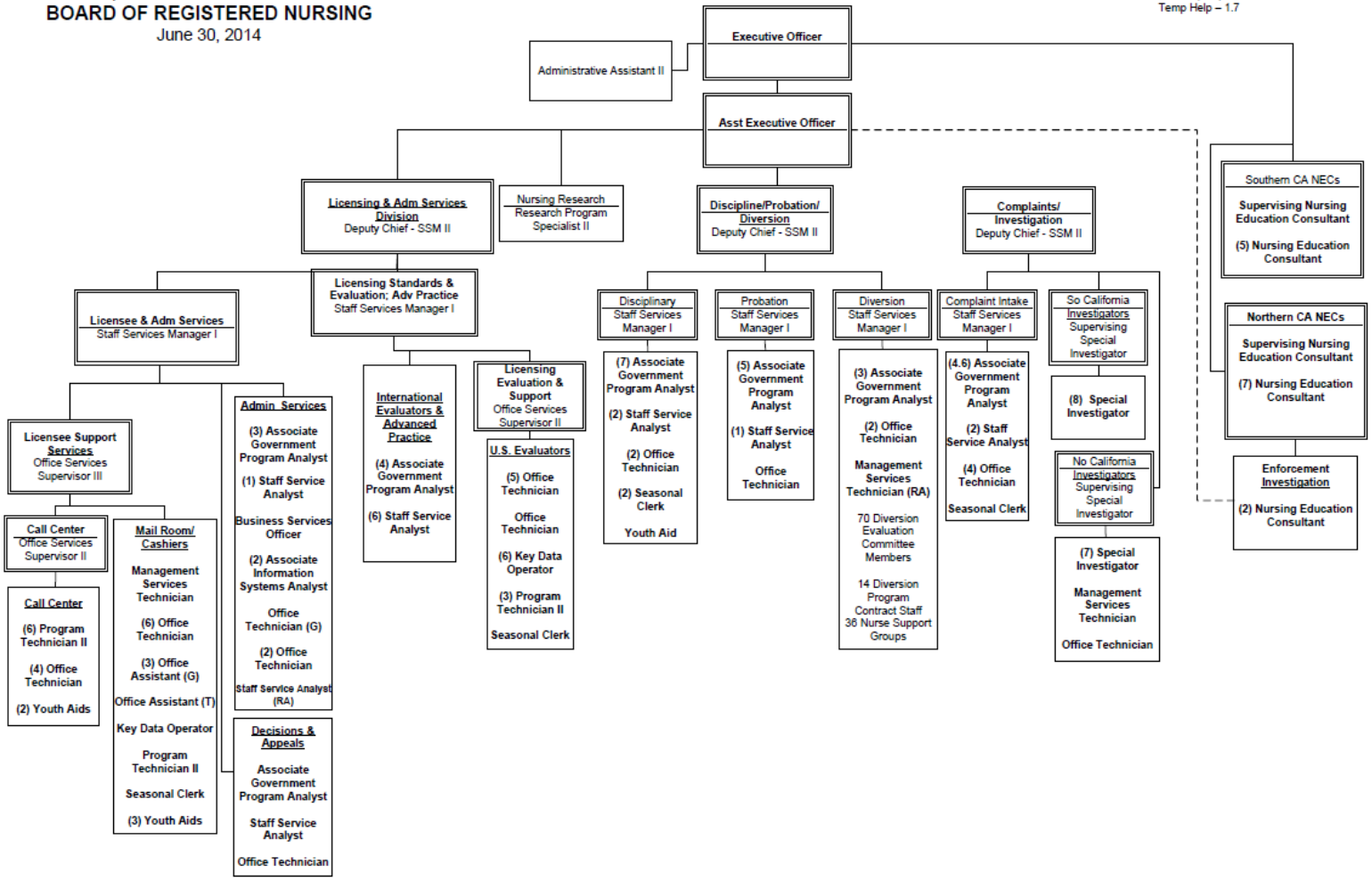
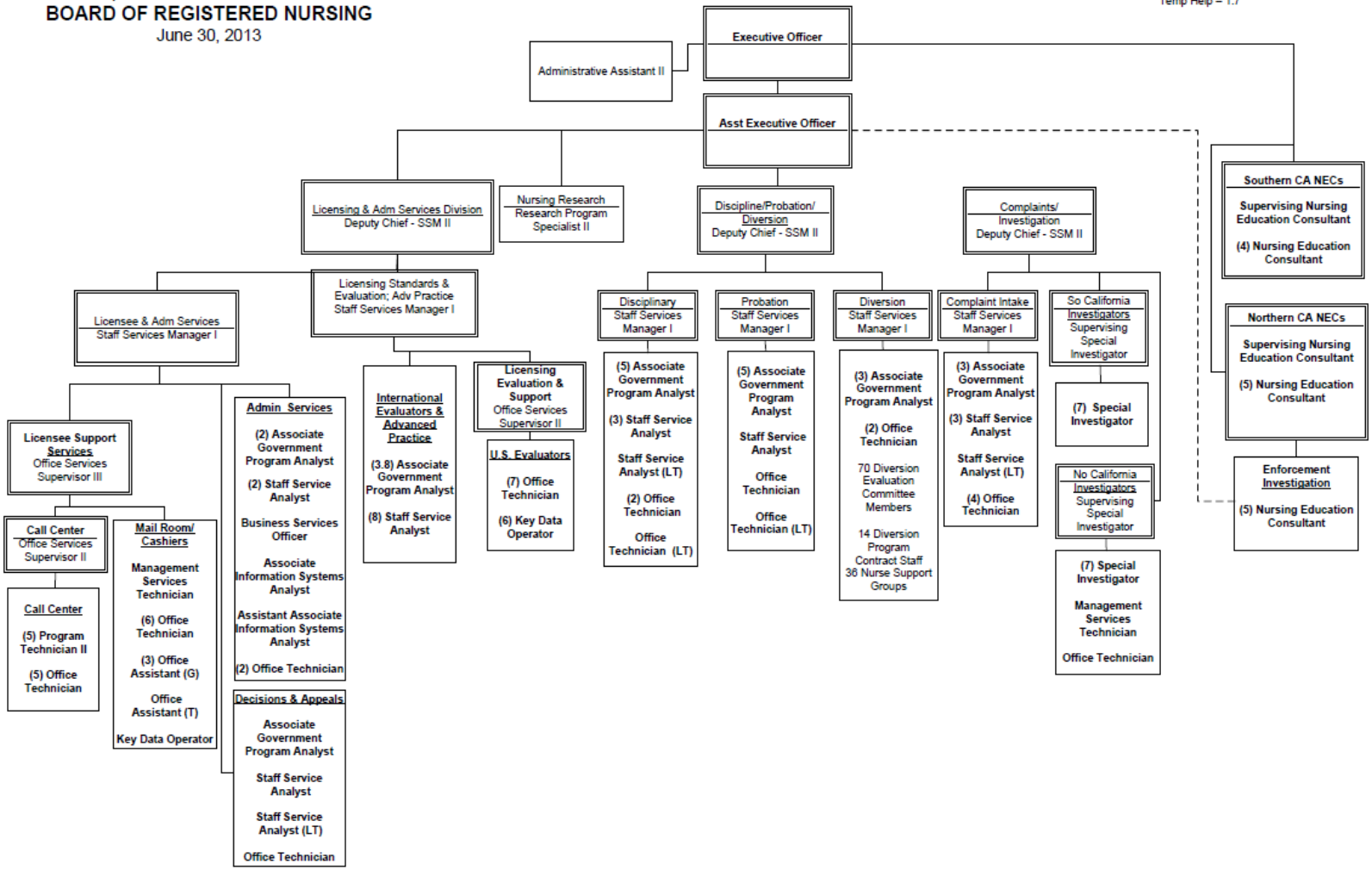
Department of Consumer Affairs
**BOARD OF REGISTERED NURSING**
June 30, 2014

FY 2013-14
Authorized Positions 129.1
BL 12-03 (999) – 8.4
Temp Help – 1.7



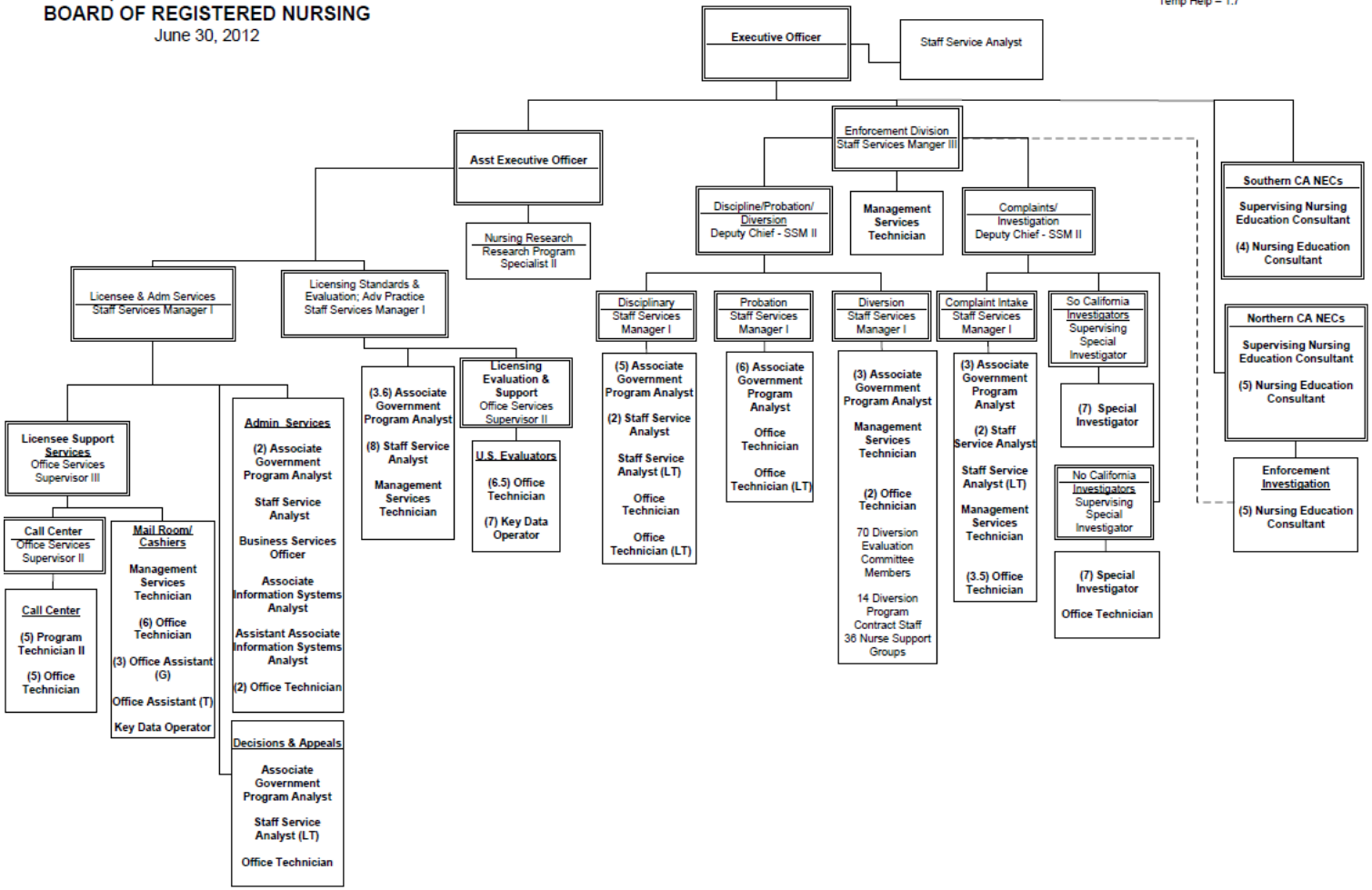
Department of Consumer Affairs
**BOARD OF REGISTERED NURSING**
June 30, 2013

FY 2012-13
Authorized Positions 129.8
BL 12-03 (999) – 8.4
Temp Help – 1.7



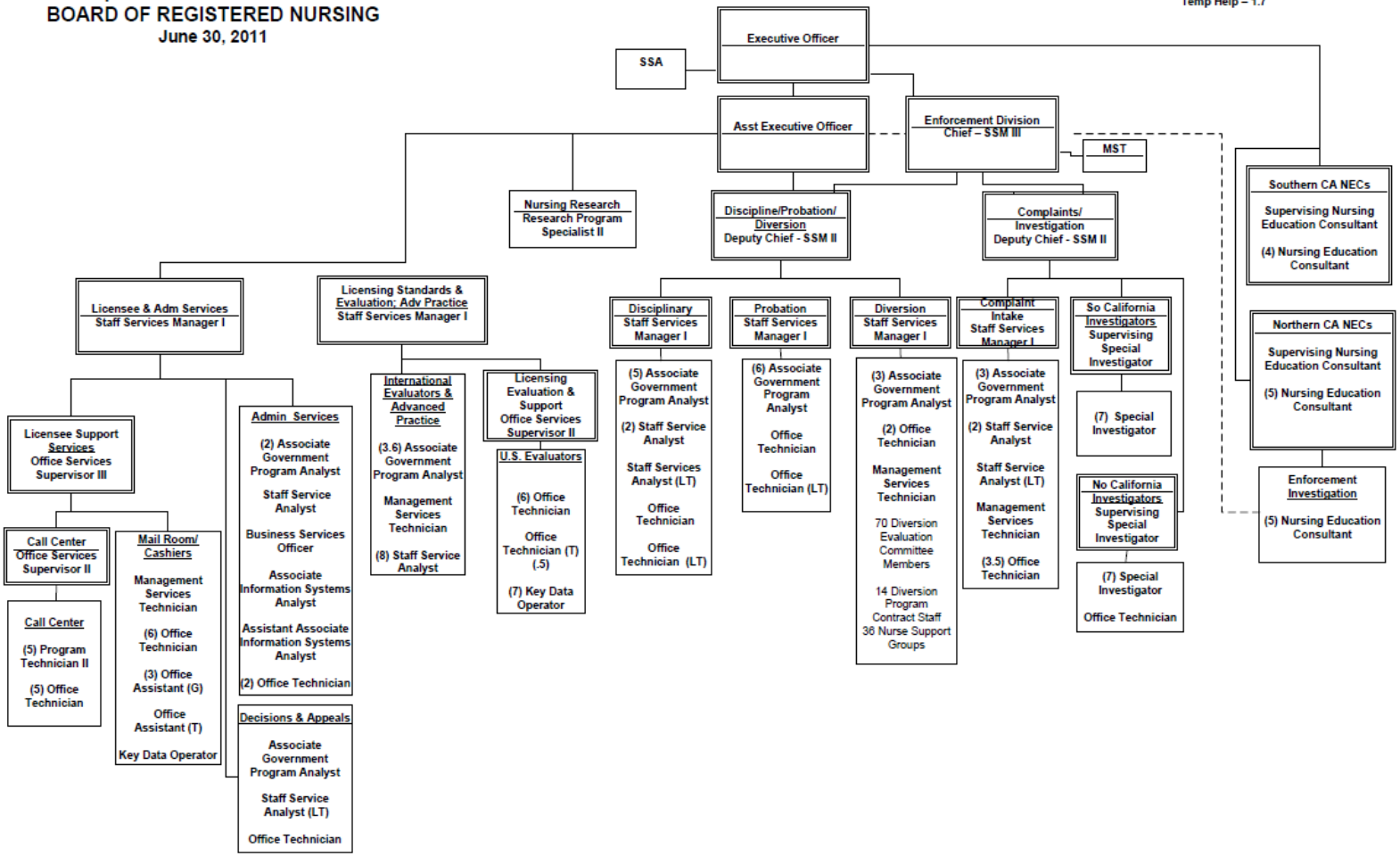
Department of Consumer Affairs
**BOARD OF REGISTERED NURSING**
June 30, 2012

FY 2011-12
Authorized Positions 142.5
Temp Help – 1.7



Department of Consumer Affairs
BOARD OF REGISTERED NURSING
June 30, 2011

FY 2010-11
PY 108.2 – July 2010
PY 138.0 – October 2010
Temp Help – 1.7



# SUNSET REPORT FORM WITH QUESTIONS
# AND
# GUIDE FOR COMPLETING QUESTIONS

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# [BOARD NAME]
## BACKGROUND INFORMATION AND OVERVIEW OF THE CURRENT REGULATORY PROGRAM
## As of [date]

## Section 1 – Background and Description of the Board and Regulated Profession

Provide a short explanation of the history and function of the board.[1] Describe the occupations/profession that are licensed and/or regulated by the board (Practice Acts vs. Title Acts).

1. Describe the make-up and functions of each of the board's committees (cf., Section 12, Attachment B).

| **Table 1a. Attendance** | | | |
|---|---|---|---|
| [Enter board member name] | | | |
| Date Appointed: | [Enter date appointed] | | |
| **Meeting Type** | **Meeting Date** | **Meeting Location** | **Attended?** |
| Meeting 1 | [Enter Date] | [Enter Location] | [Y/N] |
| Meeting 2 | [Enter Date] | [Enter Location] | [Y/N] |
| Meeting 3 | [Enter Date] | [Enter Location] | [Y/N] |
| Meeting 4 | [Enter Date] | [Enter Location] | [Y/N] |

| **Table 1b. Board/Committee Member Roster** | | | | | |
|---|---|---|---|---|---|
| Member Name (Include Vacancies) | Date First Appointed | Date Re-appointed | Date Term Expires | Appointing Authority | Type (public or professional) |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

[1] The term "board" in this document refers to a board, bureau, commission, committee, department, division, program, or agency, as applicable. Please change the term "board" throughout this document to appropriately refer to the entity being reviewed.

2. In the past four years, was the board unable to hold any meetings due to lack of quorum? If so, please describe. Why? When? How did it impact operations?
3. Describe any major changes to the board since the last Sunset Review, including:
   - Internal changes (i.e., reorganization, relocation, change in leadership, strategic planning)
   - All legislation sponsored by the board and affecting the board since the last sunset review.
   - All regulation changes approved by the board the last sunset review. Include the status of each regulatory change approved by the board.
4. Describe any major studies conducted by the board (cf. Section 12, Attachment C).
5. List the status of all national associations to which the board belongs.
   - Does the board's membership include voting privileges?
   - List committees, workshops, working groups, task forces, etc., on which board participates.
   - How many meetings did board representative(s) attend? When and where?
   - If the board is using a national exam, how is the board involved in its development, scoring, analysis, and administration?

## Section 2 – Performance Measures and Customer Satisfaction Surveys

6. Provide each quarterly and annual performance measure report for the board as published on the DCA website
7. Provide results for each question in the board's customer satisfaction survey broken down by fiscal year. Discuss the results of the customer satisfaction surveys.

## Section 3 – Fiscal and Staff

### Fiscal Issues

8. Describe the board's current reserve level, spending, and if a statutory reserve level exists.
9. Describe if/when a deficit is projected to occur and if/when fee increase or reduction is anticipated. Describe the fee changes (increases or decreases) anticipated by the board.

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| Table 2. Fund Condition | | | | | | |
|---|---|---|---|---|---|---|
| (Dollars in Thousands) | FY 2010/11 | FY 2011/12 | FY 2012/13 | FY 2013/14 | FY 2014/15 | FY 2015/16 |
| Beginning Balance | | | | | | |
| Revenues and Transfers | | | | | | |
| **Total Revenue** | $ | $ | $ | $ | $ | $ |
| Budget Authority | | | | | | |
| Expenditures | | | | | | |
| Loans to General Fund | | | | | | |
| Accrued Interest, Loans to General Fund | | | | | | |
| Loans Repaid From General Fund | | | | | | |
| **Fund Balance** | $ | $ | $ | $ | $ | $ |
| **Months in Reserve** | | | | | | |

10. Describe the history of general fund loans. When were the loans made? When have payments been made to the board? Has interest been paid? What is the remaining balance?

11. Describe the amounts and percentages of expenditures by program component. Use *Table 3. Expenditures by Program Component* to provide a breakdown of the expenditures by the board in each program area. Expenditures by each component (except for pro rata) should be broken out by personnel expenditures and other expenditures.

| Table 3. Expenditures by Program Component | | | | | | | | (list dollars in thousands) |
|---|---|---|---|---|---|---|---|---|
| | FY 2010/11 | | FY 2011/12 | | FY 2012/13 | | FY 2013/14 | |
| | Personnel Services | OE&E | Personnel Services | OE&E | Personnel Services | OE&E | Personnel Services | OE&E |
| Enforcement | | | | | | | | |
| Examination | | | | | | | | |
| Licensing | | | | | | | | |
| Administration * | | | | | | | | |
| DCA Pro Rata | | | | | | | | |
| Diversion (if applicable) | | | | | | | | |
| **TOTALS** | $ | $ | $ | $ | $ | $ | $ | $ |
| *Administration includes costs for executive staff, board, administrative support, and fiscal services. | | | | | | | | |

12. Describe license renewal cycles and history of fee changes in the last 10 years. Give the fee authority (Business and Professions Code and California Code of Regulations citation) for each fee charged by the board.

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| Table 4. Fee Schedule and Revenue | | | | | | | (list revenue dollars in thousands) |
|---|---|---|---|---|---|---|---|
| Fee | Current Fee Amount | Statutory Limit | FY 2010/11 Revenue | FY 2011/12 Revenue | FY 2012/13 Revenue | FY 2013/14 Revenue | % of Total Revenue |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

13. Describe Budget Change Proposals (BCPs) submitted by the board in the past four fiscal years.

| Table 5. Budget Change Proposals (BCPs) | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| BCP ID # | Fiscal Year | Description of Purpose of BCP | Personnel Services | | | | OE&E | |
| | | | # Staff Requested (include classification) | # Staff Approved (include classification) | $ Requested | $ Approved | $ Requested | $ Approved |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

**Staffing Issues**

14. Describe any board staffing issues/challenges, i.e., vacancy rates, efforts to reclassify positions, staff turnover, recruitment and retention efforts, succession planning.
15. Describe the board's staff development efforts and how much is spent annually on staff development (cf., Section 12, Attachment D).

## Section 4 – Licensing Program

16. What are the board's performance targets/expectations for its licensing[2] program? Is the board meeting those expectations? If not, what is the board doing to improve performance?

[2] The term "license" in this document includes a license certificate or registration.

17. Describe any increase or decrease in the board's average time to process applications, administer exams and/or issue licenses. Have pending applications grown at a rate that exceeds completed applications? If so, what has been done by the board to address them? What are the performance barriers and what improvement plans are in place? What has the board done and what is the board going to do to address any performance issues, i.e., process efficiencies, regulations, BCP, legislation?

18. How many licenses or registrations does the board issue each year? How many renewals does the board issue each year?

**Table 6. Licensee Population**

| | | FY 2010/11 | FY 2011/12 | FY 2012/13 | FY 2013/14 |
|---|---|---|---|---|---|
| [Enter License Type] | Active | | | | |
| | Out-of-State | | | | |
| | Out-of-Country | | | | |
| | Delinquent | | | | |
| [Enter License Type] | Active | | | | |
| | Out-of-State | | | | |
| | Out-of-Country | | | | |
| | Delinquent | | | | |
| [Enter License Type] | Active | | | | |
| | Out-of-State | | | | |
| | Out-of-Country | | | | |
| | Delinquent | | | | |
| [Enter License Type] | Active | | | | |
| | Out-of-State | | | | |
| | Out-of-Country | | | | |
| | Delinquent | | | | |

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| Table 7a. Licensing Data by Type | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Pending Applications | | | Cycle Times | | |
| | Application Type | Received | Approved | Closed | Issued | Total (Close of FY) | Outside Board control* | Within Board control* | Complete Apps | Incomplete Apps | combined, IF unable to separate out |
| FY 2011/12 | (Exam) | | | | | - | - | - | - | - | - |
| | (License) | | | | | - | - | - | - | - | - |
| | (Renewal) | | | n/a | | - | - | - | - | - | - |
| FY 2012/13 | (Exam) | | | | | | | | | | |
| | (License) | | | | | | | | | | |
| | (Renewal) | | | n/a | | | | | | | |
| FY 2013/14 | (Exam) | | | | | | | | | | |
| | (License) | | | | | | | | | | |
| | (Renewal) | | | n/a | | | | | | | |
| * Optional. List if tracked by the board. | | | | | | | | | | | |

| Table 7b. Total Licensing Data | FY 2011/12 | FY 2012/13 | FY 2013/14 |
|---|---|---|---|
| **Initial Licensing Data:** | | | |
| Initial License/Initial Exam Applications Received | | | |
| Initial License/Initial Exam Applications Approved | | | |
| Initial License/Initial Exam Applications Closed | | | |
| License Issued | | | |
| **Initial License/Initial Exam Pending Application Data:** | | | |
| Pending Applications (total at close of FY) | | | |
| Pending Applications (outside of board control)* | | | |
| Pending Applications (within the board control)* | | | |
| **Initial License/Initial Exam Cycle Time Data (WEIGHTED AVERAGE):** | | | |
| Average Days to Application Approval (All - Complete/Incomplete) | | | |
| Average Days to Application Approval (incomplete applications)* | | | |
| Average Days to Application Approval (complete applications)* | | | |
| **License Renewal Data:** | | | |
| License Renewed | | | |
| * Optional. List if tracked by the board. | | | |

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19. How does the board verify information provided by the applicant?
    a. What process does the board use to check prior criminal history information, prior disciplinary actions, or other unlawful acts of the applicant?
    b. Does the board fingerprint all applicants?
    c. Have all current licensees been fingerprinted? If not, explain.
    d. Is there a national databank relating to disciplinary actions? Does the board check the national databank prior to issuing a license? Renewing a license?
    e. Does the board require primary source documentation?
20. Describe the board's legal requirement and process for out-of-state and out-of-country applicants to obtain licensure.
21. Describe the board's process, if any, for considering military education, training, and experience for purposes of licensing or credentialing requirements, including college credit equivalency.
    a. Does the board identify or track applicants who are veterans? If not, when does the board expect to be compliant with BPC § 114.5?
    b. How many applicants offered military education, training or experience towards meeting licensing or credentialing requirements, and how many applicants had such education, training or experience accepted by the board?
    c. What regulatory changes has the board made to bring it into conformance with BPC § 35?
    d. How many licensees has the board waived fees or requirements for pursuant to BPC § 114.3, and what has the impact been on board revenues?
    e. How many applications has the board expedited pursuant to BPC § 115.5?
22. Does the board send No Longer Interested notifications to DOJ on a regular and ongoing basis? Is this done electronically? Is there a backlog? If so, describe the extent and efforts to address the backlog.

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## Examinations

| Table 8. Examination Data | | | | |
|---|---|---|---|---|
| **California Examination (include multiple language) if any:** | | | | |
| | License Type | | | |
| | Exam Title | | | |
| FY 2010/11 | # of 1st Time Candidates | | | |
| | Pass % | | | |
| FY 2011/12 | # of 1st Time Candidates | | | |
| | Pass % | | | |
| FY 2012/13 | # of 1st Time Candidates | | | |
| | Pass % | | | |
| FY 2013/14 | # of 1st time Candidates | | | |
| | Pass % | | | |
| | Date of Last OA | | | |
| | Name of OA Developer | | | |
| | Target OA Date | | | |
| **National Examination (include multiple language) if any:** | | | | |
| | License Type | | | |
| | Exam Title | | | |
| FY 2010/11 | # of 1st Time Candidates | | | |
| | Pass % | | | |
| FY 2011/12 | # of 1st Time Candidates | | | |
| | Pass % | | | |
| FY 2012/13 | # of 1st Time Candidates | | | |
| | Pass % | | | |
| FY 2013/14 | # of 1st time Candidates | | | |
| | Pass % | | | |
| | Date of Last OA | | | |
| | Name of OA Developer | | | |
| | Target OA Date | | | |

23. Describe the examinations required for licensure. Is a national examination used? Is a California specific examination required?
24. What are pass rates for first time vs. retakes in the past 4 fiscal years? *(Refer to Table 8: Examination Data)*

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25. Is the board using computer based testing? If so, for which tests? Describe how it works. Where is it available? How often are tests administered?
26. Are there existing statutes that hinder the efficient and effective processing of applications and/or examinations? If so, please describe.

**School approvals**

27. Describe legal requirements regarding school approval. Who approves your schools? What role does BPPE have in approving schools? How does the board work with BPPE in the school approval process?
28. How many schools are approved by the board? How often are approved schools reviewed? Can the board remove its approval of a school?
29. What are the board's legal requirements regarding approval of international schools?

**Continuing Education/Competency Requirements**

30. Describe the board's continuing education/competency requirements, if any. Describe any changes made by the board since the last review.
    a. How does the board verify CE or other competency requirements?
    b. Does the board conduct CE audits of licensees? Describe the board's policy on CE audits.
    c. What are consequences for failing a CE audit?
    d. How many CE audits were conducted in the past four fiscal years? How many fails? What is the percentage of CE failure?
    e. What is the board's course approval policy?
    f. Who approves CE providers? Who approves CE courses? If the board approves them, what is the board application review process?
    g. How many applications for CE providers and CE courses were received? How many were approved?
    h. Does the board audit CE providers? If so, describe the board's policy and process.
    i. Describe the board's effort, if any, to review its CE policy for purpose of moving toward performance based assessments of the licensee's continuing competence.

## Section 5 – Enforcement Program

31. What are the board's performance targets/expectations for its enforcement program? Is the board meeting those expectations? If not, what is the board doing to improve performance?

32. Explain trends in enforcement data and the board's efforts to address any increase in volume, timeframes, ratio of closure to pending cases, or other challenges. What are the performance barriers? What improvement plans are in place? What has the board done and what is the board going to do to address these issues, i.e., process efficiencies, regulations, BCP, legislation?

| **Table 9a. Enforcement Statistics** | | | |
|---|---|---|---|
| | FY 2011/12 | FY 2012/13 | FY 2013/14 |
| **COMPLAINT** | | | |
| Intake (Use CAS Report EM 10) | | | |
| Received | | | |
| Closed | | | |
| Referred to INV | | | |
| Average Time to Close | | | |
| Pending (close of FY) | | | |
| Source of Complaint (Use CAS Report 091) | | | |
| Public | | | |
| Licensee/Professional Groups | | | |
| Governmental Agencies | | | |
| Other | | | |
| Conviction / Arrest (Use CAS Report EM 10) | | | |
| CONV Received | | | |
| CONV Closed | | | |
| Average Time to Close | | | |
| CONV Pending (close of FY) | | | |
| **LICENSE DENIAL** (Use CAS Reports EM 10 and 095) | | | |
| License Applications Denied | | | |
| SOIs Filed | | | |
| SOIs Withdrawn | | | |
| SOIs Dismissed | | | |
| SOIs Declined | | | |
| Average Days SOI | | | |
| **ACCUSATION** (Use CAS Report EM 10) | | | |
| Accusations Filed | | | |
| Accusations Withdrawn | | | |
| Accusations Dismissed | | | |
| Accusations Declined | | | |
| Average Days Accusations | | | |
| Pending (close of FY) | | | |

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| Table 9b. Enforcement Statistics (continued) | | | |
|---|---|---|---|
| | FY 2011/12 | FY 2012/13 | FY 2013/14 |
| **DISCIPLINE** | | | |
| Disciplinary Actions (Use CAS Report EM 10) | | | |
| Proposed/Default Decisions | | | |
| Stipulations | | | |
| Average Days to Complete | | | |
| AG Cases Initiated | | | |
| AG Cases Pending (close of FY) | | | |
| Disciplinary Outcomes (Use CAS Report 096) | | | |
| Revocation | | | |
| Voluntary Surrender | | | |
| Suspension | | | |
| Probation with Suspension | | | |
| Probation | | | |
| Probationary License Issued | | | |
| Other | | | |
| **PROBATION** | | | |
| New Probationers | | | |
| Probations Successfully Completed | | | |
| Probationers (close of FY) | | | |
| Petitions to Revoke Probation | | | |
| Probations Revoked | | | |
| Probations Modified | | | |
| Probations Extended | | | |
| Probationers Subject to Drug Testing | | | |
| Drug Tests Ordered | | | |
| Positive Drug Tests | | | |
| Petition for Reinstatement Granted | | | |
| **DIVERSION** | | | |
| New Participants | | | |
| Successful Completions | | | |
| Participants (close of FY) | | | |
| Terminations | | | |
| Terminations for Public Threat | | | |
| Drug Tests Ordered | | | |
| Positive Drug Tests | | | |

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| Table 9c. Enforcement Statistics (continued) | | | |
|---|---|---|---|
| | FY 2011/12 | FY 2012/13 | FY 2013/14 |
| **INVESTIGATION** | | | |
| All Investigations (Use CAS Report EM 10) | | | |
| First Assigned | | | |
| Closed | | | |
| Average days to close | | | |
| Pending (close of FY) | | | |
| Desk Investigations (Use CAS Report EM 10) | | | |
| Closed | | | |
| Average days to close | | | |
| Pending (close of FY) | | | |
| Non-Sworn Investigation (Use CAS Report EM 10) | | | |
| Closed | | | |
| Average days to close | | | |
| Pending (close of FY) | | | |
| Sworn Investigation | | | |
| Closed (Use CAS Report EM 10) | | | |
| Average days to close | | | |
| Pending (close of FY) | | | |
| **COMPLIANCE ACTION** (Use CAS Report 096) | | | |
| ISO & TRO Issued | | | |
| PC 23 Orders Requested | | | |
| Other Suspension Orders | | | |
| Public Letter of Reprimand | | | |
| Cease & Desist/Warning | | | |
| Referred for Diversion | | | |
| Compel Examination | | | |
| **CITATION AND FINE** (Use CAS Report EM 10 and 095) | | | |
| Citations Issued | | | |
| Average Days to Complete | | | |
| Amount of Fines Assessed | | | |
| Reduced, Withdrawn, Dismissed | | | |
| Amount Collected | | | |
| **CRIMINAL ACTION** | | | |
| Referred for Criminal Prosecution | | | |

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| Table 10. Enforcement Aging | | | | | | |
|---|---|---|---|---|---|---|
| | FY 2010/11 | FY 2011/12 | FY 2012/13 | FY 2013/14 | Cases Closed | Average % |
| **Attorney General Cases (Average %)** | | | | | | |
| Closed Within: | | | | | | |
| 1 Year | | | | | | |
| 2 Years | | | | | | |
| 3 Years | | | | | | |
| 4 Years | | | | | | |
| Over 4 Years | | | | | | |
| Total Cases Closed | | | | | | |
| **Investigations (Average %)** | | | | | | |
| Closed Within: | | | | | | |
| 90 Days | | | | | | |
| 180 Days | | | | | | |
| 1 Year | | | | | | |
| 2 Years | | | | | | |
| 3 Years | | | | | | |
| Over 3 Years | | | | | | |
| Total Cases Closed | | | | | | |

33. What do overall statistics show as to increases or decreases in disciplinary action since last review.
34. How are cases prioritized? What is the board's compliant prioritization policy? Is it different from DCA's *Complaint Prioritization Guidelines for Health Care Agencies* (August 31, 2009)? If so, explain why.
35. Are there mandatory reporting requirements? For example, requiring local officials or organizations, or other professionals to report violations, or for civil courts to report to the board actions taken against a licensee. Are there problems with the board receiving the required reports? If so, what could be done to correct the problems?
36. Does the board operate with a statute of limitations? If so, please describe and provide citation. If so, how many cases have been lost due to statute of limitations? If not, what is the board's policy on statute of limitations?
37. Describe the board's efforts to address unlicensed activity and the underground economy.

## Cite and Fine

38. Discuss the extent to which the board has used its cite and fine authority. Discuss any changes from last review and describe the last time regulations were updated and any changes that were made. Has the board increased its maximum fines to the $5,000 statutory limit?
39. How is cite and fine used? What types of violations are the basis for citation and fine?

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40. How many informal office conferences, Disciplinary Review Committees reviews and/or Administrative Procedure Act appeals of a citation or fine in the last 4 fiscal years?
41. What are the 5 most common violations for which citations are issued?
42. What is average fine pre- and post- appeal?
43. Describe the board's use of Franchise Tax Board intercepts to collect outstanding fines.

**Cost Recovery and Restitution**

44. Describe the board's efforts to obtain cost recovery. Discuss any changes from the last review.
45. How many and how much is ordered by the board for revocations, surrenders and probationers? How much do you believe is uncollectable? Explain.
46. Are there cases for which the board does not seek cost recovery? Why?
47. Describe the board's use of Franchise Tax Board intercepts to collect cost recovery.
48. Describe the board's efforts to obtain restitution for individual consumers, any formal or informal board restitution policy, and the types of restitution that the board attempts to collect, i.e., monetary, services, etc. Describe the situation in which the board may seek restitution from the licensee to a harmed consumer.

**Table 11. Cost Recovery** (list dollars in thousands)

| | FY 2010/11 | FY 2011/12 | FY 2012/13 | FY 2013/14 |
|---|---|---|---|---|
| Total Enforcement Expenditures | | | | |
| Potential Cases for Recovery * | | | | |
| Cases Recovery Ordered | | | | |
| Amount of Cost Recovery Ordered | | | | |
| Amount Collected | | | | |

* "Potential Cases for Recovery" are those cases in which disciplinary action has been taken based on violation of the license practice act.

**Table 12. Restitution** (list dollars in thousands)

| | FY 2010/11 | FY 2011/12 | FY 2012/13 | FY 2013/14 |
|---|---|---|---|---|
| Amount Ordered | | | | |
| Amount Collected | | | | |

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## Section 6 –
## Public Information Policies

49. How does the board use the internet to keep the public informed of board activities? Does the board post board meeting materials online? When are they posted? How long do they remain on the board's website? When are draft meeting minutes posted online? When does the board post final meeting minutes? How long do meeting minutes remain available online?
50. Does the board webcast its meetings? What is the board's plan to webcast future board and committee meetings? How long to webcast meetings remain available online?
51. Does the board establish an annual meeting calendar, and post it on the board's web site?
52. Is the board's complaint disclosure policy consistent with DCA's *Recommended Minimum Standards for Consumer Complaint Disclosure*? Does the board post accusations and disciplinary actions consistent with DCA's *Web Site Posting of Accusations and Disciplinary Actions* (May 21, 2010)?
53. What information does the board provide to the public regarding its licensees (i.e., education completed, awards, certificates, certification, specialty areas, disciplinary action, etc.)?
54. What methods are used by the board to provide consumer outreach and education?

## Section 7 –
## Online Practice Issues

55. Discuss the prevalence of online practice and whether there are issues with unlicensed activity. How does the board regulate online practice? Does the board have any plans to regulate internet business practices or believe there is a need to do so?

## Section 8 –
## Workforce Development and Job Creation

56. What actions has the board taken in terms of workforce development?
57. Describe any assessment the board has conducted on the impact of licensing delays.
58. Describe the board's efforts to work with schools to inform potential licensees of the licensing requirements and licensing process.
59. Provide any workforce development data collected by the board, such as:
    a. Workforce shortages
    b. Successful training programs.

## Section 9 –
## Current Issues

60. What is the status of the board's implementation of the Uniform Standards for Substance Abusing Licensees?
61. What is the status of the board's implementation of the Consumer Protection Enforcement Initiative (CPEI) regulations?
62. Describe how the board is participating in development of BreEZe and any other secondary IT issues affecting the board.

## Section 10 –
## Board Action and Response to Prior Sunset Issues

Include the following:

1. Background information concerning the issue as it pertains to the board.
2. Short discussion of recommendations made by the Committees/Joint Committee during prior sunset review.
3. What action the board took in response to the recommendation or findings made under prior sunset review.
4. Any recommendations the board has for dealing with the issue, if appropriate.

## Section 11 –
## New Issues

This is the opportunity for the board to inform the Committees of solutions to issues identified by the board and by the Committees. Provide a short discussion of each of the outstanding issues, and the board's recommendation for action that could be taken by the board, by DCA or by the Legislature to resolve these issues (i.e., policy direction, budget changes, legislative changes) for each of the following:

1. Issues that were raised under prior Sunset Review that have not been addressed.
2. New issues that are identified by the board in this report.
3. New issues not previously discussed in this report.
4. New issues raised by the Committees.

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## Section 12 – Attachments

Please provide the following attachments:

K. Board's administrative manual.

L. Current organizational chart showing relationship of committees to the board and membership of each committee (cf., Section 1, Question 1).

M. Major studies, if any (cf., Section 1, Question 4).

N. Year-end organization charts for last four fiscal years. Each chart should include number of staff by classifications assigned to each major program area (licensing, enforcement, administration, etc.) (cf., Section 3, Question 15).

## Section 13 – Board Specific Issues

**THIS SECTION ONLY APPLIES TO SPECIFIC BOARDS, AS INDICATED BELOW.**

**Diversion**

Discuss the board's diversion program, the extent to which it is used, the outcomes of those who participate, the overall costs of the program compared with its successes

**Diversion Evaluation Committees (DEC) (for BRN, Dental, Osteo and VET only)**

1. DCA contracts with a vendor to perform probation monitoring services for licensees with substance abuse problems, why does the board use DEC? What is the value of a DEC?
2. What is the membership/makeup composition?
3. Did the board have any difficulties with scheduling DEC meetings? If so, describe why and how the difficulties were addressed.
4. Does the DEC comply with the Open Meetings Act?
5. How many meetings held in each of the last three fiscal years?
6. Who appoints the members?
7. How many cases (average) at each meeting?
8. How many pending? Are there backlogs?
9. What is the cost per meeting? Annual cost?

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10. How is DEC used?  What types of cases are seen by the DECs?
11. How many DEC recommendations have been rejected by the board in the past four fiscal years (broken down by year)?

**Disciplinary Review Committees (Board of Barbering and Cosmetology and BSIS only)**

1. What is a DRC and how is a DRC used?  What types of cases are seen by the DRCs?
2. What is the membership/makeup composition?
3. Does the DRC comply with the Open Meetings Act?
4. How many meeting held in last three fiscal years?
5. Did the board have any difficulties with scheduling DRC meetings?  If so, describe why and how the difficulties were addressed.
6. Who appoints the members?
7. How many cases (average) at each meeting?
8. How many pending?  Are there backlogs?
9. What is the cost per meeting?  Annual cost?
10. Provide statistics on DRC actions/outcomes.

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# Guide for Completing Tables in BP&ED Oversight Review Questionnaire

### Table 1a. Attendance

To complete *Table 1a. Attendance,* include the information for each board[3] member who served on the board since the board's last sunset review.

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

*Table 1b. Board/Committee Member Roster,* should be completed for each board/committee meeting in the last four complete fiscal years. Each meeting date, location, member name, and meeting type should be noted. Indicate attendance at the meeting with a "yes", absence with a "no", and if they were not a member at the time of the meeting note that with "n/a."

### Table 2. Fund Condition

For projected fiscal year revenues and budget authority, please use the numbers included in the most recent Governor's proposed budget. When determining projections for expenditures in future fiscal years, assume reversions based on the percentage reverted in the prior three full fiscal years. When determining months in reserve, one month's expenditure is one-twelfth of the budget authority for the next fiscal year based on the Governor's proposed budget.

### Table 3. Expenditure by Program Component

The DCA Budget Office can prepare this table.

### Table 4. Fee Schedule and Revenue Table

Include all fees charged by the board. Revenue totals can be obtained from Month 13 Calstars reports. Please report the percentage of revenue based on the most recent full fiscal year results.

### Table 6. License[4] Population

[3] "Board" refers to a board, bureau, commission, committee, department, division, program or agency, as applicable.

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These data elements can be obtained from the Month 13 Calstars report.

### Tables 7a. Licensing Data by Type and 7b. Total Licensing Data

Licensing data elements can be obtained from the Licensing for Job Creation (LJC) reports generated by the Department. Boards that self-report the LJC data should use the definitions below when compiling this table.

Table 7a requires initial license and initial exam data input. Each data element has been defined below. It is important to remember that this table only asks for "Initial (first time)" licensure and exam information.

| Definitions for Licensing Data (Tables 7a, 7b) | |
|---|---|
| **Application Type** | License or Exam application name plus designate if data is for an exam or license (example: ARB (Exam) or ARB (Lic)) |
| **Closed** | Applicant withdrew application, application was abandoned, or application was denied during the reporting period. |
| **Issued** | Represents the number of licenses issued during the reporting period. The term "License" means initial licensure, temporary permits, interim licenses, registrations, and certificates. |
| **Pending Applications** (Total as of the close of the fiscal year) | Initial License/Initial Exam applications that have not been approved, issued, or closed. This number should include both applications for which the board is waiting on material from the applicant (incomplete applications) AND applications that the board has not reviewed yet. |
| **Pending Applications** outside of the board control: Incomplete) | A subset of "Pending Applications" – This is all applications that do not, upon initial submission, contain all necessary documents for examination eligibility and/or initial license and the board has advised the applicant. This entry is optional, and should be listed if tracked by the board. |

[4] "License" includes a license certificate or registration.

| Definitions for Licensing Data (Tables 7a, 7b) | |
|---|---|
| **Pending Applications** within the board control: Complete) | A subset of "Pending Applications" – This is all applications that the board is working on which are not incomplete (missing information from the applicant). This entry is optional, and should be listed if tracked by the board. |
| **Cycle Time/Processing Time** (complete app) | Total days to process complete initial license/initial exam applications (applicant submitted all paperwork required). This is the timeframe from when the board received the application for initial exam and/or initial licensure to the time the application was approved for exam eligibility or license issuance. |
| **Cycle Time/Processing Time** (incomplete app) | Total days to process incomplete initial license/initial exam applications (applicant still owes the board documentation/information to complete the application). This means the application was deficient at some point during the approval process. This is the timeframe from when the board received the application for initial exam and/or initial licensure to the time the application was approved for exam eligibility or license issuance. |
| **Cycle Time/Processing Time** (Combined: Complete/Incomplete) | This is a weighted average of days to process applications (Combined initial license/initial exam applications). If the board is unable to separate the processing time, then a combined time for all applications should be entered. This is the timeframe from when the board received the application for initial exam and/or initial licensure to the time the application was approved for exam eligibility or license issuance. |

**Table 8. Examination Data**

This data is generated internally by each board.

**Tables 9a, 9b, 9c. Enforcement Statistics**

The following CAS reports will provide most of the enforcement data needed to complete Tables 9a, 9b, and 9c: EM 10, 091, 096 and 095. However, additional reports may be needed.

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Boards that do not use the CAS enforcement modules, please use the “Definitions for Enforcement Data” below

| Definitions for Enforcement Data (Tables 9a, 9b, 9c) | |
|---|---|
| **COMPLAINTS** | **Cases that are generated by consumer complaints, internal complaints and referrals from other agencies.** |
| Received | Total count of complaints received by the board. |
| Closed | Total count of complaints closed, and NOT referred for investigation, by the board. |
| Referred to Investigation | Total count of complaints referred to Investigation (either Desk Investigation, Non-Sworn Investigation, or Sworn Investigation). |
| Average Time to Close | Cycle time; from complaint received to complaint closed OR referred to investigation. Calculated in days. |
| Pending (close of FY) | Total count of complaints which have been received by the board, but have not yet been closed or referred to investigation. |
| **CONVICTIONS/ARRESTS** | **Cases generated by criminal history reports.** |
| CONV Received | Total count of convictions received by the board. |
| CONV Closed | Total count of convictions closed by the board or referred for investigation. |
| Average Time to Close | Cycle time; from convictions received to complaint closed OR referred to investigation. Calculated in days. |
| CONV Pending (close of FY) | Total count of convictions which have been received by the board, but have not yet been closed or referred to investigation. |
| **ALL INVESTIGATIONS** | **When a case is assigned to investigation.** |

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| | |
|---|---|
| First Assigned | Total number of initial assignments to investigation (Desk, Non-Sworn, or Sworn). |
| Closed | Total number of Investigations (Desk, Non-Sworn and/or Sworn) which are closed. |
| Average days to close | Cycle time; from when the case was received as a complaint, to when it is closed at the Desk, Non-Sworn, or Sworn investigation level. |
| Pending (close of FY) | Total count of Investigations which have been received by the board, but have not yet been closed or referred to further investigation. |
| **Desk Investigations** | **When a case is assigned to an analyst for desk review.** |
| Closed | Total count of Desk Investigations closed by the board. |
| Average Time to Close | Cycle time; from the dated when the Desk Investigation was received as a complaint, to the dated when it is closed OR referred to further investigation. Calculated in days. |
| Pending (close of FY) | Total count of Desk Investigations which have been received by the board, but have not yet been closed or referred to further investigation. |
| **Non-Sworn Investigation** | **When a case is assigned for field investigation by an investigator who is NOT a sworn peace officer.** |
| Closed | Total count of Non-Sworn Investigations closed by the board. |
| Average Days to Close | Cycle time; from the date when the Non-Sworn Investigations was received as a complaint, to the date when it is closed OR referred to further investigation. Calculated in days. |
| Pending (close of FY) | Total count of Non-Sworn Investigations which have been received by the board, but have not yet been closed or referred to further investigation. |

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| Sworn Investigation | When a case is assigned for field investigation by an investigator who IS a sworn peace officer. |
|---|---|
| Closed | Total count of Sworn Investigations closed by the board. |
| Average days to close | Cycle time; from the date when the Sworn Investigation was received as a complaint, to the date when it is closed OR referred to further investigation. Calculated in days. |
| Pending (close of FY) | Total count of Sworn Investigations which have been received by the board, but have not yet been closed or referred to further investigation. |
| **LICENSE DENIALS** | |
| License Applications Denied | Number of License Denials Issued |
| SOIs | Statement Of Issues |
| SOIs Filed | Total count of SOIs filed. |
| SOIs Withdrawn | Total count of SOIs withdrawn. |
| SOIs Dismissed | Total count of SOIs dismissed. |
| SOIs Declined | Total count of SOIs declined. |
| Average Days SOI | Cycle time; from the date the case was received as a complaint to the date when the SOI was issued. Calculated in days. |
| **ACCUSATIONS** | |
| Accusations Filed | Total count of Accusations filed. |
| Accusations Withdrawn | Total count of Accusations withdrawn. |
| Accusations Dismissed | Total count of Accusations dismissed. |

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| | |
|---|---|
| Accusations Declined | Total count of Accusations declined. |
| Average Days Accusations | Cycle time; from the date the case was received as a complaint to the date when the Accusation was issued. Calculated in days. |
| **DISCIPLINE** | |
| **Disciplinary Actions** | |
| Proposed/Default Decisions | Total count of Proposed/Default Decisions filed. |
| Stipulations | Total count of Stipulations filed. |
| Average Days to Complete | Cycle time; from the date the case was received as a complaint to the date when the Disciplinary Order was issued. Calculated in days. |
| AG Cases Initiated | Total count of cases referred to the Attorney General. |
| AG Cases Pending (close of FY) | Total count of cases pending at the AG. |
| ISO | Total count of Interim Suspension Orders (ISOs) issued. |
| **Disciplinary Outcomes** | |
| Revocation | Total count of Disciplinary Orders to revoke a license. |
| Voluntary Surrender | Total count of Disciplinary Orders to surrender a license. |
| Suspension | Total count of Disciplinary Orders requiring only the Suspension of a license. |
| Probation with Suspension | Total count of Disciplinary Orders requiring both Suspension of a License and Probation. |

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| | |
|---|---|
| Probation | Total count of Disciplinary Orders requiring only the Probation of a license. |
| Probationary License Issued | Total count of Probationary Licenses issued. |
| **Compliance Actions** | |
| ISO & TRO Issued | Total count of Interim Suspension Orders & Temporary Restraining Orders issued. |
| PC 23 Orders Requested | Total count of Cease Practice Orders sought per Penal Code Section 23. |
| Public Letter of Reprimand | Total count of Public Letters of Reprimand issued. |
| Cease & Desist/Warning | Total count of Cease & Desist or Warning Letters issued. |
| Referred for Diversion | Total count of individuals referred to the board's Diversion Program. |
| Compel Examination | Total count of orders compelling a Physical or Mental Examination. |
| **CITATIONS & FINES** | |
| Citations Issued | Total count of Citations issued. |
| Average Days to Complete | Cycle time; from the date the case was received as a complaint to the date when the citation was issued. Calculated in days. |
| Amount of Fines Assessed | Total amount of fines assessed. |
| Reduced, Withdrawn, Dismissed | Total count of fines reduced and citations withdrawn or dismissed. |
| Amount Collected | Total amount of revenue generated by collection of fines. |

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| PROBATION | |
|---|---|
| New Probationers | Total count of individuals beginning probation. |
| Probations Successfully Completed | Total count of individuals who successfully completed probation. |
| Probationers (close of FY) | Total count of probationers as of the close of the fiscal year. |
| Petitions to Revoke Probation | Total count of petitions filed to revoke a probation order. |
| Probations Revoked | Total count of individuals whose licenses were revoked due to probation violations. |
| Probations Extended | Total count of individuals whose probations were extended. |
| Probationers Subject to Drug Testing | Total count of probationers required to be tested for drugs. |
| Drug Tests Ordered | Total count of drug tests ordered. |
| Positive Drug Tests | Total count of positive drug tests. |
| Petition for Reinstatement Granted | Total count of those probationers that have been granted reinstatement in the fiscal year. |

**Table 11. Cost Recovery**

This data is generated internally by each board.

**Table 12. Restitution**

This data is generated internally by each board.

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# BOARD MEMBER'S ATTENDANCE

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## CURRENT BOARD MEMBER'S ATTENDANCE

| **Table 1a. Attendance** | | | |
|---|---|---|---|
| *Imelda Ceja-Butkiewicz* | | | |
| Date Appointed: February 6, 2014 | | | |
| **Meeting Type** | **Meeting Date** | **Meeting Location** | **Attended?** |
| Strategic Planning Session | 03/04/2014 | Riverside | Yes |
| Board Meeting | 03/05/2014 | Riverside | Yes |
| Committee Meeting | 03/06/2014 | Riverside | Yes |
| Board Meeting | 04/02/2014 | Riverside | Yes |
| Board Meeting | 04/03/2014 | Riverside | Yes |
| Board Meeting | 05/06/2014 | Sacramento | Yes |
| Committee Meeting | 05/07/2014 | Sacramento | Yes |
| Board Meeting | 06/11/2014 | Sacramento | Yes |
| Board Meeting | 06/12/2014 | Sacramento | Yes |
| | | | |
| *Jeanette Dong* | | | |
| Date Appointed: November 14, 2012 | | | |
| **Meeting Type** | **Meeting Date** | **Meeting Location** | **Attended?** |
| Board Meeting | 11/28/2012 | Burlingame | No |
| Board Meeting | 11/29/2012 | Burlingame | No |
| Committee Meeting | 01/09/2013 | Costa Mesa | Yes |
| Board Meeting | 02/06/2013 | Garden Grove | Yes |
| Board Meeting | 02/07/2013 | Garden Grove | Yes |
| Committee Meeting | 03/06/2013 | Sacramento | No |
| Board Meeting | 04/10/2013 | Sacramento | Yes |
| Board Meeting | 04/11/2013 | Sacramento | Yes |
| Committee Meeting | 05/08/2013 | Los Angeles | Yes |
| Board Meeting | 05/09/2013 | Los Angeles | Yes |
| Board Meeting | 06/12/2013 | Ontario | Yes |
| Board Meeting | 06/13/2013 | Ontario | Yes |
| Committee Meeting | 08/07/2013 | Oakland | Yes |
| Board Meeting | 09/11/2013 | Oakland | Yes |
| Board Meeting | 09/12/2013 | Oakland | Yes |
| Committee Meeting | 10/01/2013 | Ontario | No |

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| *Jeanette Dong (continued)* | | | |
|---|---|---|---|
| **Meeting Type** | **Meeting Date** | **Meeting Location** | **Attended?** |
| Board Meeting | 11/07/2013 | San Diego | Yes |
| Committee Meeting | 01/08/2014 | Burlingame | No |
| Board Meeting | 01/09/2014 | Burlingame | No |
| Board Meeting | 02/05/2014 | Emeryville | No |
| Board Meeting | 02/06/2014 | Emeryville | No |
| Strategic Planning Session | 03/04/2014 | Riverside | No |
| Board Meeting | 03/05/2014 | Riverside | No |
| Committee Meeting | 03/06/2014 | Riverside | No |
| Board Meeting | 04/02/2014 | Riverside | Yes |
| Board Meeting | 04/03/2014 | Riverside | Yes |
| Board Meeting | 05/06/2014 | Sacramento | Yes |
| Committee Meeting | 05/07/2014 | Sacramento | Yes |
| Board Meeting | 06/11/2014 | Sacramento | No |
| Board Meeting | 06/12/2014 | Sacramento | No |
| | | | |
| *Beverly Hayden-Pugh* | | | |
| Date Appointed: August 20, 2013 | | | |
| **Meeting Type** | **Meeting Date** | **Meeting Location** | **Attended?** |
| Board Meeting | 09/11/2013 | Oakland | Yes |
| Board Meeting | 09/12/2013 | Oakland | Yes |
| Committee Meeting | 10/01/2013 | Ontario | Yes |
| Board Meeting | 11/06/2013 | San Diego | Yes |
| Board Meeting | 11/07/2013 | San Diego | Yes |
| Committee Meeting | 01/08/2014 | Burlingame | Yes |
| Board Meeting | 01/09/2014 | Burlingame | Yes |
| Board Meeting | 02/05/2014 | Emeryville | Yes |
| Board Meeting | 02/06/2014 | Emeryville | Yes |
| Strategic Planning Session | 03/04/2014 | Riverside | Yes |
| Board Meeting | 03/05/2014 | Riverside | Yes |
| Committee Meeting | 03/06/2014 | Riverside | Yes |
| Board Meeting | 04/02/2014 | Riverside | Yes |
| Board Meeting | 04/03/2014 | Riverside | Yes |
| Board Meeting | 05/06/2014 | Sacramento | Yes |
| Committee Meeting | 05/07/2014 | Sacramento | Yes |
| Board Meeting | 06/11/2014 | Sacramento | Yes |
| Board Meeting | 06/12/2014 | Sacramento | Yes |
| | | | |

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| *Michael D. Jackson* | | | |
|---|---|---|---|
| Date Appointed: May 10, 2012 | | | |
| **Meeting Type** | **Meeting Date** | **Meeting Location** | **Attended?** |
| Board Meeting | 06/21/2012 | Sacramento | Yes |
| Board Meeting | 06/22/2012 | Sacramento | Yes |
| Board Meeting | 07/25/2012 | Ontario | Yes |
| Board Meeting | 07/26/2012 | Ontario | Yes |
| Committee Meeting | 08/29/2012 | Ontario | Yes |
| Board Meeting | 09/27/2012 | San Diego | Yes |
| Board Meeting | 09/28/2012 | San Diego | Yes |
| Committee Meeting | 10/30/2012 | Berkeley | Yes |
| Board Meeting | 11/28/2012 | Burlingame | Yes |
| Board Meeting | 11/29/2012 | Burlingame | Yes |
| Committee Meeting | 01/09/2013 | Costa Mesa | Yes |
| Board Meeting | 02/06/2013 | Garden Grove | Yes |
| Board Meeting | 02/07/2013 | Garden Grove | Yes |
| Committee Meeting | 03/06/2013 | Sacramento | Yes |
| Board Meeting | 04/10/2013 | Sacramento | Yes |
| Board Meeting | 04/11/2013 | Sacramento | Yes |
| Committee Meeting | 05/08/2013 | Los Angeles | Yes |
| Board Meeting | 05/09/2013 | Los Angeles | Yes |
| Board Meeting | 06/12/2013 | Ontario | Yes |
| Board Meeting | 06/13/2013 | Ontario | Yes |
| Committee Meeting | 08/07/2013 | Oakland | Yes |
| Board Meeting | 09/11/2013 | Oakland | Yes |
| Board Meeting | 09/12/2013 | Oakland | Yes |
| Committee Meeting | 10/01/2013 | Ontario | Yes |
| Board Meeting | 11/06/2013 | San Diego | Yes |
| Board Meeting | 11/07/2013 | San Diego | Yes |
| Committee Meeting | 01/08/2014 | Burlingame | Yes |
| Board Meeting | 01/09/2014 | Burlingame | Yes |
| Board Meeting | 02/05/2014 | Emeryville | Yes |
| Board Meeting | 02/06/2014 | Emeryville | Yes |
| Strategic Planning Session | 03/04/2014 | Riverside | Yes |
| Board Meeting | 03/05/2014 | Riverside | Yes |
| Committee Meeting | 03/06/2014 | Riverside | Yes |
| Board Meeting | 04/02/2014 | Riverside | Yes |

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| *Michael D. Jackson (continued)* | | | |
|---|---|---|---|
| **Meeting Type** | **Meeting Date** | **Meeting Location** | **Attended?** |
| Board Meeting | 04/03/2014 | Riverside | Yes |
| Board Meeting | 05/06/2014 | Sacramento | Yes |
| Committee Meeting | 05/07/2014 | Sacramento | Yes |
| Board Meeting | 06/11/2014 | Sacramento | Yes |
| Board Meeting | 06/12/2014 | Sacramento | Yes |
| | | | |
| *Cynthia C. Klein* | | | |
| Date Appointed: May 10, 2012 and June 6, 2014 | | | |
| **Meeting Type** | **Meeting Date** | **Meeting Location** | **Attended?** |
| Board Meeting | 06/21/2012 | Sacramento | Yes |
| Board Meeting | 06/22/2012 | Sacramento | Yes |
| Board Meeting | 07/25/2012 | Ontario | Yes |
| Board Meeting | 07/26/2012 | Ontario | Yes |
| Committee Meeting | 08/29/2012 | Ontario | Yes |
| Board Meeting | 09/27/2012 | San Diego | Yes |
| Board Meeting | 09/28/2012 | San Diego | Yes |
| Committee Meeting | 10/30/2012 | Berkeley | Yes |
| Board Meeting | 11/28/2012 | Burlingame | Yes |
| Board Meeting | 11/29/2012 | Burlingame | Yes |
| Committee Meeting | 01/09/2013 | Costa Mesa | Yes |
| Board Meeting | 02/06/2013 | Garden Grove | Yes |
| Board Meeting | 02/07/2013 | Garden Grove | Yes |
| Committee Meeting | 03/06/2013 | Sacramento | Yes |
| Board Meeting | 04/10/2013 | Sacramento | Yes |
| Board Meeting | 04/11/2013 | Sacramento | Yes |
| Committee Meeting | 05/08/2013 | Los Angeles | Yes |
| Board Meeting | 05/09/2013 | Los Angeles | Yes |
| Board Meeting | 06/12/2013 | Ontario | Yes |
| Board Meeting | 06/13/2013 | Ontario | Yes |
| Committee Meeting | 08/07/2013 | Oakland | Yes |
| Board Meeting | 09/11/2013 | Oakland | Yes |
| Board Meeting | 09/12/2013 | Oakland | Yes |
| Committee Meeting | 10/01/2013 | Ontario | Yes |
| Board Meeting | 11/06/2013 | San Diego | Yes |

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| *Cynthia C. Klein (continued)* | | | |
|---|---|---|---|
| **Meeting Type** | **Meeting Date** | **Meeting Location** | **Attended?** |
| Board Meeting | 11/07/2013 | San Diego | Yes |
| Committee Meeting | 01/08/2014 | Burlingame | Yes |
| Board Meeting | 01/09/2014 | Burlingame | Yes |
| Board Meeting | 02/05/2014 | Emeryville | Yes |
| Board Meeting | 02/06/2014 | Emeryville | Yes |
| Strategic Planning Session | 03/04/2014 | Riverside | No |
| Board Meeting | 03/05/2014 | Riverside | No |
| Committee Meeting | 03/06/2014 | Riverside | No |
| Board Meeting | 04/02/2014 | Riverside | Yes |
| Board Meeting | 04/03/2014 | Riverside | Yes |
| Board Meeting | 05/06/2014 | Sacramento | Yes |
| Committee Meeting | 05/07/2014 | Sacramento | Yes |
| Board Meeting | 06/11/2014 | Sacramento | No |
| Board Meeting | 06/12/2014 | Sacramento | Yes |
| | | | |
| *Raymond H. Mallel* | | | |
| Date Appointed: May 10, 2012 and February 6, 2014 | | | |
| **Meeting Type** | **Meeting Date** | **Meeting Location** | **Attended?** |
| Board Meeting | 06/21/2012 | Sacramento | Yes |
| Board Meeting | 06/22/2012 | Sacramento | Yes |
| Board Meeting | 07/25/2012 | Ontario | Yes |
| Board Meeting | 07/26/2012 | Ontario | Yes |
| Committee Meeting | 08/29/2012 | Ontario | Yes |
| Board Meeting | 09/27/2012 | San Diego | Yes |
| Board Meeting | 09/28/2012 | San Diego | Yes |
| Committee Meeting | 10/30/2012 | Berkeley | Yes |
| Board Meeting | 11/28/2012 | Burlingame | Yes |
| Board Meeting | 11/29/2012 | Burlingame | Yes |
| Committee Meeting | 01/09/2013 | Costa Mesa | Yes |
| Board Meeting | 02/06/2013 | Garden Grove | Yes |
| Board Meeting | 02/07/2013 | Garden Grove | Yes |
| Committee Meeting | 03/06/2013 | Sacramento | Yes |
| Board Meeting | 04/10/2013 | Sacramento | No |
| Board Meeting | 04/11/2013 | Sacramento | No |
| Committee Meeting | 05/08/2013 | Los Angeles | Yes |

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| *Raymond Mallel (continued)* | | | |
|---|---|---|---|
| **Meeting Type** | **Meeting Date** | **Meeting Location** | **Attended?** |
| Board Meeting | 05/09/2013 | Los Angeles | Yes |
| Board Meeting | 06/12/2013 | Ontario | Yes |
| Board Meeting | 06/13/2013 | Ontario | Yes |
| Committee Meeting | 08/07/2013 | Oakland | Yes |
| Board Meeting | 09/11/2013 | Oakland | Yes |
| Board Meeting | 09/12/2013 | Oakland | Yes |
| Committee Meeting | 10/01/2013 | Ontario | Yes |
| Board Meeting | 11/06/2013 | San Diego | No |
| Board Meeting | 11/07/2013 | San Diego | No |
| Committee Meeting | 01/08/2014 | Burlingame | Yes |
| Board Meeting | 01/09/2014 | Burlingame | Yes |
| Board Meeting | 02/05/2014 | Emeryville | Yes |
| Board Meeting | 02/06/2014 | Emeryville | Yes |
| Strategic Planning Session | 03/04/2014 | Riverside | Yes |
| Board Meeting | 03/05/2014 | Riverside | Yes |
| Committee Meeting | 03/06/2014 | Riverside | Yes |
| Board Meeting | 04/02/2014 | Riverside | No |
| Board Meeting | 04/03/2014 | Riverside | Yes |
| Board Meeting | 05/06/2014 | Sacramento | Yes |
| Committee Meeting | 05/07/2014 | Sacramento | Yes |
| Board Meeting | 06/11/2014 | Sacramento | Yes |
| Board Meeting | 06/12/2014 | Sacramento | Yes |
| | | | |
| *Erin Niemela* | | | |
| Date Appointed July, 2009 and March 1, 2012 | | | |
| **Meeting Type** | **Meeting Date** | **Meeting Location** | **Attended?** |
| Committee Meeting | 07/13/2010 | Sacramento | Yes |
| Board Meeting | 07/14/2010 | Sacramento | Yes |
| Board Meeting | 07/15/2010 | Sacramento | Yes |
| Board Meeting | 09/13/2010 | Sacramento/Teleconference | Yes |
| Committee Meeting | 09/22/2010 | San Diego | Yes |
| Board Meeting | 09/23/2010 | San Diego | Yes |
| Board Meeting | 09/24/2010 | San Diego | Yes |
| Committee Meeting | 11/16/2010 | Oakland | Yes |
| Board Meeting | 11/17/2010 | Oakland | No |
| Board Meeting | 11/18/2010 | Oakland | Yes |

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| *Erin Niemela (continued)* | | | |
|---|---|---|---|
| **Meeting Type** | **Meeting Date** | **Meeting Location** | **Attended?** |
| Committee Meeting | 01/05/2011 | San Diego | No |
| Board Meeting | 01/06/2011 | San Diego | No |
| Board Meeting | 02/02/2011 | Anaheim | No |
| Board Meeting | 02/03/2011 | Anaheim | Yes |
| Committee Meeting | 03/10/2011 | Sacramento | Yes |
| Board Meeting | 04/13/2011 | Sacramento | Yes |
| Board Meeting | 04/14/2011 | Sacramento | Yes |
| Committee Meeting | 05/18/2011 | Ontario | Yes |
| Board Meeting | 06/14/2011 | Ontario | Yes |
| Board Meeting | 06/15/2011 | Ontario | Yes |
| Board Meeting | 06/16/2011 | Ontario | Yes |
| Committee Meeting | 08/10/2011 | Sacramento | Yes |
| Board Meeting (closed session only) | 08/10/2011 | Sacramento | Yes |
| Board Meeting | 09/14/2011 | Emeryville | Yes |
| Board Meeting | 09/15/2011 | Emeryville | Yes |
| Committee Meeting | 10/12/2011 | San Diego | Yes |
| Board Meeting | 10/13/2011 | San Diego | Yes |
| Board Meeting | 11/16/2011 | San Diego | Yes |
| Board Meeting | 11/17/2011 | San Diego | Yes |
| Board Meeting | 12/13/2011 | Anaheim/Teleconference | Yes |
| Board Meeting | 12/23/2011 | Sacramento/Teleconference | Yes |
| Board Meeting | 06/21/2012 | Sacramento | Yes |
| Board Meeting | 06/22/2012 | Sacramento | Yes |
| Board Meeting | 07/25/2012 | Ontario | Yes |
| Board Meeting | 07/26/2012 | Ontario | Yes |
| Committee Meeting | 08/29/2012 | Ontario | No |
| Board Meeting | 09/27/2012 | San Diego | Yes |
| Board Meeting | 09/28/2012 | San Diego | Yes |
| Committee Meeting | 10/30/2012 | Berkeley | Yes |
| Board Meeting | 11/28/2012 | Burlingame | Yes |
| Board Meeting | 11/29/2012 | Burlingame | Yes |
| Committee Meeting | 01/09/2013 | Costa Mesa | Yes |
| Board Meeting | 02/06/2013 | Garden Grove | Yes |
| Board Meeting | 02/07/2013 | Garden Grove | Yes |
| Committee Meeting | 03/06/2013 | Sacramento | Yes |
| Board Meeting | 04/10/2013 | Sacramento | Yes |

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| *Erin Niemela (continued)* | | | |
|---|---|---|---|
| **Meeting Type** | **Meeting Date** | **Meeting Location** | **Attended?** |
| Board Meeting | 04/11/2013 | Sacramento | Yes |
| Committee Meeting | 05/08/2013 | Los Angeles | No |
| Board Meeting | 05/09/2013 | Los Angeles | No |
| Board Meeting | 06/12/2013 | Ontario | Yes |
| Board Meeting | 06/13/2013 | Ontario | Yes |
| Committee Meeting | 08/07/2013 | Oakland | Yes |
| Board Meeting | 09/11/2013 | Oakland | No |
| Board Meeting | 09/12/2013 | Oakland | No |
| Committee Meeting | 10/01/2013 | Ontario | Yes |
| Board Meeting | 11/06/2013 | San Diego | No |
| Board Meeting | 11/07/2013 | San Diego | No |
| Committee Meeting | 01/08/2014 | Burlingame | Yes |
| Board Meeting | 01/09/2014 | Burlingame | Yes |
| Board Meeting | 02/05/2014 | Emeryville | No |
| Board Meeting | 02/06/2014 | Emeryville | No |
| Strategic Planning Session | 03/04/2014 | Riverside | No |
| Board Meeting | 03/05/2014 | Riverside | No |
| Committee Meeting | 03/06/2014 | Riverside | No |
| Board Meeting | 04/02/2014 | Riverside | No |
| Board Meeting | 04/03/2014 | Riverside | Yes |
| Board Meeting | 05/06/2014 | Sacramento | No |
| Committee Meeting | 05/07/2014 | Sacramento | Yes |
| Board Meeting | 06/11/2014 | Sacramento | No |
| Board Meeting | 06/12/2014 | Sacramento | No |
| | | | |
| *Trande Phillips* | | | |
| Date Appointed: May 10, 2012 | | | |
| **Meeting Type** | **Meeting Date** | **Meeting Location** | **Attended?** |
| Board Meeting | 06/21/2012 | Sacramento | Yes |
| Board Meeting | 06/22/2012 | Sacramento | Yes |
| Board Meeting | 07/25/2012 | Ontario | Yes |
| Board Meeting | 07/26/2012 | Ontario | Yes |
| Committee Meeting | 08/29/2012 | Ontario | Yes |
| Board Meeting | 09/27/2012 | San Diego | Yes |
| Board Meeting | 09/28/2012 | San Diego | Yes |
| Committee Meeting | 10/30/2012 | Berkeley | Yes |

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|---|---|---|---|
| *Trande Phillips (continued)* | | | |
| **Meeting Type** | **Meeting Date** | **Meeting Location** | **Attended?** |
| Board Meeting | 11/28/2012 | Burlingame | Yes |
| Board Meeting | 11/29/2012 | Burlingame | Yes |
| Committee Meeting | 01/09/2013 | Costa Mesa | Yes |
| Board Meeting | 02/06/2013 | Garden Grove | Yes |
| Board Meeting | 02/07/2013 | Garden Grove | Yes |
| Committee Meeting | 03/06/2013 | Sacramento | Yes |
| Board Meeting | 04/10/2013 | Sacramento | Yes |
| Board Meeting | 04/11/2013 | Sacramento | Yes |
| Committee Meeting | 05/08/2013 | Los Angeles | Yes |
| Board Meeting | 05/09/2013 | Los Angeles | Yes |
| Board Meeting | 06/12/2013 | Ontario | Yes |
| Board Meeting | 06/13/2013 | Ontario | Yes |
| Committee Meeting | 08/07/2013 | Oakland | Yes |
| Board Meeting | 09/11/2013 | Oakland | Yes |
| Board Meeting | 09/12/2013 | Oakland | Yes |
| Committee Meeting | 10/01/2013 | Ontario | Yes |
| Board Meeting | 11/06/2013 | San Diego | Yes |
| Board Meeting | 11/07/2013 | San Diego | Yes |
| Committee Meeting | 01/08/2014 | Burlingame | Yes |
| Board Meeting | 01/09/2014 | Burlingame | Yes |
| Board Meeting | 02/05/2014 | Emeryville | Yes |
| Board Meeting | 02/06/2014 | Emeryville | Yes |
| Strategic Planning Session | 03/04/2014 | Riverside | Yes |
| Board Meeting | 03/05/2014 | Riverside | Yes |
| Committee Meeting | 03/06/2014 | Riverside | Yes |
| Board Meeting | 04/02/2014 | Riverside | Yes |
| Board Meeting | 04/03/2014 | Riverside | Yes |
| Board Meeting | 05/06/2014 | Sacramento | Yes |
| Committee Meeting | 05/07/2014 | Sacramento | Yes |
| Board Meeting | 06/11/2014 | Sacramento | No |
| Board Meeting | 06/12/2014 | Sacramento | No |
| | | | |
| *Elizabeth Woods* | | | |
| Date Appointed: February 6, 2014 | | | |
| **Meeting Type** | **Meeting Date** | **Meeting Location** | **Attended?** |
| Strategic Planning Session | 03/04/2014 | Riverside | Yes |

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| *Elizabeth Woods (continued)* | | | |
|---|---|---|---|
| **Meeting Type** | **Meeting Date** | **Meeting Location** | **Attended?** |
| Board Meeting | 03/05/2014 | Riverside | Yes |
| Committee Meeting | 03/06/2014 | Riverside | Yes |
| Board Meeting | 04/02/2014 | Riverside | Yes |
| Board Meeting | 04/03/2014 | Riverside | Yes |
| Board Meeting | 05/06/2014 | Sacramento | Yes |
| Committee Meeting | 05/07/2014 | Sacramento | Yes |
| Board Meeting | 06/11/2014 | Sacramento | Yes |
| Board Meeting | 06/12/2014 | Sacramento | Yes |

## PAST BOARD MEMBER'S ATTENDANCE

| *Nancy Beecham* | | | |
|---|---|---|---|
| Date Appointed: December, 2006 | | | |
| **Meeting Type** | **Meeting Date** | **Meeting Location** | **Attended?** |
| Committee Meeting | 07/13/2010 | Sacramento | Yes |
| Board Meeting | 07/14/2010 | Sacramento | No |
| Board Meeting | 07/15/2010 | Sacramento | No |
| Board Meeting | 09/13/2010 | Teleconference | Yes |
| Committee Meeting | 09/22/2010 | San Diego | Yes |
| Board Meeting | 09/23/2010 | San Diego | Yes |
| Board Meeting | 09/24/2010 | San Diego | Yes |
| Committee Meeting | 11/16/2010 | Oakland | Yes |
| Board Meeting | 11/17/2010 | Oakland | No |
| Board Meeting | 11/18/2010 | Oakland | Yes |
| Committee Meeting | 01/05/11 | San Diego | No |
| Board Meeting | 01/06/11 | San Diego | No |
| | | | |
| *Ann Boynton* | | | |
| Date Appointed: July 15, 2009 | | | |
| **Meeting Type** | **Meeting Date** | **Meeting Location** | **Attended?** |
| Committee Meeting | 07/13/2010 | Sacramento | Yes |
| Board Meeting | 07/14/2010 | Sacramento | Yes |
| Board Meeting | 07/15/2010 | Sacramento | Yes |
| Board Meeting | 09/13/2010 | Sacramento/Teleconference | Yes |
| | | | |
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|---|---|---|---|
| *Darlene Bradley* | | | |
| Date Appointed: December 23, 2010 | | | |
| **Meeting Type** | **Meeting Date** | **Meeting Location** | **Attended?** |
| Committee Meeting | 01/05/2011 | San Diego | No |
| Board Meeting | 01/06/2011 | San Diego | No |
| Board Meeting | 02/02/2011 | Anaheim | No |
| Board Meeting | 02/03/2011 | Anaheim | No |
| Committee Meeting | 03/10/2011 | Sacramento | Yes |
| Board Meeting | 04/13/2011 | Sacramento | Yes |
| Board Meeting | 04/14/2011 | Sacramento | Yes |
| Committee Meeting | 05/18/2011 | Ontario | Yes |
| Board Meeting | 06/14/2011 | Ontario | Yes |
| Board Meeting | 06/15/2011 | Ontario | Yes |
| Board Meeting | 06/16/2011 | Ontario | Yes |
| Committee Meeting | 08/10/2011 | Sacramento | Yes |
| Board Meeting (closed session only) | 08/10/2011 | Sacramento | Yes |
| Board Meeting | 09/14/2011 | Emeryville | No |
| Board Meeting | 09/15/2011 | Emeryville | No |
| Committee Meeting | 10/12/2011 | San Diego | Yes |
| Board Meeting | 10/13/2011 | San Diego | Yes |
| Board Meeting | 11/16/2011 | San Diego | Yes |
| Board Meeting | 11/17/2011 | San Diego | Yes |
| Board Meeting | 12/13/2011 | Anaheim/Teleconference | Yes |
| Board Meeting | 12/23/2011 | Sacramento/Teleconference | Yes |
| | | | |
| *Judy Corless* | | | |
| Date Appointed: July 15, 2009 | | | |
| **Meeting Type** | **Meeting Date** | **Meeting Location** | **Attended?** |
| Committee Meeting | 07/13/2010 | Sacramento | No |
| Board Meeting | 07/14/2010 | Sacramento | Yes |
| Board Meeting | 07/15/2010 | Sacramento | Yes |
| Board Meeting | 09/13/2010 | Sacramento/Teleconference | Yes |
| Committee Meeting | 09/22/2010 | San Diego | Yes |
| Board Meeting | 09/23/2010 | San Diego | Yes |
| Board Meeting | 09/24/2010 | San Diego | Yes |
| Committee Meeting | 11/16/2010 | Oakland | Yes |
| Board Meeting | 11/17/2010 | Oakland | Yes |
| Board Meeting | 11/18/2010 | Oakland | Yes |

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| | | | |
|---|---|---|---|
| *Judy Corless (continued)* | | | |
| **Meeting Type** | **Meeting Date** | **Meeting Location** | **Attended?** |
| Committee Meeting | 01/05/2011 | San Diego | Yes |
| Board Meeting | 01/06/2011 | San Diego | Yes |
| Board Meeting | 02/02/2011 | Anaheim | Yes |
| Board Meeting | 02/03/2011 | Anaheim | Yes |
| Committee Meeting | 03/10/2011 | Sacramento | Yes |
| Board Meeting | 04/13/2011 | Sacramento | Yes |
| Board Meeting | 04/14/2011 | Sacramento | Yes |
| Committee Meeting | 05/18/2011 | Ontario | Yes |
| Board Meeting | 06/14/2011 | Ontario | Yes |
| Board Meeting | 06/15/2011 | Ontario | Yes |
| Board Meeting | 06/16/2011 | Ontario | Yes |
| Committee Meeting | 08/10/2011 | Sacramento | Yes |
| Board Meeting (closed session only) | 08/10/2011 | Sacramento | Yes |
| Board Meeting | 09/14/2011 | Emeryville | Yes |
| Board Meeting | 09/15/2011 | Emeryville | Yes |
| Committee Meeting | 10/12/2011 | San Diego | Yes |
| Board Meeting | 10/13/2011 | San Diego | Yes |
| Board Meeting | 11/16/2011 | San Diego | Yes |
| Board Meeting | 11/17/2011 | San Diego | Yes |
| Board Meeting | 12/13/2011 | Anaheim/Teleconference | Yes |
| Board Meeting | 12/23/2011 | Sacramento/Teleconference | No |
| | | | |
| *Sue Dunlap* | | | |
| Date Appointed: August 6, 2012 | | | |
| **Meeting Type** | **Meeting Date** | **Meeting Location** | **Attended?** |
| Board Meeting | 09/27/2012 | San Diego | No |
| Board Meeting | 09/28/2012 | San Diego | No |
| | | | |
| *Jeannine Graves* | | | |
| Date Appointed: July 15, 2009 | | | |
| **Meeting Type** | **Meeting Date** | **Meeting Location** | **Attended?** |
| Committee Meeting | 07/13/2010 | Sacramento | Yes |
| Board Meeting | 07/14/2010 | Sacramento | Yes |
| Board Meeting | 07/15/2010 | Sacramento | Yes |
| Board Meeting | 09/13/2010 | Sacramento/Teleconference | Yes |
| Committee Meeting | 09/22/2010 | San Diego | Yes |

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|---|---|---|---|
| *Jeannine Graves (continued)* | | | |
| **Meeting Type** | **Meeting Date** | **Meeting Location** | **Attended?** |
| Board Meeting | 09/23/2010 | San Diego | Yes |
| Board Meeting | 09/24/2010 | San Diego | Yes |
| Committee Meeting | 11/16/2010 | Oakland | Yes |
| Board Meeting | 11/17/2010 | Oakland | Yes |
| Board Meeting | 11/18/2010 | Oakland | Yes |
| Committee Meeting | 01/05/2011 | San Diego | Yes |
| Board Meeting | 01/06/2011 | San Diego | Yes |
| Board Meeting | 02/02/2011 | Anaheim | Yes |
| Board Meeting | 02/03/2011 | Anaheim | Yes |
| Committee Meeting | 03/10/2011 | Sacramento | Yes |
| Board Meeting | 04/13/2011 | Sacramento | Yes |
| Board Meeting | 04/14/2011 | Sacramento | Yes |
| Committee Meeting | 05/18/2011 | Ontario | Yes |
| Board Meeting | 06/14/2011 | Ontario | Yes |
| Board Meeting | 06/15/2011 | Ontario | Yes |
| Board Meeting | 06/16/2011 | Ontario | Yes |
| Committee Meeting | 08/10/2011 | Sacramento | No |
| Board Meeting (closed session only) | 08/10/2011 | Sacramento | No |
| Board Meeting | 09/14/2011 | Emeryville | Yes |
| Board Meeting | 09/15/2011 | Emeryville | Yes |
| Committee Meeting | 10/12/2011 | San Diego | Yes |
| Board Meeting | 10/13/2011 | San Diego | Yes |
| Board Meeting | 11/16/2011 | San Diego | Yes |
| Board Meeting | 11/17/2011 | San Diego | Yes |
| Board Meeting | 12/13/2011 | Anaheim/Teleconference | Yes |
| Board Meeting | 12/23/2011 | Sacramento/Teleconference | No |
| | | | |
| *Joshua Groban (no Committee Assign)* | | | |
| Date Appointed: April 8, 2013 | | | |
| **Meeting Type** | **Meeting Date** | **Meeting Location** | **Attended?** |
| Board Meeting | 04/10/2013 | Sacramento | Yes |
| Board Meeting | 04/11/2013 | Sacramento | Yes |
| Board Meeting | 05/09/2013 | Los Angeles | Yes |
| Board Meeting | 06/12/2013 | Ontario | No |
| Board Meeting | 06/13/2013 | Ontario | No |
| Board Meeting | 09/11/2013 | Oakland | Yes |
| Board Meeting | 09/12/2013 | Oakland | Yes |

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| | | | |
|---|---|---|---|
| *Joshua Groban (continued)* | | | |
| **Meeting Type** | **Meeting Date** | **Meeting Location** | **Attended?** |
| Board Meeting | 11/06/2013 | San Diego | Yes |
| Board Meeting | 11/07/2013 | San Diego | Yes |
| Board Meeting | 01/09/2014 | Burlingame | No |
| Board Meeting | 02/05/2014 | Emeryville | No |
| Board Meeting | 02/06/2014 | Emeryville | No |
| | | | |
| *Dian Harrison* | | | |
| Date Appointed: May 12, 2008 | | | |
| **Meeting Type** | **Meeting Date** | **Meeting Location** | **Attended?** |
| Committee Meeting | 07/13/2010 | Sacramento | Yes |
| Board Meeting | 07/14/2010 | Sacramento | Yes |
| Board Meeting | 07/15/2010 | Sacramento | Yes |
| Board Meeting | 09/13/2010 | Sacramento/Teleconference | Yes |
| Committee Meeting | 09/22/2010 | San Diego | Yes |
| Board Meeting | 09/23/2010 | San Diego | Yes |
| Board Meeting | 09/24/2010 | San Diego | Yes |
| Committee Meeting | 11/16/2010 | Oakland | No |
| Board Meeting | 11/17/2010 | Oakland | Yes |
| Board Meeting | 11/18/2010 | Oakland | Yes |
| Committee Meeting | 01/05/2011 | San Diego | Yes |
| Board Meeting | 01/06/2011 | San Diego | Yes |
| Board Meeting | 02/02/2011 | Anaheim | No |
| Board Meeting | 02/03/2011 | Anaheim | No |
| Committee Meeting | 03/10/2011 | Sacramento | Yes |
| Board Meeting | 04/13/2011 | Sacramento | Yes |
| Board Meeting | 04/14/2011 | Sacramento | Yes |
| Committee Meeting | 05/18/2011 | Ontario | Yes |
| Board Meeting | 06/14/2011 | Ontario | Yes |
| Board Meeting | 06/15/2011 | Ontario | Yes |
| Board Meeting | 06/16/2011 | Ontario | Yes |
| Committee Meeting | 08/10/2011 | Sacramento | Yes |
| Board Meeting (closed session only) | 08/10/2011 | Sacramento | Yes |
| Board Meeting | 09/14/2011 | Emeryville | Yes |
| Board Meeting | 09/15/2011 | Emeryville | Yes |
| Committee Meeting | 10/12/2011 | San Diego | Yes |
| Board Meeting | 10/13/2011 | San Diego | Yes |
| Board Meeting | 11/16/2011 | San Diego | Yes |

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| | | | |
|---|---|---|---|
| *Dian Harrison (continued)* | | | |
| **Meeting Type** | **Meeting Date** | **Meeting Location** | **Attended?** |
| | | | |
| Board Meeting | 11/17/2011 | San Diego | Yes |
| Board Meeting | 12/13/2011 | Anaheim/Teleconference | Yes |
| Board Meeting | 12/23/2011 | Sacramento/Teleconference | Yes |
| | | | |
| *Doug Hoffner* | | | |
| Date Appointed: December 12, 2010 | | | |
| **Meeting Type** | **Meeting Date** | **Meeting Location** | **Attended?** |
| Committee Meeting | 01/05/2011 | San Diego | No |
| Board Meeting | 01/06/2011 | San Diego | Yes |
| Board Meeting | 02/02/2011 | Anaheim | Yes |
| Board Meeting | 02/03/2011 | Anaheim | Yes |
| Committee Meeting | 03/10/2011 | Sacramento | Yes |
| Board Meeting | 04/13/2011 | Sacramento | Yes |
| Board Meeting | 04/14/2011 | Sacramento | Yes |
| Committee Meeting | 05/18/2011 | Ontario | No |
| Board Meeting | 06/14/2011 | Ontario | Yes |
| Board Meeting | 06/15/2011 | Ontario | Yes |
| Board Meeting | 06/16/2011 | Ontario | No |
| Committee Meeting | 08/10/2011 | Sacramento | Yes |
| Board Meeting (closed session only) | 08/10/2011 | Sacramento | Yes |
| Board Meeting | 09/14/2011 | Emeryville | Yes |
| Board Meeting | 09/15/2011 | Emeryville | Yes |
| Committee Meeting | 10/12/2011 | San Diego | Yes |
| Board Meeting | 10/13/2011 | San Diego | No |
| Board Meeting | 11/16/2011 | San Diego | Yes |
| Board Meeting | 11/17/2011 | San Diego | Yes |
| Board Meeting | 12/13/2011 | Anaheim/Teleconference | Yes |
| Board Meeting | 12/23/2011 | Sacramento/Teleconference | Yes |
| | | | |
| *Richard Rice* | | | |
| Date Appointed: July 15, 2009 | | | |
| **Meeting Type** | **Meeting Date** | **Meeting Location** | **Attended?** |
| Committee Meeting | 07/13/2010 | Sacramento | Yes |
| Board Meeting | 07/14/2010 | Sacramento | Yes |
| Board Meeting | 07/15/2010 | Sacramento | Yes |
| Board Meeting | 09/13/2010 | Sacramento/Teleconference | Yes |

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| *Richard Rice (continued)* | | | |
|---|---|---|---|
| **Meeting Type** | **Meeting Date** | **Meeting Location** | **Attended?** |
| Committee Meeting | 09/22/2010 | San Diego | Yes |
| Board Meeting | 09/23/2010 | San Diego | Yes |
| Board Meeting | 09/24/2010 | San Diego | Yes |
| Committee Meeting | 11/16/2010 | Oakland | No |
| Board Meeting | 11/17/2010 | Oakland | No |
| Board Meeting | 11/18/2010 | Oakland | No |
| Committee Meeting | 01/05/2011 | San Diego | Yes |
| Board Meeting | 01/06/2011 | San Diego | Yes |
| Board Meeting | 02/02/2011 | Anaheim | Yes |
| Board Meeting | 02/03/2011 | Anaheim | Yes |
| Committee Meeting | 03/10/2011 | Sacramento | Yes |
| Board Meeting | 04/13/2011 | Sacramento | Yes |
| Board Meeting | 04/14/2011 | Sacramento | No |
| Committee Meeting | 05/18/2011 | Ontario | No |
| Board Meeting | 06/14/2011 | Ontario | No |
| Board Meeting | 06/15/2011 | Ontario | No |
| Board Meeting | 06/16/2011 | Ontario | No |
| Committee Meeting | 08/10/2011 | Sacramento | No |
| Board Meeting (closed session only) | 08/10/2011 | Sacramento | No |
| Board Meeting | 09/14/2011 | Emeryville | No |
| Board Meeting | 09/15/2011 | Emeryville | No |
| Committee Meeting | 10/12/2011 | San Diego | No |
| Board Meeting | 10/13/2011 | San Diego | No |
| Board Meeting | 11/16/2011 | San Diego | Yes |
| Board Meeting | 11/17/2011 | San Diego | Yes |
| Board Meeting | 12/13/2011 | Anaheim/Teleconference | Yes |
| Board Meeting | 12/23/2011 | Sacramento/Teleconference | Yes |
| | | | |
| *Catherine Todero* | | | |
| Date Appointed: July 15, 2009 | | | |
| **Meeting Type** | **Meeting Date** | **Meeting Location** | **Attended?** |
| Committee Meeting | 07/13/2010 | Sacramento | No |
| Board Meeting | 07/14/2010 | Sacramento | No |
| Board Meeting | 07/15/2010 | Sacramento | No |
| Board Meeting | 09/13/2010 | Sacramento/Teleconference | Yes |
| Committee Meeting | 09/22/2010 | San Diego | No |
| Board Meeting | 09/23/2010 | San Diego | No |

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| *Catherine Todero (continued)* | | | |
|---|---|---|---|
| **Meeting Type** | **Meeting Date** | **Meeting Location** | **Attended?** |
| Board Meeting | 09/24/2010 | San Diego | No |
| Committee Meeting | 11/16/2010 | Oakland | Yes |
| Board Meeting | 11/17/2010 | Oakland | Yes |
| Board Meeting | 11/18/2010 | Oakland | Yes |
| Committee Meeting | 01/05/2011 | San Diego | Yes |
| Board Meeting | 01/06/2011 | San Diego | Yes |
| Board Meeting | 02/02/2011 | Anaheim | Yes |
| Board Meeting | 02/03/2011 | Anaheim | Yes |
| Committee Meeting | 03/10/2011 | Sacramento | Yes |
| Board Meeting | 04/13/2011 | Sacramento | Yes |
| Board Meeting | 04/14/2011 | Sacramento | Yes |
| Committee Meeting | 05/18/2011 | Ontario | Yes |
| Board Meeting | 06/14/2011 | Ontario | Yes |
| Board Meeting | 06/15/2011 | Ontario | Yes |
| Board Meeting | 06/16/2011 | Ontario | Yes |
| Committee Meeting | 08/10/2011 | Sacramento | No |
| Board Meeting (closed session only) | 08/10/2011 | Sacramento | No |
| Board Meeting | 09/14/2011 | Emeryville | Yes |
| Board Meeting | 09/15/2011 | Emeryville | Yes |
| Board Meeting | 10/13/2011 | San Diego | No |
| Board Meeting | 11/16/2011 | San Diego | Yes |
| Board Meeting | 11/17/2011 | San Diego | Yes |
| Board Meeting | 12/13/2011 | Anaheim/Teleconference | Yes |
| Board Meeting | 12/23/2011 | Sacramento/Teleconference | Yes |
| | | | |
| *Kathrine Ware* | | | |
| Date Appointed: July 15, 2009 | | | |
| **Meeting Type** | **Meeting Date** | **Meeting Location** | **Attended?** |
| Committee Meeting | 07/13/2010 | Sacramento | Yes |
| Board Meeting | 07/14/2010 | Sacramento | Yes |
| Board Meeting | 07/15/2010 | Sacramento | Yes |
| Board Meeting | 09/13/2010 | Sacramento/Teleconference | Yes |
| Board Meeting | 09/23/2010 | Oakland | Yes |
| Board Meeting | 09/24/2010 | San Diego | Yes |
| Committee Meeting | 11/16/2010 | Oakland | Yes |
| Board Meeting | 11/17/2010 | Oakland | Yes |
| Board Meeting | 11/18/2010 | Oakland | Yes |

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| *Kathrine Ware (continued)* | | | |
|---|---|---|---|
| **Meeting Type** | **Meeting Date** | **Meeting Location** | **Attended?** |
| Committee Meeting | 01/05/2011 | San Diego | Yes |
| Board Meeting | 01/06/2011 | San Diego | Yes |
| Board Meeting | 02/02/2011 | Anaheim | Yes |
| Board Meeting | 02/03/2011 | Anaheim | Yes |
| Committee Meeting | 03/10/2011 | Sacramento | Yes |
| Board Meeting | 04/13/2011 | Sacramento | Yes |
| Board Meeting | 04/14/2011 | Sacramento | Yes |
| Committee Meeting | 05/18/2011 | Ontario | Yes |
| Board Meeting | 06/14/2011 | Ontario | Yes |
| Board Meeting | 06/15/2011 | Ontario | Yes |
| Board Meeting | 06/16/2011 | Ontario | Yes |
| Committee Meeting | 08/10/2011 | Sacramento | Yes |
| Board Meeting (closed session only) | 08/10/2011 | Sacramento | Yes |
| Board Meeting | 09/14/2011 | Emeryville | No |
| Board Meeting | 09/15/2011 | Emeryville | No |
| Committee Meeting | 10/12/2011 | San Diego | No |
| Board Meeting | 10/13/2011 | San Diego | Yes |
| Board Meeting | 11/16/2011 | San Diego | No |
| Board Meeting | 11/17/2011 | San Diego | No |
| Board Meeting | 12/13/2011 | Anaheim/Teleconference | No |
| Board Meeting | 12/23/2011 | Sacramento/Teleconference | No |

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# 2014-2017 BOARD OF REGISTERED NURSING STRATEGIC PLAN

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2014 - 2017

# Board of Registered Nursing

# Strategic Plan

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# California Board of Registered Nursing Members

Raymond Mallel, Public Member

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Cindy Cipres Klein, RN, Direct Patient Care Member

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# Message from the Board President

The Board of Registered Nursing is pleased to present its 2014-2017 Strategic Plan. The strategic planning process has been a collaborative effort between Board Members, Board staff, and the public. We have identified key issues and goals for which the Board will address in the years to come. The resulting strategic plan focuses the Board on established goals, while allowing for flexibility to address new challenges that lie ahead. We continue to be guided by the Board's mission – to protect and advocate for the health and safety of the public by ensuring the highest quality registered nurses in the state of California.

The Board continually strives to attain meaningful improvements in our programs and services. Moving forward, two areas of focus will be efficiency and consistency. You will see these threads running throughout the document. As we enter a period of growth and change in the nursing profession, the Board is committed to providing the highest level of service possible and aligning this commitment with the Governor's efforts to sustain California's economic recovery.

This Strategic Plan is the foundation for the Board as we strive to be one of the leading regulatory agencies of the Registered Nursing profession. We believe this plan offers a roadmap to the future with clear focus on building the basic framework for the regulation and oversight of the Nursing profession.

As President of the Board of Registered Nursing, I invite all interested stakeholders to join in working with us over the next four years to achieve the goals outlined in this strategic plan. I would like to thank everyone involved in the planning and development process of the 2014-2017 Board of Registered Nursing Strategic Plan.

Raymond Mallel
President, Board of Registered Nursing

# Our Mission

The Board of Registered Nursing protects and advocates for the health and safety of the public by ensuring the highest quality registered nurses in the state of California.

# Our Values

***Consumer Protection***
We make effective and informed decisions in the best interest, and for the safety of Californians.

***Trust***
We communicate with credibility and truthfulness. Our communications are open and authentic with all stakeholders.

***Effectiveness***
We make informed decisions that make a difference and have a positive, measurable impact.

***Integrity***
We are committed to honesty, ethical conduct, and responsibility.

# California Board of Registered Nursing

The Board of Registered Nursing (BRN) is a state governmental agency established by law to protect the public by regulating the practice of registered nurses. The BRN is responsible for implementation and enforcement of the Nursing Practice Act, the laws related to nursing education, licensure, practice, and discipline. The Nursing Practice Act created a nine-member Board which serves as the BRN decision-making body.

The nine-member Board is composed of four members of the public and five registered nurses. The five registered nurses include two direct-patient care nurses, an advanced practice nurse, a nurse administrator, and a nurse educator. Seven of the members are appointed by the Governor and two of the public members are appointed by the Legislature. Each member serves a four-year term and can be re-appointed, although the member cannot serve more than two consecutive terms.

The BRN regulates California registered nurses and has over 408,000 RN licensees providing healthcare services in a variety of settings. Settings where registered nurses practice include: health departments, health maintenance organizations, home health agencies, hospitals, private practice, schools, and skilled nursing facilities. Regardless of the title or setting, the registered nurse's practice is governed by the Board of Registered Nursing.

The BRN performs a variety of activities in its mission to protect consumers, including:

1. **Setting RN Educational Standards**
   The BRN sets educational standards for nursing programs which prepare individuals to become licensed as registered nurses.

2. **Approving California Nursing Programs**
   There are over 140 pre-licensure nursing programs and over 20 advanced practice programs which have been approved because they meet BRN educational standards.

3. **Evaluating Licensure Applications**
   Applications are evaluated to determine whether the applicant meets all licensure requirements. To be licensed the applicant must:
   - complete the educational requirements
   - pass a national licensing examination
   - be cleared through a background check for conviction of any crime which might make the applicant ineligible for licensure

4. **Issuing and Renewing Licenses**
   Registered Nursing licenses are issued to applicants who meet the licensing requirements. The license must be renewed every two years.

5. **Issuing Certificates**
   The BRN issues certificates to eligible public health nurses, nurse practitioners, nurse anesthetists, nurse midwives, clinical nurse specialists, and furnishing numbers to Nurse Practitioners and Nurse Midwives. The BRN also maintains a list of eligible psychiatric/mental health nurse specialists.

6. **Taking Disciplinary Action**
   If a nurse violates the Nursing Practice Act, the BRN may take disciplinary action against the nurse's license. Grounds for discipline focus on behaviors that place patients at risk of harm. The disciplinary action is dependent on the nature and severity of the violation and what is necessary to protect the public. The disciplinary action becomes a part of the RN's file and is accessible to the public.

7. **Managing a Diversion Program**
   The BRN's Diversion Program is an alternative to the discipline process for nurses whose practice may be impaired due to substance use disorder or mental illness. This confidential program protects the public while enabling the nurse to be rehabilitated.

8. **Operating an Online License Verification System**
   The BRN's online license verification system allows the consumer to validate the status of a nurse's license. Consumers may access the license verification system to learn if:
   - the person is licensed as an RN
   - the license is active, inactive, or lapsed
   - the nurse has any BRN certificates
   - there is any disciplinary action against the license
   - online services are available seven days a week, 24 hours a day.

# Significant Board Accomplishments

The strategic planning process encompassed an evaluation of the Board's previous strategic plan. The Board has accomplished the following twelve goals since the adoption of the 2006 strategic plan.

**BRN Website Improvements**

The Board of Registered Nursing website, www.rn.ca.gov , was re-designed and leveraged as a source of education and outreach. The changes and additions included: introduction of an e-newsletter, updated brochures, posting Board meeting agendas and minutes as well as other reports and surveys, e-mail subscription enrollment, and the posting legislative updates to the Nursing Practice Act.

**Electronic Transfer of Fingerprint Data**

In order to eliminate the manual entry of individual fingerprinting information, the Board partnered with the Department of Consumer Affairs (DCA), the Office of Information Services (OIS), and the Department of Justice (DOJ) to implement an electronic transfer of fingerprinting data.

**BRN Serving Enforcement Legal Pleadings**

Beginning in October 2009, BRN enforcement staff began serving all accusations and petitions to revoke probation.

**BRN Preparing Default Decisions**

Beginning in 2010, the Attorney General's Office delegated the preparation of default decisions to BRN staff under the direction of DCA attorneys. This delegation continues to save the Board valuable time in their investigation timeframes.

**Retroactive Fingerprinting**

All active licensees licensed prior to August 1990 have either submitted fingerprints to the Board or have been made inactive and issued a citation and fine for non-compliance.

**Webcast of Board Meetings**

In 2009, the Board began regularly providing live webcast access to Board meetings. Previously recorded Board meeting webcasts can be viewed on the BRN web site along with written agendas and meeting minutes. In addition, all meeting materials are sent to board members electronically to eliminate wasteful copying and printing.

**Out of State Disciplinary Actions Comparison Project**

In March 2010, the Board reviewed all disciplinary actions taken by other Boards of Nursing against current California licensees and took disciplinary action when necessary. In October 2010, BRN became a full member of the National Council of State Boards of Nursing and now receives immediate notification if a California Registered Nurse has been disciplined in another state.

**Restructure of Enforcement Division**

The restructure of the Enforcement Division included the creation of a complaint intake unit, two regional special investigator units, and a discipline unit as well as added staff to the probation and diversion programs. As a result of the restructure, processes were streamlined and BRN reduced their discipline timelines from three to two years.

**Increased Usage of Citation and Fine**

The Board increased the usage of citation and fine authority over the past five years for less egregious violations of the Nursing Practice Act. The Board issued 115 citations in FY 2008/09 and issued 769 in FY 2012/13 which was an increase of 569%.

**International Application Evaluation Improvements**

BRN licensing staff improved the international application evaluation process. The improvement resulted in more in depth evaluation of clinical and didactic training materials to ensure applicants have completed legally required education and training to become licensed in California as a RN.

**Fraudulent International Educational Documents**

BRN licensing staff improved the international application evaluation process to better identify fraudulent documents. As a result, the Board has investigated and successfully prosecuted individuals who provided fraudulent transcripts and or diplomas.

**Unapproved Nursing Programs**

The Board improved the process of investigating unapproved distance learning programs and successfully disciplined licensed nurses and referred any unlicensed individuals to the Attorney General's Office for civil injunction.

**Prelicensure Regulations**

BRN prelicensure regulations were reviewed, updated and finalized in 2010. This was a collaborative effort between Board members, Board Staff, Deans and Directors of the nursing programs and the public.

# OUR STRATEGIC GOALS

1 ***LICENSING***

The Board promotes licensing standards to protect consumers and allow access to the profession.

2 ***ENFORCEMENT***

The Board protects the health and safety of consumers through the enforcement of the laws and regulations governing the practice of nursing.

3 ***CONTINUING EDUCATION***

The Board establishes continuing education standards to ensure excellence in practice and promote public safety.

4 ***EDUCATIONAL OVERSIGHT***

The Board advances higher education standards to increase the quality of education and ensure consumer protection.

5 ***LAWS AND REGULATIONS***

The Board ensures that statutes, regulations, policies and procedures strengthen and support their mandate and mission.

6 ***ORGANIZATIONAL EFFECTIVENESS***

The Board builds an excellent organization through proper Board governance, effective leadership and responsible management.

7 ***OUTREACH***

The Board informs consumers, licensees and stakeholders about the practice and regulation of the profession.

# GOAL 1: LICENSING *

*The Board promotes licensing standards to protect consumers and allow access to the profession.*

1.1 Partner with the Department of Consumer Affairs (DCA) to create an online application submission tool through the BreEZe system.

1.2 Review existing application processes, and make improvements as necessary, to ensure the timely, efficient, and accurate processing of all applications. Ensure proper staff training, if necessary.

1.3 Ensure adequate staffing levels to achieve the Board's mandated goals and objectives in the areas of licensing. Pursue additional staff resources and budgetary authority, if necessary.

1.4 Provide training to licensing staff to assist in their identification of fraudulent domestic and international documents and programs and partner with external agencies to assist the Board in minimizing fraud.

1.5 Examine compact agreement standards and issue a Board position.

1.6 Determine feasibility of conducting in-person site inspections of international schools to evaluate the quality of their education, per code Business and Professions Code 2736 (a) (2).

**Objectives in each goal are listed in order of priority.*

# GOAL 2: ENFORCEMENT

*The Board protects the health and safety of consumers through the enforcement of the laws and regulations governing the practice of nursing.*

2.1 Maximize the use of interim suspension and PC 23 orders for egregious offenses to ensure consumer protection.

2.2 Partner with the Attorney General's Office and the Office of Administrative Hearings to review enforcement processes, and make improvements as necessary, to ensure that complaints are investigated and adjudicated in the most timely and efficient means possible.

2.3 Successfully hire and onboard new enforcement employees and evaluate the impact of these newly authorized positions have on the effectiveness of our enforcement program. Pursue additional staff resources and budgetary authority, if necessary.

2.4 Modify the Board's case assignment methodology to align with statewide geographic locations and investigator workload.

2.5 Partner with the Attorney General's Office to explore the feasibility of creating a data exchange interface between our agencies to facilitate communication and streamline the formal discipline process.

2.6 Evaluate the current process for Board review of disciplinary cases and make improvements as necessary to increase timeliness of decision-making.

2.7 Complete retroactive fingerprinting of licensees.

2.8 Improve onboarding of new Board members to ensure members are quickly and thoroughly educated on Board processes.

2.9 Create a webinar for expert witnesses to educate them on Board operations.

# GOAL 3: CONTINUING EDUCATION

*The Board establishes continuing education standards to ensure excellence in practice and promote public safety.*

3.1 Establish a Continuing Education Unit to conduct continuing education audits of licensees, education providers and individual courses, and pursue additional staff resources and budgetary authority to staff the unit.

3.2 Analyze the need to revise the Board's continuing education guidelines to include provisions on allowable and/or non-allowable continuing education topics.

3.3 Amend regulations to address online continuing education courses.

3.4 Update the Board's website to include continuing medical education information.

# GOAL 4: EDUCATIONAL OVERSIGHT

*The Board advances higher education standards to increase the quality of education and ensure consumer protection.*

4.1 Conduct a salary and educational requirements evaluation of the Nurse Education Consultant classification and pursue changes to increase recruitment and retention.

4.2 Explore feasibility of a BRN internship program to educate and recruit qualified nurses for Nurse Education Consultant positions (contingent upon completion of objective 4.1).

4.3 Identify and seek clarification to strengthen regulatory language for initial program approval including curricula criteria to ensure nurses are prepared for current and future healthcare practices.

4.4 Investigate the need to provide guidance on simulation training and online clinical nursing courses and amend regulations, if necessary.

# GOAL 5: LAWS AND REGULATIONS

*The Board ensures that statutes, regulations, policies and procedures strengthen and support their mandate and mission.*

5.1 Create a greater presence in the legislative arena to more proactively address issues affecting the Board and the nursing profession.

5.2 Pursue modification of the Business and Professions Code 494 to adjust action timeframes.

5.3 Partner with the Department (DCA) to utilize their omnibus bill in order to clean up language in the Nursing Practice Act.

5.4 Modify regulatory language to include additional violation types in the cite and fine program.

5.5 Amend regulation to require applicants to provide a copy of their existing nursing licenses, when licensure is a graduation requirement of their educational nursing program.

# GOAL 6: ORGANIZATIONAL EFFECTIVENESS

*The Board builds an excellent organization through proper Broad governance, effective leadership and responsible management.*

6.1 Leverage new BreEZe technology to enhance online services for applicants and licensees, including real-time application status and deficiency updates.

6.2 Evaluate the effectiveness of the current voice response system and make modifications, if necessary, to improve call routing and reduce call wait time.

6.3 Explore the feasibility of establishing an independent Information Technology Support Unit within the Board. Pursue additional staff resources and budgetary authority, if necessary.

6.4 Create and implement a workforce succession plan that guides the Board's overall workforce continuity and addresses the Board's critical need to hire and retain Nurse Education Consultants.

6.5 Develop an onboarding program for new employees.

6.6 Establish a Legislation and Regulations Unit to monitor legislation and to facilitate the Board's regulatory and statutory change initiatives. Pursue additional staff resources and budgetary authority, if necessary.

6.7 Design and implement a space management plan to accommodate program growth.

6.8 Improve internal communication and collaboration between functional work units.

6.9 Create best practices manuals tailored to each functional work unit within the Board.

# GOAL 7: OUTREACH

*The Board informs consumers, licensees and stakeholders about the practice and regulation of the profession.*

7.1 Educate the public and the legislature on the roles and responsibilities of registered nurses and other healthcare workers.

7.2 Develop and implement an outreach strategy to target identified high need groups.

7.3 Increase Board visibility at national committees and conferences to encourage a more leading role in national policy decision-making.

7.4 Develop webinars to educate stakeholders on application requirements, diversion and continuing education units.

7.5 Revise the Board's website to ensure ease of use and accessibility.

# STRATEGIC PLANNING PROCESS

The DCA's SOLID Planning Solutions unit developed this strategic plan by conducting a preliminary meeting with the Executive Officer and Board staff to learn about the Board's background, to identify key focus areas, to define roles and responsibilities, and establish a customized strategic planning schedule.

To understand the environment in which the Board operates and identify factors that could impact the Board's success, SOLID conducted an environmental scan and analysis of the internal and external environments by collecting information through the following methods:

- An online survey sent to 5,300 stakeholders, comprised of Registered Nursing professionals, professional associations, California colleges, Board staff and others who expressed interest in the strategic direction of the Board. The online survey received 601 responses.
- Telephone interviews with Board members during December 2013 and January 2014.
- Focus group discussion with Board staff on January 14, 2014.

The most significant themes and trends identified from the environmental scan were discussed by the Board during a strategic planning session facilitated by SOLID on March 3, 2014. This information guided the Board in development of its mission and values, while directing the strategic goals and objectives outlined in this 2014 – 2017 strategic plan.

# BOARD OF REGISTERED NURSING KEY STAKEHOLDERS

**Individuals**
Consumers
Registered Nurses
Registered Nurse students and applicants
Employers of RNs
Healthcare practitioners
BRN Employees

**Organizations**
Nursing organizations and associations
Health care related organizations
National Council of State Boards of Nursing
Nursing education programs
Colleges and Universities
Contractors providing services to the Board

**Government Entities**
Governor's Office
Legislature
Department of Consumer Affairs
State Oversight Agencies
Division of Investigation (DCA)
Office of Attorney General
Office of Administrative Hearings
Health-related Governmental agencies

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**Prepared by**
SOLID Planning Solutions
California Department of Consumer Affairs
Adopted: 04/03/2014

*This strategic plan is based on stakeholder information and discussions facilitated by SOLID for the California Board of Registered Nursing from December 2013 to March 2014. Subsequent amendments may have been made after Board adoption of this plan.*

# INSTRUCTIONS FOR INSTITUTIONS SEEKING APPROVAL OF NEW PRELICENSURE REGISTERED NURSING PROGRAM (EDP-I-01 Rev 3/10)

DRAFT

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

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Louise R. Bailey, MEd, RN, Executive Officer

# INSTRUCTIONS FOR INSTITUTIONS SEEKING APPROVAL OF NEW PRELICENSURE REGISTERED NURSING PROGRAM

**(Business and Professions Code Section 2786;**
**California Code of Regulations Sections 1421, 1422, and 1423)**
**(Effective 10/21/10)**

## PURPOSE

The Instructions specify the requirements and process for an institution seeking approval of a new prelicensure registered nursing program (program applicant) pursuant to Business and Professions Code (B&PC) section 2786. The document is incorporated by reference in California Code of Regulations (CCR) section 1421.

## STEPS IN THE APPROVAL PROCESS

In accordance with B&PC section 2786(a), the program applicant must be an institution of higher education or affiliated with an institution of higher education (hereafter referred to as affiliated institution). Affiliated institutions must make an agreement with an institution of higher education in California in the same general location, i.e., within 50 miles, to grant degrees to students who complete the registered nursing program. Such written agreement must be made prior to seeking approval from the Board. A copy of this agreement must be submitted with the feasibility study, described in Step 2.

The institution of higher education offering the program or the institution of higher education granting the degree for the new affiliated institution must have the authority to grant an associate of arts degree or baccalaureate or higher degree to individuals who graduate from the nursing program. ***An institution that wishes to start a new program must meet this requirement prior to submission of an application.***

### STEP 1 – Submit a Letter of Intent:

Submit a letter of intent to the Board of Registered Nursing (BRN) at least one year in advance of the anticipated date for admission of students. The letter must specify the name of the institution seeking approval; contact person; type of nursing program, e.g., associate degree, baccalaureate degree, entry-level master's, etc., and its location; and proposed start date. The letter is to be addressed to:

Executive Officer
Board of Registered Nursing
P.O. Box 944210
Sacramento, CA 94244-2100

The Board will acknowledge receipt of the letter of intent.

**STEP 2 –Submit Feasibility Study**

Submit a feasibility study to the BRN documenting the need for the program and the program applicant's ability to develop, implement, and sustain a viable prelicensure registered nursing program. The feasibility study shall include the following:

a) Description of the institution and the institution's experience providing nursing or other health-related educational programs. The description must include:
1. History, organizational structure and programs (attach an organization chart), funding sources
2. Accreditation status and history, (i.e., date of initial accreditation, denials, revocations, warnings) for the institution and any programs offered by the institution
3. Type of nursing or other health-related programs including number: of students currently enrolled and graduates by program type; passage rate on any required certification or licensing examination for the past five years (as applicable); and status of the program with any state, regional, or federal agency
4. If the applicant does not have a nursing program or other health-related programs, provide a statement related to the processes and resources it will utilize to start and sustain a prelicensure registered nursing program.

b) Geographic area (community) served by the institution and a description of the community and its population.

c) Description of the type of program being proposed (e.g., associate, baccalaureate, entry-level master's, etc.), the intended start date, projected size of the first class and enrollment projection for the first five years, and method for determining the projected enrollment.

d) Information on the applicant pool and sustainability of enrollment for the proposed new prelicensure registered nursing program. Include data on existing nursing programs preparing students for licensure (vocational, associate, baccalaureate, or entry level master's) within a 50-mile radius. Include a statement on plans for promoting the proposed program.

e) Description of proposed provisions for required subject matter and support areas, including faculty and resources. The proposed program must be at least two academic years, not less than 58 semester or 87 quarter units, and must include *all course areas* specified in CCR 1426. Consult CCR section 1426, Required Curriculum, for required subject matter. Support areas include such items as the library, skills learning lab, computer labs, simulation labs, and tutorial and counseling services.

f) Budget projection that demonstrates initial and sustainable budgetary provisions for a full enrollment of the initial cohort. The projected budget demonstrates building of reserves to sustain the proposed program.

g) Evidence of availability of clinical placements for students of the proposed program. Include a list of the clinical facilities that may be utilized for learning experiences and a description of any plans for future addition or expansion of health facilities. Provide a completed "Facility Verification Form" (EDP-I-01 Rev 3/10) for each health care facility that has agreed to provide clinical placement for students of the proposed program. When available, verification shall include the accommodations specifying shift and days.

**Note**: Clinical placements of the new program must take into consideration the impact on the use of the clinical facility by existing prelicensure registered nursing programs and must be coordinated with any process for clinical placement, such as consortium for regional planning.

Include a description of your collaboration and coordination efforts with any existing registered nursing programs and any regional planning consortium.

**Affiliate Program Agreement with Institution of Higher Education**

An affiliate program must submit an agreement with an institution of higher education that has authority to grant an associate of arts degree or a baccalaureate or higher degree in nursing to individuals who complete an additional course of study approved by the board. The institution of higher education must be in California and within 50 miles of the nursing program. The agreement must include:

1) The type of degree to be conferred by the institution of higher education
2) The additional course of study required to obtain the degree
3) Process and procedures for nursing program students to enroll in the required courses
4) Approximate cost and timeframe for students to complete the requirements
5) Role and responsibility of the nursing program, institution of higher education, and the student
6) Resources available to students at the institution of higher education.

The program applicant may include any additional information that it believes might reasonably affect the Board's decision to accept the feasibility study.

**STEP 3 – Review of Feasibility Study**

It is the responsibility of the program applicant to have staff or a consultant(s) who possess the requisite knowledge and expertise to complete a feasibility study that conforms to the requirements specified in the Instructions. Upon submission of the feasibility study, a BRN staff member will review the study, and will work with the planners of the proposed nursing program to clarify issues. Close communication with BRN staff must be maintained during this time period. The process for initial review usually takes three to four weeks. In the event the initial review time will exceed this time period, BRN staff will notify the program applicant of the approximate time for the initial review. Priority will be given to first-time applicants for program approval.

The following action will be taken:

1) If BRN staff determines that the feasibility study is complete and complies with requirements specified in these Instructions, staff will submit the feasibility study to the Education /Licensing Committee (ELC), (Step 4).
2) If the feasibility study is deemed incomplete, staff will notify the program applicant, in writing, of any deficiencies and a date for submission of a completed feasibility study. If BRN staff deems the revised feasibility study is complete, it will be submitted to the ELC (Step 4).
3) If staff deems the revised feasibility study incomplete, it will be returned to the program with a written notice of the deficiencies, and will not be submitted to the ELC. The ELC and Board will be notified, at a regularly scheduled meeting, of the name of the program applicant, the return of the feasibility study, and the deficiencies that resulted in the feasibility study being returned. If the applicant still wishes to start a prelicensure registered nursing program, the applicant must restart the process at Step 1.
4) If the revised feasibility study is returned because it is incomplete and the applicant still wishes to seek approval of a prelicensure registered nursing program, the applicant must restart at Step 1. The Letter of Intent must include a statement summarizing the BRN staff's reason(s) for not accepting the prior revised feasibility study and subsequent corrective action the applicant has taken.

**STEP 4 –Education/Licensing Committee Recommendation on the Feasibility Study**

When the feasibility study is deemed complete, it will be submitted to the Board's Education/Licensing Committee for discussion and action at a regularly scheduled meeting. The meeting is open to the public, and there are opportunities for public comment. The BRN will notify the program applicant of the ELC meeting date at which the Committee will discuss and take action on the feasibility study. A representative of the program must be present at the ELC meeting to respond to any questions from the Committee regarding the feasibility study. The ELC will recommend to the Board the acceptance or non-acceptance of the feasibility study, or may defer action on the study to permit the institution time to provide additional information at a subsequent ELC meeting. If the ELC defers action, the program applicant will be notified in writing within ten (10) days of the deferred action, reason(s) for the deferral, and date for submission of any additional information and/or documents. The ELC considers the following criteria in determining its recommendation to the Board:

1) Evidence of applicant's ability to initiate and maintain a prelicensure registered nursing program.
2) Evidence of initial and sustainable budgetary provisions for the proposed program.
3) Institution of higher authority to grant an associate of arts, baccalaureate, or higher degree.
4) For affiliated institutions, the agreement with an institution of higher education within 50 miles to grant an associate of arts degree or baccalaureate or higher degree to students completing the nursing program.
5) Evidence of availability of clinical placements for students of the proposed program.
6) Plans for administrative and faculty recruitment to staff the proposed program.

**STEP 5 - Board Action on the Feasibility Study**

The ELC's recommendation on the feasibility study will be submitted for Board discussion and action at a regularly scheduled Board meeting. The Board meeting is also open to the public, with opportunities for public comment. The Board may accept or not accept the study, or may defer action on the study to provide the program applicant with an opportunity to provide additional information. The Board considers the criteria specified in Step 4 in rendering its decision.

The following action will be taken:

1) Within ten (10) days after the Board decision on the feasibility study, the Board will notify the program applicant in writing of its decision.
2) If the feasibility study is accepted, the program applicant may proceed to Step 6.
3) If the feasibility study is not accepted, the Board notice will include the basis for its decision.
4) If action on the feasibility study is deferred, the notice shall specify what additional information and/or documents are needed from the program applicant in order for the feasibility study to be deemed complete and a due date for submission of the materials. The revised feasibility study will be considered at regularly scheduled ELC and Board meetings after the due date for submission of materials. If the revised feasibility study is not accepted, the Board will notify the applicant in writing within ten (10) days; the notice will include the basis for the Board's decision.
5) An applicant whose initial or revised feasibility study is not accepted, and who still wishes to seek approval of a prelicensure registered nursing program must restart with Step 1. The Letter of Intent must include a statement summarizing the Board's reason(s) for not accepting the prior feasibility study and subsequent corrective action the applicant has taken.

**STEP 6 - Appointment of Program Director**

Upon acceptance of the feasibility study, the program applicant shall appoint a director who meets the requirements of CCR section 1425(a).

**STEP 7 - Self-Study Report and Site Visit**

Upon Board acceptance of the feasibility study, a BRN Nursing Education Consultant (NEC) will be assigned as the BRN liaison for the proposed program. The program director will have responsibility for preparing the self-study for the proposed program and coordinating the site-visit. At least six (6) months prior to the projected date of student enrollment the program applicant must submit to the NEC a self-study that describes how the proposed program plans to comply with all BRN nursing program-related rules and regulations. The attached *Preparing the Self-Study Report for Approval of Initial Prelicensure Nursing Program* (EDP-I-19 Rev 01/09) and *Criteria and Guidelines for Self-Study* (EDP-R-03 Rev 01/09) must be used to compile the self-study.

The NEC will review the report and notify the program director of any deficiencies, issues, or concerns with the self-study. Once the NEC has verified the self-study satisfactorily addresses the applicable rules and regulations, the NEC will schedule an on-site visit. The NEC will visit selected clinical sites the program plans to use as part of the on-site visit. Clinical site visits may be deferred depending on the start date of the proposed program. The NEC will complete a written report of findings.

**STEP 8 – ELC and Board Actions related to Approval of the Proposed Program**

The NEC's written report is submitted to the Board's ELC for discussion and action at a regularly scheduled Committee meeting. The Committee may recommend that the Board grant or deny approval, or may defer action on the initial program approval to provide the program applicant a specified time period to resolve any problems and to resubmitted to the ELC. A representative of the proposed program must be present at the ELC meeting(s) to respond to any questions from the Committee.

The Board will take action at a regularly scheduled meeting following the ELC meeting. Representatives of the proposed program are encouraged to be present at the Board meeting(s) to respond to any questions. The action the Board may take includes the following:

1) Grant initial approval;
2) Deny approval;
3) Defer action on the approval to permit the program applicant a specified time period to resolve area(s) of non-compliance. After resolution of the area(s) of non-compliance, the proposed program must be submitted for Board action at another regularly scheduled meeting.

Any material misrepresentation of fact by the program applicant in any required information is grounds for not accepting the feasibility study or denial of initial approval.

**STEP 9 - Certificate of Approval**

A certificate of approval will be issued by the BRN once the Board grants initial approval.

**ABANDONMENT OF APPLICATION**

A program applicant who does not take any action to complete the application process within one year of submitting a Letter of Intent or receipt of notice of Board action not accepting the program's feasibility study shall be deemed to have abandoned the application.

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

**BOARD OF REGISTERED NURSING**
PO Box 944210, Sacramento, CA 94244-2100
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**Louise R. Bailey, MEd, RN, Executive Officer**

FACILITY VERIFICATION FORM

The nursing program must verify that clinical facilities offer necessary learning experiences to meet course/clinical objectives. The facility validates that clinical spaces for new students are available and the impact on existing clinical placements of nursing programs was reviewed.

| | |
|---|---|
| Name of the School: | Name of Director/Designee:<br><br>Telephone Number:<br><br>E-Mail Address: |
| Name of health care facility:<br><br>Type of health care facility (Acute, OPD, SNF, etc.)<br><br>Average Daily Census for the agency: | Name of Director of Nursing/Designee:<br><br>Telephone Number:<br><br>E-Mail Address:<br><br>Address of Facility: |

| | **Medical-Surgical** | **Obstetrics** | **Pediatrics** | **Psych – Mental Health** | **Geriatrics** |
|---|---|---|---|---|---|
| Type of units where students can be placed in the health care facility (Place X in the column) | | | | | |
| Average daily census for each area | | | | | |
| Average personnel staffing for the shift for a unit (Include number of RNs, LVNs, CNAs, separately) | | | | | |
| Number of students placed in the unit at any one time. | | | | | |
| ***Identify shifts and days available for placement of students in the program*** | | | | | |

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

| Schools | Category of students (RN, LVN, CNA, etc.) | Number of students | Days & Hours | Semesters (Fall, Spr.) | Units used |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

☐ *This agency does not have spaces to offer clinical spaces to the new program.*

☐ *This agency intends to offer clinical placement(s) to this new program.*

| | |
|---|---|
| Agency Representative completing this form | Date |

EDP-I-01 (REV 03/10; Approved 03/10)

# NCSBN ANALYSIS:
# A COMPARISON OF SELECTED MILITARY HEALTH CARE OCCUPATION CURRICULA WITH STANDARD LICENSED PRACTICAL/VOCATIONAL NURSE CURRICULUM

DRAFT

NCSBN
National Council of State Boards of Nursing

# NCSBN ANALYSIS:

## A Comparison of Selected Military Health Care Occupation Curricula with a Standard Licensed Practical/Vocational Nurse Curriculum

NCSBN
*National Council of State Boards of Nursing*

Mission Statement

The National Council of State Boards of Nursing (NCSBN®) provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

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- Ed Davin, Principal Analyst, Solutions for Information Design, LLC

## Introduction

The recently released White House report titled, *The Fast Track to Civilian Employment: Streamlining Credentialing and Licensing for Service Members, Veterans and Their Spouses*, encourages states to support legislative efforts that will transition veterans into the civilian workplace. The National Council of State Boards of Nursing (NCSBN®) wholeheartedly joins these efforts. We value the contributions veterans have made in the military and acknowledge their training and experience. Our goal is to assist U.S. boards of nursing (BONs) in making licensing decisions that will help veterans safely and competently enter civilian careers in nursing.

Some of the questions that have arisen out of the president's initiative to transition veterans to civilian careers pertain to the role of the licensed practical/vocational nurse (LPN/VN), including:

- Do Army health care specialists (medics), Navy corpsmen and Air Force airmen have the knowledge, skills and abilities to transition into a career as an LPN/VN directly from their military service?
- What are the differences between military training and LPN/VN education?
- Should veterans be given credit for some of their education and training that will allow them to accelerate through the LPN/VN program?

To assist in answering these questions, NCSBN staff, with consultation from leading experts in the areas of nursing and military education, conducted an in-depth analysis of the health care specialist (medic), corpsman and airman curricula, and compared these with a standard LPN/VN curriculum. The standard LPN/VN curriculum developed for this project is comparable to the LPN/VN curricula approved by U.S. BONs. In addition, NCSBN staff reviewed the Army LPN program and compared it with the standard LPN/VN curriculum; this analysis is provided within this report, along with recommendations and legislative talking points.

NCSBN welcomes any questions related to the information in this report. We are dedicated to assisting BONs in licensing decisions that will allow veterans to enter nursing competently and safely.

## Development of the Standard LPN/VN Curriculum

A standard LPN/VN curriculum, comparable to those approved by U.S. BONs, was necessary for this review and analysis. NCSBN staff, with experience in curriculum development and LPN/VN nurse education, consulted a national expert in LPN/VN curriculum development and produced a standard LPN/VN curriculum to be used for these analyses. The consultant, Patty Knecht, MS, RN, is currently leading a national initiative to develop a core LPN/VN curriculum.

The elements of the standard LPN/VN curriculum developed for this project are considered minimal core requirements for an LPN/VN program. Although some variation exists across the country and some LPN/VN programs may integrate, present or outline the content differently (i.e., through laboratory exercises, simulation, lecture, etc.), this is a comprehensive standard curriculum that is representative of the minimum didactic and clinical requirements necessary for practical/vocational nursing education in the U.S.

# The Standard LPN/VN Curriculum

| The Standard LPN/VN Curriculum - Essential Content |
|---|
| **Anatomy and Physiology** |
| Chemistry of the body, electrolytes and body fluids |
| Structure and function of cells and tissues |
| Structure and function of the body systems |
| Common diseases affecting the body systems and drugs used for treatment |
| **Pharmacology** |
| Pharmacological calculations |
| Classification of medications |
| Pharmacokinetics and pharmacodynamics of medications |
| Nursing considerations in medication administration (pts rights/critical thinking) |
| **Nursing Fundamentals** |
| Incidence/prevalence of disease and the health care system |
| Issues in health care |
| Therapeutic communication techniques |
| Cultural considerations in health/illness |
| Health promotion activities |
| Infectious process and infection control |
| Basic nursing care including nutrition (minimum of 25 hours of clinical and 27 hours of lab included in clinical hours total) |
| Nursing assessment (full vs. focused assessment) |
| Nursing process/critical thinking |
| Documentation |
| **Medical-Surgical** |
| IV fluids and calculations of rates and role of LPN/VN |
| Drug classifications |
| Understanding diagnostic studies and LPN/VN role |
| Care of the surgical patient |
| Care of the oncology patient (death and dying) |
| Bloodborne pathogens and standard precautions - integrated |
| Psychosocial, cultural, spiritual and ethnic considerations with patients - integrated |
| Community services - integrated |
| Provide safe and effective care |
| Physiological implications of disease process - integrated |
| Obtaining laboratory specimens/interpreting results |
| Nursing process - integrated |
| Role of LPN/VN in patient education - integrated |
| Informed consent - integrated |
| LPN/VN role in physical assessment - integrated |
| Care of the older patient - integrated |
| Care of patients with cardiovascular and peripheral vascular disorders |
| Care of patients with respiratory disorders |
| Care of patients with gastrointestinal disorders |
| Care of patients with endocrine disorders |
| Care of patients with immune disorders |
| Care of patients with skin disorders |

| The Standard LPN/VN Curriculum - Essential Content |
| --- |
| Health promotion activities - integrated |
| Care of patients with blood and lymphatic disorders |
| Care of the patient with a reproductive disorder |
| Care of the patient with a musculoskeletal disorder |
| Care of the patient with a genitourinary disorder |
| Care of the patient with a sensory disorder (eye and ear) |
| Care of the patient with a neurological disorder |
| Care of the patient with a mental health disorder (could be separate or integrated) |
| Community health nursing |
| Gerontological nursing |
| **Maternal and Child Health Nursing** |
| Impact of family in maternal child health - integrated |
| Ethical issues in perinatal nursing - integrated |
| Physiological changes during the perinatal period - integrated |
| Health promotion in maternal child nursing - integrated |
| Cultural impact - integrated |
| Community resources - integrated |
| Normal growth and development |
| Providing safe patient care during prenatal/labor and delivery and postnatal |
| Introduction of maternal/child health with review of reproduction |
| Prenatal and complications |
| Providing safe patient care to pediatric patients |
| Labor and delivery |
| Postnatal with family; women's health care and care of newborn, including congenital anomalies |
| Normal infant, toddler, preschooler, school-aged and adolescent child |
| Care of the pediatric patient, including data collection and procedures |
| Care of child with fluid and electrolyte imbalances |
| Care of child with sensory or neurologic conditions |
| Care of child with musculoskeletal disorders |
| Care of child with respiratory disorders |
| Care of child with cardiovascular disorders |
| Care of child with blood, blood-forming organs or lymphatic disorders |
| Care of child with gastrointestinal disorders |
| Care of child with genitourinary disorders |
| Care of child with skin disorders |
| Care of child with endocrine conditions |
| Care of child with communicable disease |
| Care of child with psychosocial disorder |
| **Issues in Nursing** |
| Legal aspects of nursing |
| Ethical aspects of nursing |

## Military Health Care Occupations Examined in this Analysis: Role/Program Descriptions

The following are short descriptions of the military health care occupations that were analyzed and compared with the standard LPN/VN curriculum.

### Basic Medical Technician Corpsman Program (Navy HM0000/Air Force BMTCP 4N0X1)

**Description of Role:** The Basic Medical Technician Corpsman Program prepares service members to function as entry-level medical technicians in fixed and nonfixed medical facilities, performing duties to provide quality emergency nursing and primary care procedures. Graduates demonstrate the ability to comprehend, evaluate and apply information relevant to the role of the basic medical technician; technical proficiency in entry-level skills required to fulfill the role of a basic medical technician; and personal and professional behavior consistent with the expectations of the basic medical technician.

**Program Description:** The Basic Medical Technician Corpsman Program provides the enlisted with basic knowledge of emergency medicine and nursing care. The program consists of lectures, group activities, demonstrations, hands-on instruction and clinical practice, and may include computer-based or blended learning activities.

### Air Force Independent Duty Medical Technician (IDMT 4N0X1C)

**Description of Role:** This role builds on the skills acquired in the Basic Medical Technician Corpsman Program (BMTCP 4N0X1), which serves as a prerequisite. The Air Force independent duty medical technician is an advanced role and is trained to operate a medical aid station at a remote or isolated duty station, provide medical support to a nonmedical field unit or provide medical support to other government agencies and joint service missions. The training is specific to performing emergency medical, dental and surgical procedures to stabilize a patient's condition until evacuation for definitive care can occur.

**Length of Course:** Not specified, but approximately 13 weeks based on standard 8-hour training day and total program hours of 517.

**Course Description:** This course includes training in obtaining medical histories; examining, assessing, treating and documenting patient care encounters in the absence of a physician; performing emergency medical, dental and surgical procedures to stabilize a patient's condition until evacuation for definitive care can occur; monitoring medical aspects of special interest programs and health promotions; advanced medication administration; low complexity laboratory procedures; and conducting preventive medicine and food safety inspection in lieu of public health and bioenvironmental health personnel.

**Course Prerequisites:** Prior to enrollment in the course, the enlisted must possess Primary Air Force Specialty Code (PAFSC) 4N051/71 and three years experience practicing as a 4N0XX with two years of direct patient care. Additionally, the enlisted must have completed 4N Vol 3 Anatomy and Physiology CDC or IDMT BIO 100 Anatomy and Physiology.

### Army Health Care Specialist (68W Army Medic)

**Description of Role:** The Army health care specialist (medic) is trained to administer emergency care on the battlefield and may also administer limited primary care in battalion aide stations (BAS). Health care specialists (medics) are taught to do rapid assessments and quickly respond to acute injuries and other emergencies. They are experts in evacuation and acquire high level skills to administer care of the severely wounded. The civilian equivalent to this role is an emergency medical technician (EMT).

**Length of Course:** 16 weeks

**Course Description:** The Army Medic Course is taught in three distinct phases:

Phase I: Basic EMT Training

Focus is on immediate, emergency care. All participants must pass the National Registry Emergency Medical Technician-Basic (NREMT) examination.

Phase II: Limited Primary Care

This prepares the health care specialist (medic) for serving in a BAS. Coursework covers injuries, illnesses and procedures commonly seen in a BAS. Content covered includes basic physical assessment and history taking, abdominal primary care, basic wound care, eye, ear, nose and throat (EENT) primary care, infection asepsis, sterile technique, injections, medication administration, orthopedic primary care, respiratory primary care, pharmacology, medical documentation and venipuncture.

Phase III: Field Craft

This prepares the health care specialist (medic) for combat. Coursework includes battlefield medicine, combat casualty assessment, battlefield injuries and combat evacuation. Content includes management of shock, traumatic brain injuries, burns, ocular injuries, abdominal trauma, hemorrhage control and vascular access.

**Summary of Skills**

The 68W Army Health Care Specialist is a registered EMT. He/she has a wide range of skills that help them react to emergencies.

Strengths: physical assessment of acute injuries, limited primary care, advanced level skills from venipuncture to intraosseous fluid replacement and chest tube insertion. Some pharmacology and the principles of medication administration are integrated into the course. The health care specialist (medic) does learn about the care of the adult and child with cardiovascular, respiratory, gastrointestinal, endocrine (diabetic), skin, hemodynamic, musculoskeletal, neurological, sensory, and mental health disorder, but the emphasis is placed on emergency care. The goal of this course is passage of the EMT exam and learning to use these skills on the battlefield.

## AN ANALYSIS OF MILITARY CURRICULA WITH THE STANDARD LPN/VN CURRICULUM

Key:
0 = Military curriculum does not meet requirement
1 = Military curriculum partially meets requirement
2 = Military curriculum meets requirement

| Standard LPN/VN Curriculum - Essential Content | Military Occupations | | | |
|---|---|---|---|---|
| | Navy HM0000 | Air Force BMTCP 4N0X1 | Air Force IDMT 4N0X1C | Army Medic 68W Healthcare Specialist |
| **Anatomy and Physiology** | | | | |
| Chemistry of the body, electrolytes and body fluids | 1 | 1 | 2 | 1 |
| Structure and function of cells and tissues | 1 | 1 | 2 | 1 |
| Structure and function of the body systems | 1 | 1 | 2 | 1 |
| Common diseases affecting the body systems and drugs used for treatment | 1 | 1 | 2 | 1 |
| **Pharmacology** | | | | |
| Pharmacological calculations | 2 | 2 | 2 | 2 |
| Classification of medications | 2 | 2 | 2 | 1 |
| Pharmacokinetics and pharmacodynamics of medications | 0 | 0 | 1 | 1 |
| Nursing considerations in medication administration (six rights/critical thinking) | 1 | 1 | 2 | 1 |
| **Nursing Fundamentals** | | | | |
| Incidence/prevalence of disease and the health care system | 0 | 0 | 1 | 0 |
| Issues in health care | 0 | 0 | 0 | 0 |
| Therapeutic communication techniques | 1 | 1 | 1 | 2 |
| Cultural considerations in health/illness | 1 | 1 | 1 | 2 |
| Health promotion activities | 1 | 0 | 0 | 0 |
| Infectious process and infection control | 1 | 1 | 1 | 2 |
| Basic nursing care including nutrition (minimum of 15 hours of clinical and 27 hours of lab included in clinical hours total) | 1 | 1 | 1 | Assess skills |
| Nursing assessment (full vs. focused assessment) | 1 | 1 | 1 | 1 |
| Nursing process/critical thinking | 1 | 1 | 1 | 0 |
| Documentation | 1 | 1 | 1 | 1 |
| **Medical-Surgical** | | | | |
| IV fluids and calculations of rates and role of LPN/VN | 1 | 1 | 1 | 2 |
| Drug classifications | 2 | 2 | 2 | 1 |
| Understanding diagnostic studies and LPN/VN role | 1 | 1 | 1 | 1 |
| Care of the surgical patient | 1 | 1 | 1 | 1 |
| Care of the oncology patient (death and dying) | 1 | 1 | 1 | 0 |
| Bloodborne pathogens and standard precautions - integrated | 1 | 1 | 1 | 2 |
| Psychosocial, cultural, spiritual and ethnic considerations with patients - integrated | 1 | 1 | 1 | 1 |
| Community services - integrated | 0 | 0 | 0 | 0 |
| Provide safe and effective care | 2 | 2 | 2 | 2 |
| Physiological implications of disease process - integrated | 1 | 1 | 2 | 1 |
| Obtaining laboratory specimens/interpreting results | 1 | 1 | 1 | 2 |
| Nursing process - integrated | 0 | 0 | 0 | 0 |
| Role of LPN/VN in patient education - integrated | 0 | 0 | 0 | 0 |
| Informed consent - integrated | 2 | 2 | 2 | 0 |
| LPN/VN role in physical assessment - integrated | 1 | 1 | 1 | 2 |
| Care of the older patient - integrated | 1 | 1 | 1 | 0 |

## AN ANALYSIS OF MILITARY CURRICULA WITH THE STANDARD LPN/VN CURRICULUM

Key:
0 = Military curriculum does not meet requirement
1 = Military curriculum partially meets requirement
2 = Military curriculum meets requirement

| Standard LPN/VN Curriculum - Essential Content | Military Occupations | | | |
|---|---|---|---|---|
| | Navy HM0000 | Air Force EMTCP 4N0X1 | Air Force EOMT 4N0X1C | Army Medic 68W Healthcare Specialist |
| Care of patients with cardiovascular and peripheral vascular disorders | 1 | 1 | 2 | 1 |
| Care of patients with respiratory disorders | 1 | 1 | 2 | 1 |
| Care of patients with gastrointestinal disorders | 1 | 1 | 2 | 1 |
| Care of patients with endocrine disorders | 1 | 1 | 2 | 1 |
| Care of patients with immune disorders | 1 | 1 | 1 | 0 |
| Care of patients with skin disorders | 1 | 1 | 2 | 2 |
| Health promotion activities - integrated | 1 | 0 | 0 | 0 |
| Care of patients with blood and lymphatic disorders | 0 | 0 | 2 | 0 |
| Care of the patient with a reproductive disorder | 1 | 1 | 2 | 0 |
| Care of the patient with a musculoskeletal disorder | 1 | 1 | 2 | 1 |
| Care of the patient with a genitourinary disorder | 1 | 1 | 2 | 0 |
| Care of the patient with a sensory disorder (eye and ear) | 2 | 2 | 2 | 1 |
| Care of the patient with a neurological disorder | 1 | 1 | 2 | 1 |
| Care of the patient with a mental health disorder (could be separate or integrated) | 1 | 1 | 2 | 1 |
| Community health nursing | 0 | 0 | 0 | 0 |
| Gerontological nursing | 1 | 1 | 1 | 0 |
| **Maternal and Child Health Nursing** | | | | |
| Impact of family in maternal child health - integrated | 0 | 0 | 0 | 0 |
| Ethical issues in perinatal nursing - integrated | 0 | 0 | 0 | 0 |
| Physiological changes during the perinatal period - integrated | 0 | 0 | 0 | 0 |
| Health promotion in maternal child nursing - integrated | 0 | 0 | 0 | 0 |
| Cultural impact - integrated | 0 | 0 | 0 | 0 |
| Community resources - integrated | 0 | 0 | 0 | 0 |
| Normal growth and development | 1 | 1 | 1 | 2 |
| Providing safe patient care during prenatal/labor and delivery and postnatal | 0 | 0 | 0 | 1 |
| Introduction of maternal/child health with review of reproduction | 0 | 0 | 0 | 0 |
| Prenatal and complications | 0 | 0 | 0 | 0 |
| Providing safe patient care to pediatric patients | 0 | 0 | 0 | 2 |
| Labor and delivery | 0 | 0 | 0 | 2 |
| Postnatal with family; women's health care and care of newborn, including congenital anomalies | 0 | 0 | 0 | 0 |
| Normal infant, toddler, preschooler, school-aged and adolescent child | 0 | 0 | 0 | 0 |
| Care of the pediatric patient, including data collection and procedures | 0 | 0 | 0 | 2 |
| Care of child with fluid and electrolyte imbalances | 0 | 0 | 0 | 1 |
| Care of child with sensory or neurologic conditions | 0 | 0 | 0 | 1 |
| Care of child with musculoskeletal disorders | 0 | 0 | 0 | 1 |
| Care of child with respiratory disorders | 0 | 0 | 0 | 1 |
| Care of child with cardiovascular disorders | 0 | 0 | 0 | 1 |
| Care of child with blood, blood-forming organs or lymphatic disorders | 0 | 0 | 0 | 0 |
| Care of child with gastrointestinal disorders | 0 | 0 | 0 | 1 |

## AN ANALYSIS OF MILITARY CURRICULA WITH THE STANDARD LPN/VN CURRICULUM

Key:
0 = Military curriculum does not meet requirement
1 = Military curriculum partially meets requirement
2 = Military curriculum meets requirement

| Standard LPN/VN Curriculum - Essential Content | Military Occupations | | | |
|---|---|---|---|---|
| | Navy HM0000 | Air Force BMTCP 4N0X1 | Air Force EDMT 4N0X1C | Army Medic 68W Healthcare Specialist |
| Care of child with genitourinary disorders | 0 | 0 | 0 | 0 |
| Care of child with skin disorders | 0 | 0 | 0 | 1 |
| Care of child with endocrine conditions | 0 | 0 | 0 | 1 |
| Care of child with communicable disease | 0 | 0 | 0 | 1 |
| Care of child with psychosocial disorder | 0 | 0 | 0 | 1 |
| **Issues in Nursing** | | | | |
| Legal aspects of nursing | 1 | 1 | 1 | 0 |
| Ethical aspects of nursing | 1 | 1 | 1 | 0 |

### Army Practical Nurse Program (68WM6)

**Description of Role:** The Army practical nurse specialist supervises or performs preventive, therapeutic and emergency nursing care procedures under the supervision of a physician, nurse or noncommissioned officer. Program instruction includes advanced anatomy and physiology, pathophysiology and appropriate nursing care, expanded use of infection control principles, and pharmacokinetics and medication administration. The nursing process is integrated throughout the program. The clinical rotations include medical-surgical, pre- and post-operative, pediatrics, obstetrics, gerontology, emergency room, and critical care settings.

**Length of Course:** Phase 1 is 8 weeks; Phase 2 is 40 weeks.

**Course Description:** This is a two-phase course that provides skills and knowledge necessary to become a proficient entry level LPN/VN. Phase 1 is taught at the Academy of Health Sciences Fort Sam Houston and Phase 2 is taught at designated medical treatment facilities.

**Course Prerequisites:** Prior to enrollment in the course, a student must have a minimum of 24 months of experience as a 68W.

## AN ANALYSIS OF THE ARMY 68WM6 LPN PROGRAM WITH THE STANDARD LPN/VN CURRICULUM

Key:
0 = Military curriculum does not meet requirement
1 = Military curriculum partially meets requirement
2 = Military curriculum meets requirement

| Standard LPN/VN Curriculum - Essential Content | Army 68WM6 |
|---|---|
| **Anatomy and Physiology** | |
| Chemistry of the body, electrolytes and body fluids | 2 |
| Structure and function of cells and tissues | 2 |
| Structure and function of the body systems | 2 |
| Common diseases affecting the body systems and drugs used for treatment | 2 |
| **Pharmacology** | |
| Pharmacological calculations | 2 |
| Classification of medications | 2 |
| Pharmacokinetics and pharmacodynamics of medications | 2 |
| Nursing considerations in medication administration (six rights/critical thinking) | 2 |

## AN ANALYSIS OF THE ARMY 68WM6 LPN PROGRAM WITH THE STANDARD LPN/VN CURRICULUM

Key:
0 = Military curriculum does not meet requirement
1 = Military curriculum partially meets requirement
2 = Military curriculum meets requirement

| Standard LPN/VN Curriculum - Essential Content | Army 68WM6 |
|---|---|
| **Nursing Fundamentals** | |
| Incidence/prevalence of disease and the health care system | 2 |
| Issues in health care | 2 |
| Therapeutic communication techniques | 2 |
| Cultural considerations in health/illness | 2 |
| Health promotion activities | 2 |
| Infectious process and infection control | 2 |
| Basic nursing care including nutrition (minimum of 25 hours of clinical and 27 hours of lab included in clinical hours total) | 2 |
| Nursing assessment (full vs. focused assessment) | 2 |
| Nursing process/critical thinking | 2 |
| Documentation | 2 |
| **Medical-Surgical** | |
| IV fluids and calculations of rates and role of LPN/VN | 2 |
| Drug classifications | 2 |
| Understanding diagnostic studies and LPN/VN role | 2 |
| Care of the surgical patient | 2 |
| Care of the oncology patient (death and dying) | 2 |
| Bloodborne pathogens and standard precautions - integrated | 2 |
| Psychosocial, cultural, spiritual and ethnic considerations with patients - integrated | 2 |
| Community services - integrated | 2 |
| Provide safe and effective care | 2 |
| Physiological implications of disease process - integrated | 2 |
| Obtaining laboratory specimens/interpreting results | 2 |
| Nursing process - integrated | 2 |
| Role of LPN/VN in patient education - integrated | 2 |
| Informed consent - integrated | 2 |
| LPN/VN role in physical assessment - integrated | 2 |
| Care of the older patient - integrated | 2 |
| Care of patients with cardiovascular and peripheral vascular disorders | 2 |
| Care of patients with respiratory disorders | 2 |
| Care of patients with gastrointestinal disorders | 2 |
| Care of patients with endocrine disorders | 2 |
| Care of patients with immune disorders | 2 |
| Care of patients with skin disorders | 2 |
| Health promotion activities - integrated | 2 |
| Care of patients with blood and lymphatic disorders | 2 |
| Care of the patient with a reproductive disorder | 2 |
| Care of the patient with a musculoskeletal disorder | 2 |
| Care of the patient with a genitourinary disorder | 2 |
| Care of the patient with a sensory disorder (eye and ear) | 2 |
| Care of the patient with a neurological disorder | 2 |
| Care of the patient with a mental health disorder (could be separate or integrated) | 2 |

## AN ANALYSIS OF THE ARMY 68WM6 LPN PROGRAM WITH THE STANDARD LPN/VN CURRICULUM

Key:
0 = Military curriculum does not meet requirement
1 = Military curriculum partially meets requirement
2 = Military curriculum meets requirement

| Standard LPN/VN Curriculum - Essential Content | Army 68WM6 |
|---|---|
| Community health nursing | 2 |
| Gerontological nursing | 2 |
| **Maternal and Child Health Nursing** | |
| Impact of family in maternal child health - integrated | 2 |
| Ethical issues in perinatal nursing - integrated | 2 |
| Physiological changes during the perinatal period - integrated | 2 |
| Health promotion in maternal child nursing - integrated | 2 |
| Cultural impact - integrated | 2 |
| Community resources - integrated | 2 |
| Normal growth and development | 2 |
| Providing safe patient care during prenatal/labor and delivery and postnatal | 2 |
| Introduction of maternal/child health with review of reproduction | 2 |
| Prenatal and complications | 2 |
| Providing safe patient care to pediatric patients | 2 |
| Labor and delivery | 2 |
| Postnatal with family; women's health care and care of newborn, including congenital anomalies | 2 |
| Normal infant, toddler, preschooler, school-aged and adolescent child | 2 |
| Care of the pediatric patient, including data collection and procedures | 2 |
| Care of child with fluid and electrolyte imbalances | 2 |
| Care of child with sensory or neurologic conditions | 2 |
| Care of child with musculoskeletal disorders | 2 |
| Care of child with respiratory disorders | 2 |
| Care of child with cardiovascular disorders | 2 |
| Care of child with blood, blood-forming organs or lymphatic disorders | 2 |
| Care of child with gastrointestinal disorders | 2 |
| Care of child with genitourinary disorders | 2 |
| Care of child with skin disorders | 2 |
| Care of child with endocrine conditions | 2 |
| Care of child with communicable disease | 2 |
| Care of child with psychosocial disorder | 2 |
| **Issues in Nursing** | |
| Legal aspects of nursing | 2 |
| Ethical aspects of nursing | 2 |

## Summary and Recommendations

1. After an extensive review of health care specialist (medic), corpsman and airman curricula and comparing it with a standard LPN/VN curriculum, significant differences in content were identified. These differences preclude granting an LPN/VN license to veterans specialized in these areas without additional practical/vocational nurse coursework and clinical experience.
2. For veterans with training and experience as health care specialists (medics), corpsmen and airmen, civilian BON-approved LPN/VN programs should develop bridge programs that are based on individual assessments of each veteran and geared towards helping these individuals acquire the knowledge, skills and abilities needed to practice as an LPN/VN safely without repeating previously acquired content.
3. Each veteran will be leaving the military with varying levels of experience. Some have inserted chest tubes and performed other small surgical procedures, while others have little, if any, experience doing these procedures and instead had other types of responsibilities (nonhealth care related) during their military service. Therefore, it is recommended that the knowledge, skills and abilities of all veterans entering an LPN/VN program should be formally evaluated/assessed prior to beginning a program. If proficiency is demonstrated, this should be accounted for in the LPN/VN program to assist in accelerating the education process.
4. After successful completion and graduation from the LPN/VN program, the veteran must pass the NCLEX-PN® Examination prior to licensure as an LPN/VN.
5. While the courses offered in military programs are comprehensive and rigorous, a veteran who has been a health care specialist (medic), corpsman or airman must learn the role of the nurse, the nursing process and the science of nursing care. The veteran must learn the role of the LPN/VN, the scope of practice and the principles of delegation in order to practice competently and safely. This is acquired through formal education, both clinical and didactic, and must be integrated throughout the course of study.
6. The Army LPN Program is comparable to a standard LPN/VN program approved by BONs.

## Talking Points: Military Training Exception

NCSBN supports veterans entering the nursing profession. We would like these hard working individuals to succeed and experience long and rewarding careers in the field of nursing.

- **The roles and responsibilities of registered nurses (RNs) and licensed practical/vocational nurses (LPN/VNs) are different from that of health care specialists (medics), corpsmen and airmen. Thus, the training for these military occupations is different from that of nursing education programs.**

  Even within the military, RNs and LPNs have separate roles and responsibilities from health care specialists (medics), corpsmen or airmen. The military requires RNs working in military facilities to hold a bachelor's degree in nursing and meet all the requirements of a civilian nursing program approved by a board of nursing (BON). A health care specialist (medic) or corpsman can only become an RN in the military by completing an RN program. Educational exemptions are not offered based on experience or another type/level of training.

  Currently, the Army is the only service with an LPN occupational specialty. Certain MOS 68W soldiers (Army combat medics) can attend a course to become an entry level LPN. Students are required to sit for the NCLEX-PN® Examination and obtain licensure as an LVN. Thus, LPNs in the Army receive a substantial amount of additional education above and beyond training as a health care specialist (medic), corpsman or airman.

- **LPN/VN education is different than the training received by health care specialists (medics), corpsmen or airmen.**

  After an extensive review of the health care specialist (medic), corpsman and airman curricula and comparing it with a standard LPN/VN curriculum, significant differences in content were identified. The military occupations lack content in the nursing process, health promotion and prevention, care of the pediatric patient, care of the obstetric patient, care of the older adult/geriatric patient, and chronic care management. In addition, the role of the LPN/VN is different from the military health care occupations cited in this report. The veteran needs time to learn a new scope of practice, acclimate to the role of an LPN/VN, and learn how to think and act like an LPN/VN. For those who have only worked on the battlefield, coursework will be needed on the health care delivery system, including hospital systems and long-term care. For a full listing of the educational differences, please review "NCSBN Analysis: A Comparison of Selected Military Health Care Occupation Curricula with a Standard Licensed Practical/Vocational Nurse Curriculum."

- **Allowing health care specialists (medics)/corpsmen/airmen to bypass educational requirements and sit unprepared for the NCLEX® is costly and can undermine test taker confidence.**

- **Graduation from a BON approved LPN/VN program is mandatory for all individuals wishing to be licensed as LPN/VNs; however, some LPN/VN content may overlap and be repetitive of the military occupation program content. NCSBN supports and encourages the development of LPN/VN bridge programs that allow health care specialists (medics), corpsmen and airmen credit for the knowledge, skills, and abilities they acquired in the military and focus content on gaps in knowledge, the nursing process and differences between the military and LPN/VN roles and scope of practice.**

  The Army is the only branch of the military to offer an LPN program that provides the training necessary to be licensed as a practical/vocational nurse. NCSBN recommends the development of civilian LPN/VN bridge programs geared towards assisting veterans in mastering the knowledge, skills and abilities needed to practice safely without repeating previously acquired content.

NCSBN represents U.S. BONs and supports the initiative to transition veterans to careers in nursing. NCSBN is working with many groups to address different aspects of this project and should be involved in any discussions regarding this endeavor so that it can assist in assuring veterans have a safe and smooth transition into a career in nursing.

# LIST OF ACRONYMS AND TERMS

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# ACRONYMS

| | |
|---|---|
| AB | Assembly Bill |
| ACEN | Accreditation Commission for Educators in Nursing |
| ACNL | Association of California Nurse Leaders |
| ADN | Associate Degree in Nursing |
| AEO | Assistant Executive Officer |
| AG's Office | Attorney General's Office |
| AGPA | Associate Governmental Program Analyst |
| ALJ | Administrative Law Judge |
| APRN | Advanced Practice Registered Nurse |
| ATT | Authorization to Test |
| B&P Code | Business and Professions Code |
| BCP | Budget Change Proporsal |
| BPPE | Bureau for Private Postsecondary Education |
| BRN | Board of Registered Nursing |
| BSN | Bachelor of Science in Nursing |
| C&P | Classification & Pay |
| CACN | California Association of Colleges of Nursing |
| CAS | Consumer Affairs System |
| CAT | Computerized Adaptive Testing |
| CCNE | Commission on Collegiate Nursing Education |
| CCR | California Code of Regulations |
| CE | Continuing Education |
| CEP | Continuing Education Provider |

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|---|---|
| CINHC | California Institute for Nursing and Health Care |
| CNM | Certified Nurse-Midwife |
| CNS | Clinical Nurse Specialist |
| COADN | California Organization of Associate Degree Nursing Program Directors |
| CPEI | Consumer Protection Enforcement Initiative |
| CRNA | Certified Registered Nurse Anesthetist |
| CSNA | California Student Nursing Association |
| CSU | California State University |
| CURES | Controlled Substance Utilization Review and Evaluation System |
| DCA | Department of Consumer Affairs |
| DCA-HR | Department of Consumer Affairs – Human Resources |
| DDC | Diversion/Discipline Committee |
| DEA | Drug Enforcement Administration |
| DEC | Diversion Evaluation Committee |
| DOE | Department of Education |
| DOI | Division of Investigation |
| DOJ | Department of Justice |
| EIW | Education Issues Workgroup |
| ELM | Entry Levels Master's Degree |
| FAQ | Frequently Asked Question |
| FBI | Federal Bureau of Investigations |
| FTB | Franchise Tax Board |
| FY | Fiscal Year |

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|---|---|
| HRSA | Health Resources and Services Administration |
| ICV | Interagency Council on Veterans |
| IOM | Institute of Medicine |
| IP | Interim Permit |
| IRS | Internal Revenue Service |
| ISO | Interim Suspension Order |
| LPN | Licensed Practical Nurse |
| LT | Limited Term |
| LVN | Licensed Vocational Nurse |
| MST | Management Services Technician |
| MOU | Memorandum of Understanding |
| NA | Nurse Anesthetist |
| NCLEX-RN | National Council Licensure Examination – Registered Nurse |
| NCSBN | National Council of State Boards of Nursing |
| NEC | Nursing Education Consultant |
| NMAC | Nurse-Midwife Advisory Committee |
| NP | Nurse Practitioner |
| NPA | Nursing Practice Act |
| NPAC | Nurse Practitioner Advisory Committee |
| NPDB | National Practitioners Data Bank |
| NWAC | Nursing Workforce Advisory Committee |
| OA | Office Assistant or Occupational Analysis |
| OAH | Office of Administrative Hearings |
| OAL | Office of Administrative Law |

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|---|---|
| OSHPD | Office of Statewide Health Planning and Development |
| OT | Office Technician |
| PHN | Public Health Nurse |
| RCA | Revenue Collected in Advance |
| RN | Registered Nurse |
| SB | Senate Bill |
| SI | Special Investigator |
| SME | Subject Matter Expert |
| SOI | Statement of Issues |
| SSM | Staff Services Manager |
| TL | Temporary License |
| UCSF | University of California, San Francisco |
| U.S. | United States |

## TERMS

| | |
|---|---|
| The Board | The nine appointed members |
| BreEZe | DCA computer system implemented at the BRN in October 2013 |
| CalREACH | Responsive Electronic Application for California's Healthcare by OSHPD to Manage Health Care Education Loans, Scholarships and Grants |
| MAXIMUS | Contractor for BRN Diversion Program |
| NURSYS® | Computerized Discipline Information Exchange System by NCSBN |

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# BRN DIVERSION PROGRAM

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# Diversion Program

### *Background*

During the 1970s and 1980s new models for approaching health care professionals with substance use disorders were developed in order to enhance state boards of nursing's ability to provide public protection and promote earlier identification and intervention into the practice of nurses with substance abuse or substance use disorders. Before the introduction of these alternatives to discipline programs, drug addiction in the health care industry was addressed punitively. This gave no avenue to nurses to seek treatment. The Board of Registered Nursing (BRN) Diversion program was created in 1985 (B&P Code Section 2770-2770.14 and CCR Section 1446-1449) as an alternative to disciplinary action for Registered Nurses (RNs) whose practice may be impaired due to substance use disorder or mental illness. It was added as another tool to assist the Board in intervening into the practice of those RNs whose substance abuse or substance use disorder has not risen to the threshold of actual harm to the public.

### *Overview*

The BRN Diversion Program fulfills two major purposes: first, it protects the public by protecting the health and welfare of patients by providing immediate intervention in the practice of the impaired RN. This is done by immediately removing the RN, who may have substance use and abuse disorders or mental illness, from the work place and placing the license on inactive status so the nurse does not work while focusing on recovery. Second, it provides a comprehensive program which requires immediate evaluation, treatment, close monitoring, support, and recovery of the RN to prevent future problems. This enables the RN to eventually be returned to practice in a manner that assures patient safety or to assist in the permanent removal of the RN from practice if he or she is no longer suitable for the nursing profession.

The Diversion Program has proven to be a successful alternative to the lengthier and costlier disciplinary process. It is a voluntary program that provides public protection by including the BRN, the Contractor, Diversion Evaluation Committee (DEC) members, Nurse Support Groups, Drug Testing Laboratories, Evaluators, and Work Site Monitors, all working together as a team to provide comprehensive evaluations and monitoring of RNs in the Program. Within ten days of the initial evaluation, all RNs entering the Program are removed from practice, compared to the disciplinary process where the BRN is extremely limited on what can be done quickly to remove a substance abusing or potentially impaired nurse from practice. In the disciplinary process, there are considerable legal restraints that impact the BRNs ability to intervene quickly where there is no blatant incident of misconduct. The disciplinary process entails lengthy investigations, review by attorneys, drafting and editing accusation documents which start the legal process. The public can be at risk for a substantial period of time until the RNs case is heard.

Participants join the Diversion Program either by self- or BRN referral. Since 1985, there has been 4,857 RNs who have entered the Program, the majority 3,547 by BRN referral. BRN referrals include those who are offered the program as an alternative to the discipline process. Approximately 80% of the RNs offered this alternative accept the Program. All RNs entering the Diversion Program are evaluated by a RN with training and background in substance use or mental health disorders and/or is a licensed mental health professional selected by the BRN Diversion Program staff.

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### *Outcomes*

Several factors contribute to the success of the Diversion Program of which 1,893 RNs have successfully completed, resulting in the return of safe, rehabilitated nurses to the workforce. Some of these factors include:

- Early and immediate intervention. Research indicates that the earlier the identification and referral of individuals into treatment, the better the treatment outcomes.
- Strict eligibility criteria.
- Prohibiting the RN from resuming practice until deemed safe by their DEC.
- Development of an individualized rehabilitation plan that becomes a contract between the participant and the Diversion Program.
- Close monitoring of participants for compliance with their contract.
- Requirement to have a work site monitor prior to job approval when returning to practice.
- Participants' involvement in Nurse Support Groups.
- Stringent criteria for determining successful completion.

One measure of the Diversion Programs success is the number of successful graduates. Another indicator is the relapse or recidivism rate. In order to calculate relapse rate, the number of enrolled participants who relapsed during the year are divided by the total number of Program participants for that year. For FY 2012/13 the relapse rate calculated in this way was 6.7%. For FY 2013/14, the relapse rate was 8.8%.

### *Cost Effectiveness*

The cost effectiveness of alternative programs such as the Diversion Program has been demonstrated in several research studies. The BRN saves the costs of investigations, Attorney General's (AG's) Office and administrative hearings. RNs are more quickly referred into a monitoring structure and enter treatment earlier. According to the cost/benefit analysis completed by the BRN as it relates to the Diversion Program; the cost to rehabilitate a RN in the Diversion Program was one third less expensive than the cost to discipline through the Enforcement process. Additionally by retaining nurses, rather than terminating them, the employer saves the cost of recruiting and training new nurses. Allowing the RN to seek treatment for their disease and resume practice once determined safe becomes a win-win approach that enhances patient safety by early intervention while providing the opportunity for rehabilitation and retention of valuable professionals.

The cost of the Diversion Program includes the cost of the vendor contract, DEC members travel reimbursement and per diem. The BRN Diversion Program contract is with the vendor MAXIMUS. The cost of the meetings is included in the contract. The BRN is charged $306 per participant per month through the contract, which includes the meeting costs, however, Diversion Program participants pay a $25.00 per month co-pay to help offset the BRN costs thus the BRN pays the vendor $281 per participant. The total contract cost by FY is in the table below. In addition, the BRN reimburses DEC members for their travel, which is less than $20,000 per year as DEC members are recruited throughout California to serve on DECs near their residence. The BRN also pays DEC members a per diem amount of $100 per day. The total FY 2013/14 per diem cost for all members for all meetings was approximately $74,000.

| *DIVERSTION PROGRAM STATISTICS* | FY 2011/12 | FY 2012/13 | FY 2013/14 |
|---|---|---|---|
| **Total Program Contract Costs*** | $1,352,817 | $1,391,156 | $1,445,958 |
| **Total Participants** | 486 | 474 | 460 |
| **Successful Completions** | 102 | 110 | 114 |
| **Unsuccessful Completions** | 106 | 80 | 93 |

* Monies to contractor.

### *Diversion Program Audits*

The BRN and the vendor MAXIMUS work together and thus when MAXIMUS is audited, the BRN is also audited as the vendors work cannot be separated from the BRN work. The BRN provides oversight and direction, and determines that the mandates of the contract are being met as all aspects of participant monitoring is done through the contract. The Diversion Program was audited in 2009 and 2010 and MAXIMUS was found to be in compliance with the contract provisions. They were provided with some recommendations for corrective actions to be implemented. Follow-up visits and reports indicated that MAXIMUS had demonstrated evidence that all corrective actions had been implemented.

MAXIMUS is certified by the International Standards Organization, an international quality review organization. The MAXIMUS Diversion Program is visited annually by International Standards Organization auditors and certification occurs every three years and the most recent certification was effective April 1, 2014. The reviews focus on the organization's quality standards, attention to client satisfaction, and adherence to policies and procedures that the support the contract requirements. The MAXIMUS Diversion Program is the only program of this type in the world to have achieved this certification.

## Diversion Evaluation Committees

### *Overview*

The BRN uses the services of the vendor MAXIMUS through the contract with the Department of Consumer Affairs (DCA) for Diversion Program participants only. Probation monitoring services are not included as that is completed by BRN probation monitor staff. The role of the DEC is not to monitor the Diversion Program participants, but to evaluate the progress of each participant based on compliance information provided by the vendor. DEC members serve as the rehabilitation planning team and have background and training in substance use or mental health disorders, many of the DEC members are also in recovery themselves. Their knowledge of mental health and addiction and the availability of services within the community are extremely valuable to the program. Each DEC brings approximately 150 years of combined cumulative experience to the meetings in addition to the BRN staff representative and the MAXIMUS case manager who also attend. This brings a variety and extensive knowledge base of addiction to each DEC meeting.

At each meeting, the DEC evaluates participants to determine their progress in meeting the requirements of their recovery agreement. Research indicates that 70% of nurses with substance use disorders who seek

treatment are estimated to successfully return to practice. This indicates that it is a treatable illness and creation of a supportive environment adds to the effectiveness of treatment. Recovering nurses cite support from their colleagues as the most important factor in their return to work.

### *Membership/Composition*

The composition of the DECs is outlined in B&P Code Sections 2770.2 through 2770.5. DEC membership is advertised by the BRN and when applications are received they are reviewed by BRN staff who then make recommendations to the Board. The Board then appoints the DEC members. Appointments are made considering membership needs in the different geographic areas of California. Each DEC consists of five members, three RNs, one physician, and one public member make up each DEC. There are 14 BRN DECs across the state and each one meets quarterly. There are a total of 70 DEC members (42 RNs, 14 physicians and 14 public members). Physician members are typically psychiatrists or addictionologists and public members are typically licensed social workers, drug addiction counselors, or therapists who specialize in the field of recovery.

### *Meetings*

The vendor, MAXIMUS, works with BRN staff on the meeting schedule and is responsible for scheduling the DEC meetings, procuring the meeting locations, and facilitating the meetings. To date there has been no difficulties in scheduling the meetings. The 14 DECs each meet four times per year, thus each fiscal year there have been 56 DEC meetings held at various locations throughout the state. Meeting length varies from one to one and one half business days, depending upon the number and type of participants scheduled to be seen. All meetings comply with the Open Meetings Act. They are all posted on the BRN website within ten days in advance of the meeting and only occur when a quorum of the DEC members is present. The meeting is conducted as an open meeting, it is called to order and the public may attend to make comments and/or ask questions. The meeting then goes into closed session in which individual, confidential participant meetings occur.

Each meeting averages 17 participant cases. This varies depending upon the type of participant as new applicants require additional time for evaluation. Returning participants and those preparing to graduate generally require less time. There is no backlog of participants waiting to be seen. New participants have been evaluated previously by an RN and are seen by the DEC for the first time within the first four months of participation. The frequency of meetings for each participant is determined by the DEC but minimally once a year.

The cost of the meetings is included in the contract with MAXIMUS. The BRN is charged $306 per participant, per month which includes the meeting costs. Diversion Program participants pay $25.00 per month to help offset BRN costs which are considered in the contract and deducted from each participant fee in the cost billed to the BRN in the contract. The BRN reimburses DEC members for their travel, which is minimal as DEC members are recruited throughout California to serve on DECs near their residence. The BRN also pays DEC members a per diem amount of $100 per day. The total FY 2013/14 per diem cost for all members for all meetings was approximately $74,000.

### *Role of the DEC*

The DEC sees Diversion Program participants which includes RNs who may be impaired due to substance use disorder or mental illness and whose disorder has not risen to the threshold of actual harm to the public. Participants join the Diversion Program by either self- or BRN referral. The DEC will determine if the RNs

participation in the program is within the BRN Diversion Program regulations and guidelines. Once suitability for participation is determined; a treatment plan contract is developed and reviewed in detail with the RN by the DEC. A case consultant is selected from the DEC membership and together with MAXIMUS and BRN program staff, provides supervision and support for the RN throughout the course of the Diversion Program participation.

The role of the DEC is to evaluate the progress of the RN and to make decisions regarding their program requirements on behalf of the BRN. The DEC interviews the participant and reviews their compliance with the recovery terms, their activities in the recovery process, and considers any requests for changes the RN may present. When the time comes, the DEC will evaluate the RNs progress and determine safety to return to nursing practice. The contract will specify the type of nursing practice which is acceptable and any restrictions placed to be placed on their practice. A RN, who is the immediate supervisor of the participant, will be identified as a work site monitor. The work site monitor must be aware of the Diversion Program contract and provide regular assessment of the participant's work performance to the DEC. As the participant demonstrates continued recovery, the DEC will systematically remove restrictions by revising the contract. An RN who meets all the criteria set by the DEC for completion and has demonstrated that they are a safe, recovering nurse will be successfully released and completed from the Diversion Program.

### *DEC Recommendations Rejected by the Board*

No DEC recommendations have been rejected by the Board. A BRN staff person attends each DEC meeting to assure policies and procedures are being followed. The staff is aware of the discussion and may provide input into decisions that are rendered. The DEC meetings are subject to and follow the Bagley-Keene Open Meetings Act.

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**BOARD OF REGISTERED NURSING**
**Education/Licensing Committee**
**Agenda Item Summary**

**AGENDA ITEM:** 7.1
**DATE:** September 18, 2014

**ACTION REQUESTED:** Vote On Whether To Ratify Minor Curriculum Revisions 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:

- California State University, Chico Baccalaureate Degree Nursing Program
- Holy Names University LVN to BSN Baccalaureate Nursing Degree Program
- Chabot College Associate Degree Nursing Program
- College of San Mateo Associate Degree Nursing Program
- College of the Canyons Associate Degree Nursing Program
- College of the Sequoias Associate Degree Nursing Program
- De Anza College Associate Degree Nursing Program
- Grossmont College Associate Degree Nursing Program
- ITT Technical Institute, Rancho Cordova Breckinridge School of Nursing Associate Degree Nursing Program
- Kaplan College Associate Degree Nursing Program
- Los Angeles Harbor College Associate Degree Nursing Program
- Los Angeles Valley College Associate Degree Nursing Program
- Sacramento City College Associate Degree Nursing Program
- Shepherd University Associate Degree Nursing Program
- Sierra College Associate Degree Nursing Program
- Southwestern College Associate Degree Nursing Program
- University of California, Irvine Nurse Practitioner Program
- University of San Diego Hahn School of Nursing Nurse Practitioner Program

Acknowledge Receipt of Program Progress Report:

- Long Beach City College Associate Degree Nursing Program
- Mt. San Jacinto College, MVC Associate Degree Nursing Program
- West Coast University – Inland Empire Campus Baccalaureate Degree Nursing Program

**NEXT STEP:** Notify the programs of Board action.
**PERSON TO CONTACT:** Leslie A. Moody, RN, MSN, MAEd,
Nursing Education Consultant

# MINOR CURRICULUM REVISIONS
## Education/Licensing Committee
**DATE:** August 7, 2014

| SCHOOL NAME | APPROVED BY NEC | DATE APPROVED | SUMMARY OF CHANGES |
|---|---|---|---|
| California State University, Chico Baccalaureate Degree Nursing Program | K. Daugherty | 05/16/2014 | Discontinue the LVN to BSN Degree program option effective Spring 2014 as approved by CSU Chico Executive Memorandum EM-14-010. |
| Holy Names University LVN to BSN Baccalaureate Nursing Degree Program | K. Daugherty | 04/15/2014 | Change general education course requirements to accept any linguistics and religion courses to meet other degree/graduation requirements. CRL and TCP forms updated accordingly including needed calculation corrections. |
| Chabot College Associate Degree Nursing Program | K. Daugherty | 05/09/2014 | Delete N72, the BRN approved work study course; clinical agencies no longer have the financial resources to support clinical placements for this course. Should the program decide to re-institute in the future the appropriate changes will be submitted to the BRN prior to implementation. |
| | | 05/29/2014 | Effective Fall 2014, the program will no longer admit a cohort of program students specifically designated as the "Valley-Livermore Extended campus cohort. Valley Health Care System has notified the college that changes in the financial and administrative situation for the hospital preclude any additional financial support at this time. The currently enrolled extended campus cohort will be financially supported by Valley Health Care System through Spring 2015 program completion. Chabot College Nursing program will continue to use the Valley Health Care clinical sites and occasionally use the skills/simulation lab facilities at the extended campus site in Livermore. |
| | | 06/26/2014 | Submitted required minor curriculum change and updated CRL/TCP forms to reflect N84 course requirement (.5 unit) for advanced placement for the LVN to AD and LVN 30 unit options to correct area of non-compliance identified during the May 2014 continuing approval visit. No other changes in CRL/TCP forms required. |
| College of San Mateo Associate Degree Nursing Program | S. Engle | 06/02/2014 | Due to state regulations regarding repeatability of courses, deleted Nursing 808 Open Lab for Nursing - which was repeatable 4 times with variable units - and added four new courses; Nursing 816, 817, 818 and 819 with 0.5 units each. Total units for licensure changed from a range of 69.5-73.5 to 69.5. Updated curriculum forms reflect the changes. |

# MINOR CURRICULUM REVISIONS
## Education/Licensing Committee
**DATE:** August 7, 2014

| SCHOOL NAME | APPROVED BY NEC | DATE APPROVED | SUMMARY OF CHANGES |
|---|---|---|---|
| College of the Canyons Associate Degree Nursing Program | L. Shainian | 05/28/2014 | Biology 250, Human Anatomy and Physiology, is no longer being offered by College of the Canyons and will no longer be a basic sciences option for the pre-licensure registered nursing curriculum. BIO 204, Human Anatomy and Physiology I, and BIO 205, Human Anatomy and Physiology II, will not be accepted for the LVN 30 Unit Option which requires only Physiology. These changes do not affect program content, courses, objectives, or units. CRL/TCP forms have been updated to reflect the changes. |
| College of the Sequoias Associate Degree Nursing Program | S. Engle | 05/23/2014 | Reconfigured NURS 151 Introduction Promote and Restore Wellness course from 2 theory units and 1 clinical unit to 1.5 theory and 1.5 clinical units to meet course skills objectives. Curriculum forms were adjusted to reflect the change. |
| De Anza College Associate Degree Nursing Program | S. Engle | 06/03/2014 | Per changes in the college's course numeration system, all required nursing course numbers were changed from 50 series numbers to 80 series numbers, e.g., Nurs 51P was changed to Nurs 81P. No changes were made to course content or program units. Curriculum forms were updated to reflect the new course numbers. |
| Grossmont College Associate Degree Nursing Program | L. Shainian | 06/25/2014 | Other Degree Requirements will be decreased by 6 units: BIO 120 Intro to Biology pre-req (4u) and Exercise Science and Wellness (2u) will be eliminated in an effort to meet ACEN recommendation to reduce total units and also to meet CSU transfer requirements for the ADN to BSN pathway. This reduction in units will decrease student cost, time and effort to complete the degree. Prior changes to two courses (Biology 141L Laboratory in Human Physiology; Biology 140 Human Anatomy) are being reported as having been previously updated. Total units for licensure remains the same. The changes to Other Degree Requirements will decrease total units for graduation from 72-73 to 67-68. TCP and CRL reflect these changes. |
| ITT Technical Institute, Rancho Cordova Breckinridge School of Nursing Associate Degree Nursing Program | K. Daugherty | 5/19/2014 | Change the course number for the Nursing Roles I course from N1210 to N1215 effective June 16, 2014 without any changes in course content, units or course sequence. |

# MINOR CURRICULUM REVISIONS
## Education/Licensing Committee
**DATE:** August 7, 2014

| SCHOOL NAME | APPROVED BY NEC | DATE APPROVED | SUMMARY OF CHANGES |
|---|---|---|---|
| Kaplan College Associate Degree Nursing Program | L. Moody | 05/21/2014 | The NURS260 Advanced Med/Surg course student clinical rotations will be conducted in a standard group cohort approach rather than the perceptorship format previously utilized. |
| Los Angeles Harbor College Associate Degree Nursing Program | B. Caraway | 05/30/2014 | QSEN competencies are reflected in the curriculum by: incorporating them into the nursing curriculum; mentioning the concepts as being applicable with the prior BRN-approved curriculum concepts; and updating the program Student Learning Outcomes (SLOs) .This update did not alter the program's philosophy, objectives or course content, and is intended to reflect the emphasis on QSEN competencies at each of the clinical evaluation criteria without changing the evaluation criteria wording in any other way. |
| Los Angeles Valley College Associate Degree Nursing Program | L. Shainian | 07/02/2014 | There will no longer be a 6-week preceptorship course (Nursing Science 114 Leadership and Management) in 4th semester. This 3-unit course will be eliminated. Instead, the leadership/management theory content (0.5units) will be absorbed into Nursing Science 108 Medical-Surgical Nursing III (4th semester). The remaining 2.5 units of clinical will be eliminated as Nursing Science 108 MS Nursing III, and Nursing 112 Care of Children & Family (4th semester), will be extended from 5 to 8 weeks so that these courses will mirror all nursing courses offered in first, second and third semesters. This change is being proposed to reduce the amount of hours to the Total Program Credits, and to provide students a more stable 4th semester clinical experience. Lastly, Physiology 8 & 9 is no longer offered at LAVC as options. This revision will result in a decrease of 2.5 nursing units. Total units for licensure will decrease from 76 to 73.5 units. TCP and CRL reflect these changes. |
| Sacramento City College Associate Degree Nursing Program | K. Daugherty | 04/23/2014 | Pilot test a modified preceptorship experience for one clinical group of N437 students in Spring 2014 that includes a combination of faculty led supervision each shift and multiple RN staff preceptors vs. having one or two staff preceptors. The effectiveness of the modified experience will be evaluated at the end of the Spring term. |

# MINOR CURRICULUM REVISIONS
## Education/Licensing Committee
**DATE:** August 7, 2014

| SCHOOL NAME | APPROVED BY NEC | DATE APPROVED | SUMMARY OF CHANGES |
|---|---|---|---|
| Shepherd University Associate Degree Nursing Program | M. Minato | 06/3020/14 | Program submitted a curriculum change to make their first two semesters of the curriculum consisting of GE courses be required for their students being admitted as prerequisites. This will make their three year curriculum (6 semesters) to a two-year curriculum, consisting of four semester of nursing courses. No changes to the required units for licensure and obtaining ADN degree. The school will continue to offer the prerequisite GE courses on campus. |
| Sierra College Associate Degree Nursing Program | K. Daugherty | 06/10/2014 | Effective August 1, 2014, the nursing program will move back to the main campus in Rocklin at 5000 Rocklin Road, Rocklin California, 95677. The mailing and physical address will be the same. The physical space for the nursing program is comparable in size to the current space and will include three buildings in a " nursing village" with: administrative and faculty offices, a small lecture demonstration lab in building #1, a large lecture hall/computer lab in building #2, and four skills labs(one configured as an actual nursing unit) in building #3. No other program or organizational changes are associated with this move. Program enrollment remains steady at 80 students annually. The program director reports program resources are adequate to support effective, ongoing implementation of the program. |
| Southwestern College Associate Degree Nursing Program | L. Moody | 06/04/2014 | The following revisions to courses/units will be made: decrease total science prerequisite units from 14 units to 12 units, reducing from 5 units to 4 units each for BIOL260 Human Anatomy and BIOL265 Microbiology; decrease of communication units requirement by reducing English prerequisite units from 4 units to 3 units; eliminate BIOL 193 as an option for ADN prerequisites as it is not an acceptable CSU transfer course; decrease LVN 30 Unit Option from 30 to 29 units related to decrease in Microbiology units. Total Units For Licensure will now be 63 semester units (previously 62-66) and Total Units for Graduation will now be 70 semester units (previously 69-73 units). The revision reduces student time and expense for ADN program completion while ensuring requirements are met for entry into the California State University system ADN-BSN programs. |

# MINOR CURRICULUM REVISIONS
## Education/Licensing Committee
**DATE:** August 7, 2014

| SCHOOL NAME | APPROVED BY NEC | DATE APPROVED | SUMMARY OF CHANGES |
|---|---|---|---|
| University of California, Irvine Nurse Practitioner Program | L. Moody | 05/21/2014 | Several courses were re-sequenced across the program to improve progression and pairing of content within each quarter. One quarter unit was moved from NS285 Clinical Practicum I to NS289 Clinical Practicum V to improve distribution of clinical hours consistent with content demands of each course. There were no changes to overall curriculum content and total program hours. These revisions were made in response to student feedback and will become effective for all students admitted May 2014 and after. |
| University of San Diego Hahn School of Nursing Nurse Practitioner Program | L. Moody | 04/28/2014 | Total Curriculum Plan documents for all NP program options were revised to reflect corrected theory hours based on a 16-week semester. |
| | | 06/23/2014 | Revisions were made affecting four courses of the NP program's psych/mental health track. Course names are changed as follows: NPTC 657 Primary MH Care III becomes NPTC 657 Primary MH Care V: Psychotherapy Groups & Systems; NPTC 624 Pyschopharmacology becomes NPTC 624 Primary MH Care III: Psychopharmacology; NPTC 653 Individual Psychotherapy Adults becomes NPTC 653 Primary MH Care IVA: Individual Psychotherapy I. Course sequencing is changed as follows: NPTC 657 moves from Summer Semester 1 to Spring Semester 2; NPTC 624 moves from Fall Semester 2 to Summer Semester 1. To improve strength, bridging and progression of clinical experiences across the program, clinical units were redistributed between four courses with one course (NPTC624) adding clinical units where they did not previously exist: NPTC657 reduced 1 unit; NPTC624 added 2 units; NPTC653 added 1 unit; NPTC655 reduced 2 units. Total program units remained the same. These revisions will improve the learning experience for students and facilitate more effective faculty instructional assignments, and will be implemented for currently enrolled as well as future admitted students. |

# MINOR CURRICULUM REVISIONS
## Education/Licensing Committee
**DATE:** August 7, 2014

| SCHOOL NAME | APPROVED BY NEC | DATE APPROVED | PROGRESS REPORT |
|---|---|---|---|
| Long Beach City College Associate Degree Nursing Program | S. Ward | 06/10/2014 | NEC visited the program to evaluate the space that the nursing program has temporarily relocated to on campus and the resources available to students and faculty while the primary program location is remodeled. The program intends to move back to Building C after the completion of the remodel projected to be in Fall 2015 or Spring 2016. |
| Mt. San Jacinto College, MVC Associate Degree Nursing Program | S. Ward | 06/10/2014 | The program submitted a progress report dated 6/9/14 to inform the NEC that students enrolled in the NURS-226- Childbearing Families course completed the Spring 2014 course in the 2nd half of the semester according to the alternate schedu that was required to address the unexpected faculty resignation at the beginning of the semester. |
| West Coast University – Inland Empire Campus Baccalaureate Degree Nursing Program | S. Ward | 06/25/2014 | A scheduled interim visit was conducted at the West Coast University- Inland Empire (Ontario) campus location on 6/24/14. The visit was conducted as noted in the November 6, 2013 BRN Board Meeting Minutes to align the program review previously due in Fall 2014 at this location, with the approval visit dates for the (2) other WCU campus locations, and to speak with students about program issues tha were recently communicated to the program's NEC. NECs provided guidance on several issues for the program director and the assigned location assistant director. |

**BOARD OF REGISTERED NURSING**
**Education/Licensing Committee**
**Agenda Item Summary**

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**AGENDA ITEM:** 7.2
**DATE:** September 18, 2014

**ACTION REQUESTED:** Vote On Whether To Approve Education/Licensing Committee Recommendations

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

**BACKGROUND:** The Education/Licensing Committee met as a Sub-Committee (due to lack of Committee quorum) on August 7, 2014 and makes the following recommendations:

A. Continue Approval of Prelicensure Nursing Program
- Simpson University Baccalaureate Degree Nursing Program
- Chabot College Associate Degree Nursing Program
- College of the Canyons Associate Degree Nursing Program
- Mt. San Antonio College Associate Degree Nursing Program
- Porterville College Associate Degree Nursing Program
- Sacramento City College Associate Degree Nursing Program
- San Bernardino Valley College Associate Degree Nursing Program
- University of San Diego Hahn School of Nursing Entry Level Master's Degree Nursing Program

B. Defer Action to Continue Approval of Prelicensure Nursing Program
- Holy Names University LVN to BSN Baccalaureate Degree Nursing Program
- Kaplan College Associate Degree Nursing Program

C. Continue Approval of Advance Practice Nursing Program
- Holy Names University Family Nurse Practitioner Program
- University of San Diego Hahn School of Nursing Nurse Practitioner Program

D. Approve Major Curriculum Revision
- California State University, Bakersfield Nurse Practitioner Program

A summary of the above requests and actions is attached.

**NEXT STEPS:** Notify the programs of Board action.

**PERSON TO CONTACT:** Leslie A. Moody, RN, MSN, MAEd
Nursing Education Consultant

**Education/Licensing Committee, Sub-Committee Recommendations**
**From meeting of August 7, 2014**

**The Education/Licensing Committee met as a Sub-Committee due to lack of Committee quorum on August 7, 2014 and makes the following recommendations:**

## A. CONTINUE APPROVAL OF PRELICENSURE NURSING PROGRAM

- **Simpson University Baccalaureate Degree Nursing Program.**

**Ms. Kristie Stephens, Dean/Program Director.**

Kristie Stephens, MSN, RN was appointed Dean and new Program Director (PD) following the retirement of PD Jan Dinkel in June 2014. Ms. Dinkel had been the PD from program inception thru June 2014. Ms. Louann Bosenko, MSN, RN is the program Assistant Director. Ms. Stephens reports to SU Provost Dr. Gayle Copeland. SU is a WASC accredited private not for profit Christian university located in Redding, California. Total university enrollment is ~1,100 students. The nine semesters nursing program of study graduated its first class in Spring 2013 and a second class in Spring 2014 resulting in a total of 47 (number corrected from previous report at ELC) graduates to date. Program admission occurs once a year each Spring term and is limited to 30-32 students due to limited clinical placement availability in the region and faculty recruitment and retention challenges. Since inception, the program has graduated 20 students in Cohort #1 and 27 in Cohort #2. Current program enrollment is 65 students and aggregated program retention is ~91%. In August 2014, nursing will move into a new state of the art Science and Nursing building that will house both the pre-licensure and SU's RN to BSN degree programs. In January 2015, SU is scheduled for an initial Collegiate Commission for Nursing Education (CCNE) program accreditation visit.

Katie Daugherty, NEC conducted the program's first full continuing approval visit from April 8-10, 2014. One area of non-compliance CCR 1431 NCLEX Passing Standard below 75% was identified and five areas of recommendations CCR 1420/1424 Program Administration/Evaluation/Resources; CCR 1425 Faculty Responsibilities; CCR 1425.1 and CRR 1426, Faculty and Curriculum; CCR 1427 Clinical Facilities; and CCR 1428 Student Participation were made. The program's first annual NCLEX pass rate (July 1, 2012-June 30, 2013=N of 17) was below the required 75% as previously reported to the ELC in October 2014. The program took immediate actions to strengthen all program processes impacting the NCLEX pass rates including implementation of an intensive action plan and a BRN approved major curriculum change as described in the program's written response to address the visit findings.

Official NCLEX Pass Rate Result for the second annual pass rate period (July 1, 2013- June 30, 2014) is 95.45% (n=22; 21 pass, 1 fail), which is in compliance.

**ACTION: Continue Approval of Simpson University Baccalaureate Degree Nursing Program for enrollment/admission of 30-32 students in Spring of each year.**

- **Chabot College Associate Degree Nursing Program.**

**Dr. Connie Telles, Program Director.**

Connie Telles, DNP, CNE. RNC-OB has served as the Program Director since 2010 and a program faculty member since 1999. CC is a WASC accredited college located in Hayward, California. The program includes a main campus and one secondary/extended campus in the Livermore/Pleasanton area for the last ten years. The CC extended campus has been funded by Pleasanton/Livermore area ValleyCare Health System (VCHS) through a partnership agreement. Current program enrollment is ~110 students including 10 extended campus students. The main and extended campus program policies and curriculum is an exact replica of one another. Due to recent major VCHS organizational changes, VCHS will continue to provide clinical placements for CC, but will no longer provide funding to support extended campus enrollment for now. Therefore, CC program enrollment will revert to a total of 40

students each Fall semester beginning in Fall 2014. In the last five years, total program retention rates have been variable when non-merit based admission criteria were in use. In 2012, the program instituted the merit based Community College Chancellor's multi-criteria to achieve on time completion/retention rates of 70-80%. The program was successful in achieving this goal with the first cohort completing the program in Spring 2014.

For the last five years annual (July 1-June 30) NCLEX-RN pass rates have ranged from 95-100%. Additionally, of significant note during the May 2014 visit, the CC President reported the program's outstanding exemplary learning outcomes has secured a unique/unprecedented financial commitment for the program from the Chabot-Las Positas College District and CC Board of Trustees to provide the program comprehensive full district funding to meet all program resource needs on a continuous basis because of the program's stellar reputation in the communities it serves. CC is part of a Bay Area Partnership with CSU East Bay and three other community colleges that facilitates seamless RN to BSN degree completion for significant numbers of CC program graduates each year.

A continuing approval visit was conducted by S. Engle and K. Daugherty, NECs May 12-14, 2014. One area of non-compliance, CCR1426 Curriculum/CCR 1429 LVN 30 Unit Option was identified and four major areas of recommendations, CCR 1424 Program Administration; CCR 1425 Faculty Orientation; CCR 1426 Curriculum; and CCR 1428 Student Participation were made as described in the Report of Findings and Consultant Continuing Approval Report. Following the May 2014 visit, the program submitted a written response and supporting documents evidencing correction of the one area of non-compliance and addressing the recommendations.

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

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

**Ms. Cynthia Dorroh, Program Director.**

A regularly scheduled continuing approval visit was conducted on May 19-20, 2014 by Nursing Education Consultants Laura Shainian and Shelley Ward. The program was found to be conducted in compliance with BRN rules and regulations. There were no findings of non-compliance and three recommendations were given: CCR 1424(b)(1) Total Program Evaluation; CCR 1424(d) Sufficiency of Resources; and CCR 1428 Student Participation (detailed in the Report of Findings and the Consultant's Report). College of the Canyons is located in Santa Clarita, of northern Los Angeles County. The program is accredited by ACEN through Fall 2016. Fifty to sixty students are enrolled each Fall and Spring semesters, including 20 LVN students who are admitted once a year. The program receives grant funding which supports a portion of these students. An interim visit was conducted in Fall 2010. Since that time, program events include a major curriculum revision in Fall 2011. The curriculum changed from systems-based to concept-based, QSEN competencies were incorporated, and simulation was integrated into courses. Then in 2012, Kaplan Learning Resources was instituted to increase student success and NCLEX pass rates.

While total program evaluation is conducted in accordance with a well-developed written plan, there is a lack of supporting evidence regarding overall evaluation of the effectiveness of the new program curriculum and Kaplan Learning Resources. Therefore, faculty plan to include strengthened measures that will further assess the effectiveness of both in the program systematic evaluation plan.

Resources available to faculty and students include skills lab/simulation areas equipped with a total of 14 mid- and high-fidelity mannequins, 7 nursing cart computers for charting, Pyxis for medication administration, and electronic medical records documentation. Since this equipment requires ongoing maintenance, there is a strong need for technical support staff to trouble-shoot the simulation and computerized equipment. College administration voiced their understanding of the situation, and their support to pursue assistance in this area. Other resources available to students include elective nursing

success courses for each of the core nursing courses that were developed to augment critical thinking and test-taking skills. There is also a grant-funded nursing counselor - the program is looking to possibly institutionalize the position should grant funding no longer be available.
Students report overall satisfaction with the program, however, most are unaware of the opportunity to participate with the faculty at regularly scheduled faculty meetings in order to have a recognized voice for decision-making related to students. Therefore, faculty plan to clarify this process for students and take steps that will ensure their active participation.
The pursuit of ongoing higher educational pathways has been made available for COC nursing students. A concurrent enrollment option with California State University Northridge (CSUN) was implemented in 2010. Currently, a large number of students are enrolled in this COC-CSUN collaborative which allows them to complete their BSN within a year of graduation from College of the Canyons. COC Graduates are gaining employment within six months of completion and employers report 100% satisfaction with graduates. NCLEX scores: 2009-2010: 88.14%; 2010-2011: 82.93%; 2011-2012: 84.40%; 2012-2013: 88.15%; 2013-2014: 81.93% (year-to-date).
There is strong community support and collaboration. The local hospital - Henry Mayo Newhall Memorial Hospital - funds one fulltime faculty member, and a recent collaborative resulted in two cohorts of staff LVNs who completed the COC LVN-to-RN program. Lastly, in an effort to assist newly licensed RN graduates in the workforce, COC faculty designed a "Transition To Professional Practice" course. The course provides new grads an opportunity to work with preceptors in the acute care setting in order to expand upon knowledge and skills, and increase their marketability. The first class of 18 students began Summer 2014. In conclusion, the program receives strong support from college administrators and graduates are well-received in the community.
**ACTION: Continue Approval of College of the Canyons Associate Degree Nursing Program.**

- **Mt. San Antonio College Associate Degree Nursing Program.**

**Ms. Sarah Plesetz, Assistant Director.**
Susie Chen, DNP, MN, MA, RN Dept. co-chair, was appointed Director in July, 2007. Sarah Plesetz, MSN, RN Dept. co-chair, was appointed Assistant Director in July, 2012. A regularly scheduled continuing approval visit was conducted on May 5-6, 2014 by Nursing Education Consultants Laura Shainian and Badrieh Caraway. The program was found to be in compliance with BRN rules and regulations. There were no findings of noncompliance and four recommendations were given in CCR SECTIONs 1426(b)-Required Curriculum, 1424 (d) Sufficiency of Resources, 1424(h) Faculty, and 1424(g) Faculty Responsibility (recommendations are detailed in the Report of Findings and the Consultant's Report). On June 24, 2014, the program submitted their responses to the four areas of recommendations.
Mount San Antonio College (Mt SAC) opened in fall 1946 with 635 students. Mt SAC has emerged as a leader in education not only in the San Gabriel Valley, but in the state. In 2012, Mt SAC celebrated 66 years of educational excellence. It is California's largest single campus community college with student enrollment of over 65,000. Mt SAC is fully accredited by the Accreditation Commission for Community and Junior Colleges of the Western Association of Schools and Colleges. The nursing program is accredited by the Accreditation Commission for Education in Nursing (ACEN). Using a criterion based scoring system, 60 generic students are selected for admission to the program every Spring and Fall. Total program enrollment at the time of the visit was 236 students.
The Nursing Department is housed in the Health Careers Resource Center (HCRC), which is a two story, 31,990 square Feet building housing classrooms, labs, and offices. The center is funded by various grants and houses five laboratory settings with 30 patient units that can be used for various needs, including two birthing beds and critical care unit. It is open 33 hours a week from Monday through Friday and on

weekends to clinical groups with instructors. The program has integrated simulation experience into the clinical courses. Course syllabi and clinical evaluation tool reflect these changes made. The Nursing Department currently shares classrooms and laboratory space with multiple health career disciplines, with the facilities located in several buildings across campus. Faculty and students raised concerns about the limited space availability during simulation and skills lab activities. Classroom space is limited at the Mount San Antonio College campus for the large class instruction to meet the program's objectives.
Total program evaluation review by faculty is thorough and ongoing. The program's well-qualified, faculty consistently collaborate in team teaching and to review curriculum, program policies, program delivery and other program issues, which results in planning and implementation of revisions as needed. Faculty support each other with activities such as new faculty orientation, mentorship, and course coordination. The program has 12 full-time (including program director) and ninety one (91) part-time faculty. Full- time faculty reported the ongoing communication and decision making process with the part-time faculty. However, the faculty meeting minutes did not reflect the ongoing communication and decision making process as reported. There are two vacant full time faculty positions, and adjunct faculty are filling vacant positions.
The program's need for full time faculty and limitation of space availability for the classrooms, skills and simulation labs were shared with the college administrators. The college administrators are aware of the nursing program's needs and are planning to meet the program objectives. The ongoing recruitment effort is in place for hiring qualified full-time faculty .The college administrators committed to continuing the program's current level of enrollment and services to nursing students, and assure that faculty and services currently supported by grants will be supported by the college budget or other funding resources if grant funds become unavailable.
There has been no major curriculum revision since 1990. Minor curriculum revisions were made in 2013, to strengthen the program by changing sequence of Obstetrics and Pediatrics, and shorten the time gap between Medical/Surgical nursing courses. Faculty are currently working on major curriculum revision for submission to the Board for approval by 2015. The new curriculum will incorporate current trends, such as QSEN competencies, IOM, Evidence Based Practice and National Patient Safety Goals. The future curriculum will address the demand for registered nurses with advanced degrees through an established ADN to BSN collaborative with California State Universities.
The nursing students have access to various support services such as financial aid, advisement career and transfer center, child care, personal counseling and nursing success seminars. The Director and Assistant Director oversee the tutorial and other learning needs of students. Involvement of students in program governance is encouraged and facilitated via multiple group and individual opportunities, including participation in faculty/committee meetings, group or individual meeting with the program director, and completion of course and program evaluations. Students report a high level of satisfaction with all aspects of the program and services, and demonstrate complete understanding of policies including grading/assessment. Graduates' NCLEX-RN outcomes are above minimum required performance threshold. NCLEX pass rates for ADN program ranged from 95.10% in 2006-2007 to 88.00% in 2012-2013. Relationships are strong between the program and clinical partners, as evidenced by clinical placement opportunities remaining consistently available to the program. The program receives strong support from college administrators, and graduates are well received in the community.
**ACTION: Continue Approval of Mt. San Antonio College Associate Degree Nursing Program.**

- **Porterville College Associate Degree Nursing Program.**

**Ms. Kim Behrens, Associate Dean Health Careers.**
A continuing approval visit was conducted at the Porterville College Associate Degree Nursing Program on March 19 and 20th, 2014, by Shelley Ward, NEC and Laura Shainian, NEC. The program was found to be in non-compliance with CCR Section 1424 (d) – Resources, and CCR Section 1424 (g) – Faculty

Responsibility. Three recommendations were given as detailed in the Report of Findings. The program submitted a progress report addressing the areas of non-compliance and the recommendations. The program is now in compliance with Board rules and regulations.

This was the first continuing approval visit conducted since Porterville College enrolled their first A.D.N. program students in the Fall of 2010. The college previously served as an alternate campus location for the Bakersfield College A.D.N. program. The current program director served as faculty for the Bakersfield College program located on the Porterville College campus, and as the first assistant director for the current A.D.N. program. The decision to establish a separate A.D.N. program at Porterville College was an initiative supported by the community, Bakersfield College and Porterville College, to respond to an assessed unmet need for registered nurses in the Central San Joaquin Valley, in particular the Porterville/Tulare/Visalia to Bakersfield communities.

The program is approved to enroll 20 students annually. Students are admitted during the fall semester. Thirty-six (36) students were enrolled, and two student cohorts had completed the program at the time of the approval visit (2012, 2013). The attrition rate for the first enrolled cohort was 18%, and decreased to 5% for the second enrolled cohort. NCLEX-RN examination pass rates for first-time test takers were: 2011-2012 – 100% ( 8 taken, 8 passed); 2012-2013 – 76.47% (17 taken, 13 passed); 2013-2014 - July to March – 72.73% (11 taken, 8 passed).

Job placements for program graduates was reported as 100 % for 2012 graduates, and was at 85% at six months for the 2013 graduates. Data received from program graduates and employers indicated satisfaction with the program.

Student evaluation data and verbal comments during the visit identified the need to increase time availability in the skills/simulation labs. The program has two separate lab areas, one that is used primarily for basic nursing skill development (6 beds), and the other designed for simulation with high-fidelity simulators in a hospital-setting environment. The program has been providing (16) hours of supplemental skills/simulation lab experience time provided by professional experts/adjunct clinical faculty. Students have mandatory nursing skills that must be mastered in each semester of the program that requires practice time in the skills/simulation labs. The program has not been able to secure a full-time skills/simulation coordinator exclusively from college funds due to budget and other administrative issues. One of the clinical partners, Sierra View District Hospital, has committed to provide funding to support the ADN program up to $70,000/year through 2018. The college is increasing supplemental lab time availability to (36) hours in the two weeks before the semester begins, and (24) hours a week beginning in fall 2014, covering days that students are not in clinical. Recruitment for a permanent full-time Instructional Assistant position is planned for completion by August 2015.

The program had (3) full-time and (14) part-time faculty excluding the program director position, at the time of the visit. The program increased from two to three full-time faculty positions since 2010. Turnover of full-time faculty since the program's inception was recognized as a concern by the program, and as a factor impacting student success with NCLEX -RN examination outcomes. Two of the (3) full-time faculty started in the summer of 2013, and were being mentored for their role/responsibility as full-time faculty. Three part-time faculty who teach theory courses (pediatrics, mental health/psychiatric, pharmacology), have been teaching in the program for several years. Two of the three also serve as content experts. The Nursing Faculty Council is the faculty organizational structure that is designated as having the responsibility for developing program policies/procedures, curriculum review, and for program evaluation. Participation of the part-time faculty has been variable, in part due to schedule conflicts with routinely scheduled meetings. Alternate methods utilized to increase part-time faculty interaction and feedback in programmatic decisions has not been effective. The program revised the faculty meeting schedule to better accommodate adjunct faculty, and is making adjustments to the full-time faculty assignments to decrease the number of part-time faculty teaching theory content.

The consultants met with the college president and the Vice President, Academic Affairs to review the status of the program, and to explain regulations specific to the operation of an A.D.N. program. The discussion included the recent appointment of the program director to an interim Dean position (8/2013); increasing the administrative areas responsibility of the program director to include the Career and Technical Education Division (9 programs), and the Wellness Center/College Nurse, occurring subsequent to an unexpected retirement. The program director was stated to be continuing to provide for 40% release time to the A.D.N. program within the new organizational structure. Additionally, the discussion focused on resources, NCLEX-RN examination outcome trends, faculty stability, curriculum review initiatives, and stated problems with the admissions and records department functions as impacting A.D.N. program operations. The submitted progress report indicates that the program director has resumed her prior position as Associate Dean Health Careers, and will continue to have responsibility for student health services.
**ACTION: Continue Approval of Porterville College Associate Degree Nursing Program.**

- **Sacramento City College Associate Degree Nursing Program.**

**Ms. Dale Cohen, Program Director.**
Dale Cohen, MSN, RN has served as the Program Director since 2006. The SCC program includes the main campus and an extended secondary campus site housed at the Sutter Health Center for Health Professions since 2003. The main and extend campus program policies, procedures, and curriculum are an exact replica of each other. The main campus program follows the traditional Fall and Spring academic year /calendar/schedule with program admissions twice a year; the extended campus a year round schedule of classes. The SCC and Sutter Health partnership was initiated to increase the number of registered nurses in the region by 500 over a five to six year period, and since accomplishing that goal the year round SCC extended campus program has varied enrollment from cycle to cycle depending on need and funding support by Sutter Health Care Sierra Region. SCC is a WASC accredited institution.
Total program enrollment at the time of the visit was ~132 students including a cohort of 22 students at the extended campus site through December 2015. Program admission is based on use of the Community College Chancellor's office multi-criteria with the goal of maintaining attrition rates at 10-15% annually. The program successfully implemented a major curriculum change in the last two years and continues to maintain outstanding clinical learning experiences for students. The program, faculty and students enjoy a stellar and exemplary reputation in community. From 2008 to the present annual NCLEX RN pass rates have ranged from 92-100%. For the first three quarters of 2013-2014 the pass rate is 98.67%. In the next few years, the program is slated to move into a new state of art Nursing and Allied Health building on the main campus adjacent to the current building. The new building will be equipped with improved technology and equipment including smart classrooms, skills and simulation lab facilities.
A continuing approval visit was made April 23-25, 2014 by K. Daugherty, NEC. One area of non-compliance related to CCR 1420 (h), 1424 (e) Program Administration/Organization and sufficient time for the Program Director, plus three recommendations were made: CCR 1420 and 1424 Program Administration/resources; CCR 1424 Program Administration, 1425/1425.1 Faculty and CCR 1426/1426.1 Curriculum; and CCR 1424 (k) and CCR 1427 Clinical Facilities. The program has submitted a written response to the visit findings evidencing full correction of the one area of non-compliance and addressing the recommendations.
**ACTION: Continue Approval of Sacramento City College Associate Degree Nursing Program.**

- **San Bernardino Valley College Associate Degree Nursing Program.**

**Ms. Carol Wells, Program Director, Ms Tamara Maurizi, Assistant Director.**
Carol Wells, RN, MSN, AOCN, was appointed program director in June, 2013. Tamara Maurizi, RN, MSN, DNP, Dept. Chair, was appointed Assistant Director in December 2010. A regularly scheduled

continuing approval visit was conducted on April 14-15, 2014 by Nursing Education Consultant, Badrieh Caraway and Supervising Nursing Education Consultant, Miyo Minato. The program was found to be in compliance with BRN rules and regulations. There were no findings of noncompliance and four recommendations were given in CCR 1424(d) Sufficiency of Resources, 1424(h) Faculty, CCR 1426 Curriculum, and CCR1431 - Licensing Examination Pass Rate Standard (recommendation were detailed in the Report of Findings and the Consultant's Report). On July 10, 2014, the program submitted their responses to the four areas of recommendations.

San Bernardino Valley College (SBVC) is a comprehensive community college that serves the residents of the inland empire. The college began initially in 1926, and enrolls more than 12,000 students per semester. The college attracts students throughout the state and the world. SBVC is fully accredited by the Accrediting Commission for Community and Junior Colleges of the Western Association of Schools and Colleges. The nursing program is accredited by the Accreditation Commission for Education In Nursing. Using a criterion based scoring system, nursing program enrolls (40 students each semester) generic students are selected for admission to the program every Spring and Fall semester. Total program enrollment at the time of the visit was 131 students.

The San Bernardino Valley College Nursing Department is located on the first floor of the Health Sciences building. There are sufficient faculty offices, and faculty have access to the computer and resource center. The Skills lab, Simulation lab, and Computer lab are all housed in the same area. Skills lab has four (4) patient care stations, each with high fidelity human patient simulator (Noelle, Sim Baby, and two Sims Man). Simulation lab has seven (7) patient care stations; Hi Fidelity Patient Simulators are available (SiM Man 3G, Meti Man) and 5 Vita Simulation Manikins for use with Sim Pads. Skills lab is coordinated by a FT faculty who does set up, ordering and organization of supplies and prep as needed. The program uses Skills lab coordinator for mentoring and tutoring students. Both the skills and simulation labs are shared by other programs. Faculty have planned to integrate the simulation in their curriculum; however, there is no assigned staff support for coordination of simulation activities. Faculty and students raised concerns about the limited space availability during simulation, skills lab activities and classroom instruction to meet the program objectives.

The program received numerous grant funds that supported many aspects of the program including the supplies for the skills lab, and faculty for student's remediation and tutoring. The Health Sciences/Nursing Department maintains a separate budget and has established accounts for faculty, conferences and supplies. Despite allocated budget for hiring full- time faculty, there are four vacant full-time faculty positions, and adjunct faculty are filling vacant positions; content expert for P/MH position is filled by an adjunct faculty. The program's need for the full time faculty, the simulation lab coordinator, and limitation of space availability for the classrooms, skills and simulation labs were shared with the college administrators. The college administrators are aware of the nursing program's need and are planning to meet the program objectives, and assure that faculty and services currently supported by grants will be supported by the college budget or other funding resources if grant funds become unavailable.

Total program evaluation by faculty is thorough and ongoing. The program's faculty work cohesively and consistently collaborate to review curriculum, program policies, program delivery, and other program issues, which results in planning and implementation of revisions as needed. Faculty chose the Neumann Systems Model in 1986 as the Organizing Frame work for the curriculum. There has been no major curriculum revision since that date. Faculty have initiated curriculum revision process in fall, 2013, plan includes incorporating current trends, such as QSEN competencies and simulation throughout curriculum, and submission to the Board for approval in 2015.

The other support services include a Health Sciences Counselor, as well as other admission counselors that are available to counsel nursing students and collaborate with faculty in the development of

remediation/ retention plans for "at risk" students. In addition, one full-time faculty provides mentoring, and is available for the skills lab practice/remediation.
The table of NCLEX Pass rates for SBVC shows that the program had NCLEX passes rate scores of 68.57% in the (first quarters 2013-2014).

| 2009-2010 | 2010-2011 | 2011-2012 | 2012-2013 | 2013-2014-first quarter |
|---|---|---|---|---|
| 82.18% | 83% | 82.14% | 82.58% | 68.57% |

The plan includes implementing Success Strategies to improve student NCLEX testing. The strategies include standardized testing, purchase of NCSBN test results for analysis, and implementation of "Adaptive Quizzing" that allows students to test themselves on the computer with immediate feedback. Students report a high level of satisfaction with most aspects of the program and services, and demonstrate complete understanding of policies, including grading/assessment. Additionally, the program is working on the seamless educational paths to the BSN. The program receives strong support from college administrators, and graduates are well received in the community.
**ACTION: Continue Approval of San Bernardino Valley College Associate Degree Nursing Program.**

- **University of San Diego Hahn School of Nursing Entry Level Master's Degree Nursing Program. Dr. Susan Bonnell, Program Director, Dr. Linda Urden, Assistant Program Director.**

Dr. Susan Bonnell has been the program director since September 2012 and Dr. Linda Urden serves as the assistant program director. The USDH entry level master's degree nursing program, referred to by the school as the MEPN (Master's Entry Program in Nursing) program, is accredited by the Western Association of Schools and Colleges and the Commission on Collegiate Nursing Education. School of nursing programs are focused on graduate education of nurses and include MSN (tracks for Clinical Nurse Leader, Executive Nurse Leader and Health Care Informatics) and DNP (MSN-DNP and BSN-DNP) with multiple nurse practitioner tracks, in addition to the entry level master's degree nursing program. For some of their coursework, MEPN students are integrated with students of other MSN tracks to provide them opportunities for interaction with nursing professionals. The program is presented in 5 consecutive semesters (including summer session) across 21 months. The curriculum includes coursework to prepare graduates for the Public Health Nursing certificate and also the Clinical Nurse Leader role for which students meet eligibility after achieving one year of clinical practice following graduation and licensure. Initially the program admitted 40 students annually and in 2007 increased enrollments to 50 students annually each Fall semester with total enrollment of 110 at the time of visit. The program has graduated 379 students since initial program approval in 2001. NCLEX-RN annual pass rate for the past five years has ranged from 84% (2012-13) to 100% (2009-10) with outcomes consistently above the minimum required threshold of 75% for all years of program delivery. The last previous continuing approval visit was conducted in November 2006 and an interim visit was completed September 2010.
A regularly scheduled continuing approval visit was conducted March 18-20, 2014 by Nursing Education Consultants Leslie A. Moody and Carol Mackay. This visit was conducted concurrently with continuing approval review of the school of nursing's nurse practitioner program, the results of which are presented in a separate report. Findings of the visit were three areas of noncompliance: Section 1425 Faculty Qualifications and Changes, 1427(a) Clinical Facilities, and 1432 Changes to an Approved Program. The program had not sought approval of some faculty prior to instructional assignment and some previously approved faculty were assigned to teach content for which they were not approved. Not all clinical facilities had received approval prior to being utilized by the program for student clinical rotations. Issues regarding faculty and clinical facility approval were entirely resolved as part of the visit activity. The program increased enrollment for Fall 2013 to 65 students (61 actually accepted and enrolled) without seeking BRN approval. This increased enrollment resulted from a desire to offer admission to all

qualified applicants. The school of nursing and university leadership were advised that enrollment increases must receive BRN review and approval prior to implementation, and assurance was provided that future enrollments will not exceed 50 without completion of the required approval process. The areas of noncompliance were due to the program director's misunderstanding of regulatory requirements so time was spent during the visit to provide direction, with assurances received of no future recurrence of noncompliance. Recommendations were written for three areas: Section 1424(d) Resources relative to open skills lab access for students, Section 1428 Student Participation relative to faculty:student communication, and Section 1426(b) Curriculum relative to geriatric content. Further detail regarding areas of noncompliance and recommendations is provided in the Consultant Approval Report and in the summary Report of Findings. The program submitted a progress report which addressed all areas of noncompliance and recommendation.

The program has decreased attrition to 4% through implementation of a variety of measures including revised admission process and implementation of student support services. Learning activities modeled on contemporary standards include an annual interdisciplinary simulation day conducted in collaboration with the UCSD School of Medicine, consistent with AACN standards for interprofessional collaboration and interprofessional practice preparation of nurses. Although the school of nursing has a large and well equipped skills/simulation lab, their many nursing programs create a large demand for use of the space and resources. Limitations of the existing physical plant noted during previous BRN visits were more evident with the recent increased MEPN enrollment resulting in some instructional activities being scheduled on weekends and the program reported scheduling challenges for skills/simulation lab activities. The school hopes to break ground for the new nursing building addition later this year with planned completion occurring 15-18 months after groundbreaking. The new three-story addition will include over 10,000 square feet of skills/simulation lab space with state-of-the-art design and equipment, and be connected to the existing nursing building which will eliminate the need for nursing students to travel across the campus for skills and simulation lab activities.

Students are appreciative of the broad scope of clinical experiences and well-prepared faculty, and have confidence in their ability to secure nursing positions post-graduation. There are multiple vehicles for student involvement with program evaluation including representative attendance at monthly faculty/curriculum/instruction meetings and course/clinical site/faculty evaluations, and participation in school chapters of professional organizations (Graduate Nursing Student Association, Sigma Theta Tau Honor Society, Institute for Healthcare Improvement) offer professional development opportunities. The school of nursing hosts monthly meetings of the San Diego Chapter of the American Assembly for Men in Nursing which facilitates participation in the organization by USD male nursing students. An innovative support for culturally diverse students that provides mentoring by faculty or senior students with the same cultural background was recently implemented with support of grant funds. Support services including peer mentors contribute to student success and encouragement is provided through activities such as a "Lab Coating Ceremony" conducted after newly enrolled students complete the rigorous first program course. Students express confusion regarding some program curriculum/ nstructional decisions and express a desire for more explanatory discussion with faculty. There were also some second semester students who identified that regularly scheduled open skills lab access would be helpful to them. These opportunities for improvement were discussed with the faculty and program leadership.

Faculty present as a cohesive and collaborative team. Both full and part-time faculty are actively engaged in regular program meetings where decisions are reached regarding all aspects of curriculum and program delivery. Course coordination is strong between theory and clinical components with regular meetings of all faculty involved in presentation of each course to discuss issues including general content as well as specific student concerns. Current curriculum projects of the faculty include review of the curriculum to

ensure complete incorporation of QSEN competencies and updated clinical nurse leader role competencies.
Strengths of this effective and successful program include a seasoned faculty and leadership with a focused vision, rich clinical experiences and strong relationships with clinical partners, a mature student group, and an above average track record of licensing outcomes and job placement for graduates. Opportunities for improvement exist in the areas of faculty-student communication, geriatric instruction and open skills lab access for students. This program is being delivered in compliance with BRN rules and regulations at this time and is recommended for continuing approval.
**ACTION: Continue Approval of University of San Diego Hahn School of Nursing Entry Level Master's Degree Nursing Program.**

## B. DEFER ACTION TO CONTINUE APPROVAL OF PRELICENSURE NURSING PROGRAM

- **Holy Names University LVN to BSN Baccalaureate Degree Nursing Program.**

**Dr. Edith Jenkins-Weinrub, Program Director.**
Edith Jenkins-Weinrub, Ed.D, RN has served as the Program Director and Department of Nursing (DON) Chair since June 2014 replacing former Program Director and DON Chair (10/12-6/14), Dr. Miki Goodwin. Dr. Goodwin recently accepted a promotional opportunity in another state. Dr. Jenkins-Weinrub served as the program's assistant director from December 2012-June 2014 and fully participated in the recent continuing approval visit.
HNU's LVN to BSN degree program was initially approved in June 2010 and enrolled first cohort in 2011. The program was designed for the working LVN to complete the BSN by taking evening classes after work. HNU is WASC accredited and the program's pre-licensure LVN to BSN degree program is CCNE accredited along with its RN to BSN and graduate MSN degree nursing programs. The program was initially approved to admit 24 students three times per year. Current program enrollment at the time of the visit was ~169 students enrolled in the nine semesters program of study. For AY Fall 2012-Summer 2013 retention rate is ~92%.
In January 2014, HNU made the decision to suspend enrollment in this degree option indefinitely to re-assess DON future instructional goals, priorities and resource allocations for all nursing programs within the DON given the ongoing challenges associated with available resources. The program's first annual pass rate in 2012-2013 program with just 4 graduates was 66.65% (N=3 first timers tested). At that time the program took immediate action to assess program processes and curriculum and submitted the required action plan as reported at the January 2014 ELC. Subsequently the program also made some minor curriculum changes to strengthen the curriculum by adding a combination pathophysiology/ pharmacology course and accomplishing full implementation of ATI testing materials including the ATI Real Life critical thinking activities, along with intensive tutoring and remediation support for students. In this 2013-2014 (July 1-2013-June 30, 2014) annual reporting period the program anticipates about 40-45 program graduates will take the exam as first time exam candidates by June 30, 2014.
The program's first continuing approval visit was conducted April 14-16, 2014 by K. Daugherty, NEC. Three areas of non-compliance were identified, CCR 1431 NCLEX Passing Standard below the required 75%; CCR 1424 Program Administration (d) (h)/1425.1 Faculty Resources; and CCR 1424 Program Administration/1426.1. (6) Preceptorship. Four recommendations were made including CCR 1424 (b), (b) (1), and (d) Program Administration Evaluation and Resources; CCR 1426 Curriculum; CCR 1427 (c) Clinical Facilities; and CCR 1428 Student Participation as detailed in the Report of Findings and Consultant Approval Report.
The program has submitted a written response to the visit findings. Written evidence shows the program has corrected two of the areas of non-compliance CCR 1424 Program Administration/Faculty Resources

and the CCR 1424/CCR 1426.1 Program Administration/Preceptorship areas but the evidence showing compliance with CCR 14 and achievement of the required annual NCLEX-RN pass rate for 2013-2014 is still pending at the time of this submission.
Thus far, for the annual 2013-2014 reporting period, HNU has first time NCLEX RN pass rate results for July-Sept 2013 of (N=5 40%), Oct-Dec 2013 ( N=16 37.5%), Jan-Mar 2014 (N=8 75%). The J-M 2014 quarter represents the highest quarter of results to date. The program is relying on the April-June 2014 quarter of pass rate results to provide sufficient evidence of compliance with CCR 1431 and full compliance with the regulations. Program leadership, faculty, HNU support services continue to work with program students and graduates in an effort to achieve the required annual 75% or better NCLEX passing standard for 2013-2014 and forward.
**ACTION: Defer Action to Continue Approval of the Holy Names University LVN to BSN Degree Nursing Program. Written progress reports to be submitted to the NEC for reporting at the 2015 March, August and October ELC meetings with program representatives to be in attendance at the October meeting. Continue suspension of program enrollment until the program achieves minimum 75% annual NCLEX-RN pass rate in compliance with CCR 1431 Licensing Examination Pass Rate Standard.**

- **Kaplan College Associate Degree Nursing Program.**

**Ms. Kera Neighbors, Program Director, Ms. Karen Anderson, Assistant Director, Dr. David Movsesian, Executive Director, and Mr. Kevin Prehn, Market President.**
Kera Neighbors, MSN, RN was appointed program director in December 2013 after having taught with the program for several years and serving as assistant program director since 2011. Karen Anderson, MSN, RN was appointed assistant program director on March 3, 2014. The program has had three changes of program director in the past five years, with one person serving in that role twice during the period.
The program has two tracks, a generic option that is completed in 6 semesters and an LVN Step-up option which is completed in 5 semesters. The LVN 30 unit Option is also offered and two students have completed under this option in the past five years, both of whom achieved RN licensure.
A regularly scheduled continuing approval visit was conducted April 29-30, 2014 by Leslie A. Moody, NEC and Miyo Minato, SNEC. Visit findings included seven areas of noncompliance: Section 1424(d) Resources and related Section 1424(h) in regards to adequate number and type of faculty; Section 1426(a) Curriculum regarding unapproved revisions; Section 1426(b) Curriculum regarding curriculum structure; Section 1426(f) Clinical Evaluation Tool; Section 1426.1 Preceptorship; Section 1427(c) Clinical Facilities regarding clinical facilities agreement; Section 1432(b) Changes to an Approved Program regarding enrollment increase. Three recommendations were made: Section 1424(b)(1) Program Evaluation, Section 1428 Student Participation, Section 1431 Licensing Exam Pass Rate. Findings are detailed in the consultants visit report and report of findings. The program has submitted an acceptable plan of action to correct all areas of noncompliance and recommendation, and anticipates that all corrective actions except major curriculum revision will be completed by the end of 2014. The major curriculum review and revision is expected to be submitted for BRN approval no later than May 2015.
The number of faculty was decreased from 12 full-time and 18 part-time in 2010, to 11 full-time and 14 part-time faculty at the time of visit. Inadequate type and number of faculty resulted in assistant instructor level faculty assigned primary course responsibility without appropriate supervision, primary course instruction responsibilities assigned to the program director in addition to administrative duties, irregular attention to program evaluation, and student reports of inadequate remediation/tutoring support for math and nursing course content. The program plans to increase the total number of full-time faculty to 15 which will include a full-time instructor for psych/mental health content, and part-time faculty to 15. This will

increase total faculty numbers as well as the ratio of full-time to part-time faculty, and ensure students have sufficient resources for tutoring. The increase in faculty will be accomplished by Fall 2014.
Course content and objectives are not consistent with the program's curriculum goals and frameworks, do not reflect a systematic progression from simple to complex, and clinical performance evaluation tools are not specific to each course's required skill/content mastery. The program has retained consultants to assist faculty who have begun a total curriculum evaluation, including comparing existing curriculum to current standards such as NLN Outcomes and Competencies, QSEN Competencies and other contemporary prelicensure nursing education resources. Clinical performance evaluation tools will be revised to be consistent with curriculum content and stated objectives for each course. Significant gaps in specific curriculum content identified through curriculum review activities will be immediately addressed and approval request for minor curriculum revision submitted to the BRN as needed. A completed major curriculum revision proposal with submission for BRN approval is planned to be accomplished no later than May 2015.
Course NURS260 Advanced Med/Surg was previously presented in the program's final semester in a preceptorship format. The program has been unable to consistently provide students with preceptored clinical experiences that meet course learning objectives and has not delivered the course in compliance with other regulatory requirements for a preceptorship course. A minor curriculum revision request to change clinical experiences for this course to a conventional student group cohort format has been received, approved and implemented.
Clinical facility agreements did not address all required elements. The program has revised their clinical facility agreement template and will secure updated clinical facility agreements with all clinical partners by September 2014.
In 2010 the program was admitting 50 students three times each year. The program recently increased enrollment to 70 students three times each year (total enrollment 354 at time of visit) without seeking BRN approval. The program will return to the previous level of enrollment beginning with the next enrolled cohort and plans to seek BRN approval for increased enrollment in the future.
Inconsistent implementation of the total program evaluation plan has resulted in irregular collection, management and application of data to problem identification and development of solutions. To ensure systematic effective evidence-based program evaluation and change, the plan has been reviewed and updated and faculty have re-formed specific committees for curriculum and program evaluation (previously subsumed in monthly faculty meeting agendas). Monthly committee meetings will be held separately from general faculty meetings to ensure data is regularly collected and analyzed, and the results of these committees' meetings will then be reported to and discussed in monthly full faculty meetings. To ensure students have meaningful participation in program evaluation a new process has been implemented whereby each program cohort will elect a representative who will attend monthly faculty meetings to present input from the cohort and participate in discussions regarding program curriculum and policies.
NCLEX-RN performance has been variable across the past five years with annual outcomes ranging from 75.44% (2012-13) to 90.98% (2011-12), all at or above minimum required threshold. Of the most recent four quarters (4$^{th}$ quarter 2012-13 thru 3$^{rd}$ quarter 2013-14), three have been below threshold. The program has previously implemented multiple measures to improve outcomes and will continue to assess the curriculum and other program dimensions to identify and correct areas needing improvement.
Program strengths include a library staffed with a dedicated librarian who ensures adequate current print, digital, and other types of student and faculty resources are available to support nursing instruction and learning. The skills and simulation labs are well-equipped and configured to provide clinical learning experiences consistent with contemporary standards, and utilizes qualified faculty to direct simulation scenarios. Observation of a simulation experience during the visit revealed a well-planned and conducted learning experience consistent with the specified course objectives and content. Physical plant resources

including classrooms and computer rooms have been increased to ensure a positive learning environment with comfortable furnishings and appropriate instructional/learning tools. Most faculty maintain active clinical practice and all faculty demonstrate commitment to program and student success. Faculty are supported by an organization-required annually developed individual Professional Development Plan to ensure each faculty member's knowledge and skills are kept current. Students express satisfaction with the quality of faculty and program leadership, textbooks, skills/simulation lab facilities, library services, and communication/support tools including Kaplan Quad, and express strong appreciation for the program design which allows for all prerequisites and program courses to be completed without interruption and within two years. College admissions staff are diligent in evaluating prospective students' prior coursework and experience to determine whether transfer/equivalent credit should be awarded so that students avoid the time and expense of unnecessary repetitive coursework. The program's recently appointed program director and assistant program director are enthusiastic about improving program delivery. College administrative leaders Dr. David Movsesian, Executive Director, and Mr. Kevin Prehn, Market President, express commitment to providing necessary resources to ensure a compliant program and optimize student success.
**ACTION: Defer Action to Continue Approval of Kaplan College Associate Degree Nursing Program.**

## C. CONTINUE APPROVAL OF ADVANCE PRACTICE NURSING PROGRAM

- **Holy Names University Family Nurse Practitioner Program.**

**Dr. Maria Magini, Program Director.**
Maria Magini, FNP, RN, PhD has been the HNU FNP Program Director since Fall 2012 and taught in the HNU FNP program since 2000. The FNP Program was first BRN approved in 1997. As of the visit, the program had 234 MSN degree graduates and 19 Post Master's FNP certificate program completers. The MSN degree option is a six semesters program of study and the Post Master's FNP Certificate program of study is a five semesters program. Current program enrollment is 68 students; the program can be taken as a full or part time program of study although the majority of program students are full time. HNU graduate degree program retention rates have consistently been >90% for the last three years. The program is CCNE accredited.
A continuing approval visit was conducted by K. Daugherty, NEC from April 16-18, 2014. No areas of non-compliance were identified. Four areas of recommendations were made including CCR 1484 (b) (2) Administration Policies; CCR 1484 (b) (5) Administration: Record Keeping/Retrieval; CCR 1484 (b) (6) Program Evaluation; and CCR 1484 (d) Curriculum as detailed in the Report of Findings and NEC Consultant Approval reports. The program has provided a response to the areas of recommendations identified during the visit. Additionally, the program intends to limit enrollment to not more than 70 students total enrolled at any one time to ensure adequate clinical placements. Students and clinical agencies report satisfaction with the educational preparation and performance of program students and graduates. The program enjoys an excellent reputation in the communities it serves.
**ACTION: Continue Approval of Holy Names University Family Nurse Practitioner Program.**

- **University of San Diego Hahn School of Nursing Nurse Practitioner Program.**

**Dr. Shelley Hawkins, Program Director, Dr. Linda Urden, Director of Master's & International Nursing Programs.**
Dr. Shelley Hawkins has been the NP program director since January 2012. The University of San Diego (USD) NP program was established 32 years ago. The first cohort of students was admitted to the BSN DNP program in Fall 2010. Both the MSN NP and DNP degree programs offer four NP tracks focusing on primary care: Family Nurse Practitioner (FNP), Pediatric Nurse Practitioner/Family Nurse practitioner (PNP/FNP), Adult-Gerontology Nurse Practitioner/Family Nurse Practitioner (AGNP/FNP) and family/lifespan Psychiatric/Mental Health Nurse Practitioner (PMHNP). The coursework for both degree

programs is organized according to the same framework: Graduate NP core, Advanced Practice NP core (Health Assessment and Diagnosis, Advanced Pharmacology, and Advanced Pathophysiology), and NP Emphasis (concurrent theory and clinical practice courses in each population foci). The DNP degree program has additional DNP core courses and Scholarly Practice units in each of the NP tracks. All of the NP tracks exceed the required clinical hours. Detail regarding semester unit distribution by degree, NP track, and clinical practice requirements is provided in the Consultant Approval Report.

A regularly scheduled continuing approval visit was conducted March 18-20, 2014 by Nursing Education Consultants Leslie A. Moody and Carol Mackay. This visit was conducted concurrently with a continuing approval review of the School of Nursing (SON) master's entry level nursing program, the results of which are presented in a separate report. Findings of the NP program visit were one area of non-compliance: Section 1484 (d) (11) Preceptor Qualifications. In the Psychiatric Mental Health NP (PMHNP) track, students reported working with preceptors who do not meet BRN requirements (health care providers such as Clinical Psychologists, Marriage Family Therapists, and Licensed Social Workers). Recommendations were written for two areas: Section 1484 (a) (3) Program Philosophy and Objectives and Section 1484 (c) (5) Communication and Clinical Preceptorship. Further detail regarding recommendations is provided in the Consultant Approval Report and in the summary Report of Findings.

In February 2014, a total of 122 students were enrolled in the USD NP programs (please see Consultant Approval Report for enrollment breakdown by degree and NP track). The total number of faculty teaching in the program was 27: thirteen full-time and fourteen part-time faculty. All faculty are competent in their assigned teaching area.

The NP teaching team at USD consists of multiple faculty roles. Each NP track has a lead faculty member nationally certified in the patient population who has responsibility for providing essential input into both the theory and clinical components of their respective tracks. Each theory and clinical management course has a lead faculty member. The lead clinical faculty member oversees all NP clinical management and DNP Scholarly practice courses. Lead clinical faculty responsibilities include assigning Clinical Facilitators to students for clinical supervision (a 1:6 faculty student ratio is maintained). The Clinical Facilitator (CF) is available throughout the preceptor experience to assist the NP student and preceptor as required. Other CF responsibilities include at least one site visit per semester during which a formal Clinical Faculty Observation of the NP student performance is conducted, ongoing review of the NP student's clinical log, and grading of the preceptor experience. In all the clinical management courses each NP student is assigned to a Preceptor. Preceptors provide direct supervision and evaluation of the NP students in the clinical area. Additional faculty roles for the BSN DNP program are DNP Seminar Faculty and Clinical Mentors. DNP Seminar Faculty meet biweekly with DNP students each semester throughout the program to discuss clinical experiences and the student's Evidence Based practice (EBP) project. Clinical Mentors work with DNP students in the identification, implementation, and evaluation of their EBP project in the clinical setting. An additional component of the USD NP teaching team is the Problem Based Learning (PBL) Nurse Practitioner Team which will be described in the next paragraph.

In addition to this strong teaching team, the USD SON is one of the first nursing schools in the country to successfully launch, sustain, and refine a primary care standardized patient (SP) program. As a result of a three year DHHS grant awarded in 2001, the faculty were able to integrate Problem Based Learning (PBL) into the NP curriculum and develop primary care Standardized Patient Exams (SPE) to evaluate student learning in a state-of-the-art nursing skills lab. During the last five years, an increasing amount of standardized patient teaching/learning has been incorporated into the NP program. The PBL NP team consists of four NP clinical faculty. This team is responsible for developing and integrating clinical case (CC) studies using standardized patients into all theory courses in all population tracks (three formative CC and one summative CC). The final Standardized Patient Evaluation in each theory course serves as part of the clinical evaluation in the concurrent clinical course.

The USD NP program is highly respected by campus administration, the local health care community, and the NP students. The program director and all faculty members are dedicated professionals with expertise in their assigned teaching areas. The NP students are mature RNs seeking advanced nursing education. Subsequent to the visit, a progress report correcting the area of non-compliance was submitted. The NP program faculty are continuing to work on the recommendations from the visit. At this time, the NP program is in compliance with BRN rules and regulations. Recommendation is for continuing approval.
**ACTION: Continue Approval of University of San Diego Hahn School of Nursing Nurse Practitioner Program.**

## D. APPROVE MAJOR CURRICULUM REVISION

- **California State University, Bakersfield Nurse Practitioner Program.**

**Ms. Deborah Boschini, Director of Undergraduate/Graduate Nursing Programs/Chair of Department of Nursing.**

Deborah Boschini, MSN, PHN, RN, is Director of Undergraduate and Graduate Nursing Programs and Chair of Department of Nursing. CSUB Department of Nursing (DON) has a generic BSN program since 1970 and added the MSN program in 1987 with a graduate degree in Nursing Administration. The initial FNP option was added in 1996 and offered this option and other MSN degrees until 2010, graduating 114 FNPs and 35 Clinical Nurse Leaders, Clinical Nurse Specialists, Nurse Educators, Nurse Administrators, Nursing Case Managers, and School Nurses. The department notified the Board in July 2011 that MSN admissions had been suspended, including FNP option, due to lack of funding. The last MSN courses were offered during Spring Quarter 2010 and all continuing students successfully completed their coursework and graduated as planned. CSUB voluntarily withdrew its CCNE accreditation of the MSN Program on December 1, 2010.

In March 2014, CSUB DON notified the Board of its intention to reestablish the MSN Program by first opening the FNP Program in Fall 2014, and follow with the re-introduction of a second, non-clinically focused option, such as Nurse Educator in Fall 2017. Per Board policy the DON submitted a major curriculum revision, including documents that demonstrate adequate resources, faculty, budgets and funding sources, and clinical agencies for practicum to sustain the FNP program upon receiving the approval to reopen FNP Option of the MSN Program. CSUB is applying to CCNE to obtain accreditation for the MSN program.

The documents showed that in preparation for re-opening, the DON conducted a survey of stakeholders in the community, which indicated a need for more FNPs and overwhelming community interest. The faculty have updated the existing FNP curriculum to meet current BRN and CCNE requirements. The DON proposes admitting 18 students every other year, which is the same admission pattern as their previous FNP program. Keeping enrollment size the same would ensure adequate clinical placements and preceptors for the students. The physical resources on campus, such as the learning labs and equipment have been updated, and Shelley Ward, NEC conducted a site visit for campus resources on April 2, 2014. The instructional faculty of the DON consists of 89% full-time and only 11% part-time members. This allocation of faculty was purposefully planned to establish a dedicated full-time faculty in preparation for the reopening of the MSN/FNP Program. Heidi He is the co-director and coordinator of the FNP option and will work with the Chair of DON. The FNP Program will be staffed mostly with existing full-time faculty members who are already qualified to provide instruction at the graduate level. The list of faculty included six FNP faculty. Part-time faculty will be hired to fill specific roles in the program, such as PharmD for Advanced Pharmacology. The proposed MSN/FNP program is a 2-year, full-time course of study, requiring 67 quarter units (46 theory and 21 clinical). Intended start date is Fall 2014.
**ACTION: Approve Major Curriculum Revision for California State University, Bakersfield Nurse Practitioner Program.**

**BOARD OF REGISTERED NURSING**
**Education/Licensing Committee**
**Agenda Item Summary**

**AGENDA ITEM:** 7.3
**DATE:** September 18, 2014

**ACTION REQUESTED:** Vote On Whether To Change Warning Status With Intent To Withdraw Approval To Defer Action To Continue Approval for East Los Angeles College Associate Degree Nursing Program

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

**BACKGROUND:** Lurelean Gaines, RN, MSN, Program Director/Chairperson
The program is being presented subsequent to the Board's decision to Place the Program on Warning Status With Intent To Withdraw Approval at the February 6, 2014 Board of Registered Nursing meeting. Additionally, the Board required the program to be presented at the August, 2014 Education and Licensing Committee Meeting, and at the September 2014 Board meeting for review, at which time full compliance must be demonstrated. This is in response to findings at the October 7-8, 2013 scheduled continuing approval program visit. The program received the attached letter dated February 11, 2014, reiterating the visit findings of the (5) areas of non-compliance, and the (4) actions that the program had to take as voted on by the Board.

A brief summary of prior BRN visits to the East Los Angeles A.D.N. program include: a non-routinely scheduled continuing approval visit conducted in March 2012, to more intensively review the program related to NCLEX examination pass rate outcomes, and to follow-up on resolution of student concerns regarding a faculty member. Consultants conducted a non-routinely scheduled interim visit in December 2011, given that the NCLEX examination pass rates were below 75% for two consecutive years, and student concerns about a specific faculty member. A scheduled interim visit was conducted in May 2010. Ms. Gaines has been the program director for the BRN visits, and for many proceeding years. The college has had changes in the Dean who has oversight of the nursing program, and the President during this time frame.

The program submitted the progress reports required to address the areas of non-compliance per the time frames stipulated by the Board in February 2014. The program also responded to the (1) recommendation issued during the October 2013 visit. The progress reports submitted to the program NEC in February (2/11/14), April (4/14/14) and July (7/7) 2014 demonstrate a progression of actions taken to resolve the areas of non-compliance and the recommendation. This report will continue by describing a summary of the actions taken, and status to date for each regulation section. The progress report submitted and dated July 7, 2014 (45 pages) is the basis for the summary. The attached items from this progress report are intended to provide additional points of clarification and do not represent the entire progress report received.

<u>Non-Compliance (s): (5):</u>
CCR SECTION 1424(b)(1)- Administration/Organization – Program Evaluation - The program

lacks evidence of implementation of the systematic plan for total program evaluation.

The progress report affirms that faculty have reviewed and reaffirmed the systematic plan for program evaluation that they intend to use (attached). The report specifies how they plan to measure attrition rates. Policies and procedures for admission, selection and progression serve as the basis for evaluation. Copies of faculty meeting minutes were provided demonstrating faculty communication and actions related to aspects of program evaluation from October 2013-May 2014. The faculty meeting minutes demonstrate a focus on the areas of non-compliance as well as other general nursing department issues. The plan would benefit from some areas of refinement; however the actions taken by faculty over the past months demonstrate that they are implementing the program evaluation plan. The program is in-compliance with this requirement.

CCR SECTION 1424(d) - Administration/Organization – Sufficient Resources - The nursing building that provides classroom and skills/simulation lab space lacks sufficient supplies, and requires physical plant repairs and maintenance.

The program provided written updates beginning in October 2013 describing actions that were initiated to address the adequacy of clinical supplies and the physical condition of the G-9 Nursing Building which houses classrooms, skills/simulation labs and faculty office space. The progress report indicates that the program has been supplied with a budget for supplies for the academic year 2014-2015 ($4000), and that the Nursing Laboratory Lab Coordinator has a defined schedule and process for inventory and ordering of supplies. The faculty also decided to implement a prior consideration from student input to have students purchase an ELAC customized "Pocket Nurse", so that they would have access to their own personal supplies for optional supplemental practice ($ 40.05) when away from campus. The use of student purchased clinical supply kits is in practice at many programs. The progress report makes a declarative statement that the program will continue to provide supplies needed for practice and testing. Grant funds are also available to augment supply resource needs.

In the progress report dated 4-11-14 the program reported that all repairs were completed. The program Dean has been instrumental in this process, and highly involved in inspecting the building on a regular basis. The college has a new facilities manager who also facilitated improvements. An ongoing custodial maintenance schedule was developed and implemented. A process for reporting temperature regulation issues was established. The program surveyed student satisfaction with temperature regulation in which the majority agree or strongly agreed to be satisfied with the building temperature (attached).

The assigned NEC toured the building on 6/21/14, with the program Dean and a facilities representative. All prior required physical plant concerns have been addressed. In addition, the program painted, updated carpet, provided for all new student desks, refurbished faculty classroom desks/ whiteboards, and student/faculty lounge furnishings ( see attachment). Nursing program faculty that were teaching and available were also interviewed about their satisfaction with the building updates and supply adequacy. Faculty report that adequate clinical supplies are available for instruction. One faculty member who is also one of the assistant program directors has relocated her office back to the G-9 building based on the improvements made. The program intends to survey students/faculty in the next academic year to ensure that clinical practice supplies remain adequate. The program demonstrates compliance in this area.

CCR SECTION 1424(h) - Administration/Organization – Faculty Adequacy - The program lacks a sufficient number of qualified full-time faculty to achieve program objectives.

The program has previously indicated that a minimum of (9) full-time faculty excluding the program director position, would permit for implementing the program for the customary enrollment patterns of (60) students in fall and spring semesters. The need for faculty was most evident in the medical-surgical and psychiatric nursing areas. The Board required the program to decrease new enrollments to (48) per semester, related to faculty resource issues. The progress report reflects new enrollments in fall 2014 to be (48) or less students, and total enrollment to be 213 students.

The program reports that interviews to hire two new full-time tenure track faculty positions occurred on June, 30th, 2014. Four potential candidates (current adjunct faculty), for the two medical-surgical faculty positions are scheduled to meet with the V.P. of Workforce Education and the college President to finalize the selection process, anticipated by the end of July. Recruitment efforts to fill a budgeted position for a long-term substitute faculty (full benefits) for the mental health/psychiatric nursing area have not been successful. The program director states that they are positioned to implement the program that begins September 2, 2014, with existing program resources and budget allocations should there be a change in the intended hiring process.

Six full-time and (18) BRN qualified part-time faculty comprise the current faculty list at this time. This excludes the program director position which is designated as a 100% administrative position by the college. The program provided the faculty assignment plan (as of 7/7/14) for Fall 2014, reflective of the intended assignments subsequent to the completion of the hiring process. (attached). The program director intends to teach the theory component of the Mental Health /Psych (N268) course.
Pending assignments include:

- Theory- Med./Surg II (N267) - To be determined (TBD ) new hire assigned
- Clinical - Med./Surg II (N267) One section of clinical assigned to new hire (TBD)
- Clinical - M/S II (N267) – I.- Oparah is perusing geriatric remediation.
- Theory - Role Transition II (N274) is assigned to new hire (TBD)

The program intends to provide an updated faculty assignment plan by 8/4/14. A determination of compliance with this regulation cannot be rendered at this time.

CCR SECTION 1426(b) – Required Curriculum- The current curriculum does not provide the structure and content to ensure that students have the knowledge, skills and abilities necessary to function and to meet the minimum competency standards of a registered nurse.

The progress report indicates the program will submit a revised curriculum at the end of July. The program director described that the revised curriculum is intended to be implemented in January 2015, subsequent to Board approval in Fall 2014, with newly enrolled students. The existing curriculum is planned to remain in place for currently enrolled students until they complete the program. Faculty minutes convey that the program has been working with a consultant in the revision process, which was suggested by NECs at the time of the October 2013 approval visit. The program reports that the revised curriculum will encompass NCLEX

categories and subcategories, IOM recommendations and QSEN competencies. The curriculum framework and major concepts are described as having been revised. Faculty meeting minutes also describe revisions to the existing clinical evaluation tool and medication evaluation tool. The program is currently in the process of addressing the area of non-compliance and requires additional time to demonstrate full compliance, through submission of a curriculum revision by 8/4/14, with subsequent Board approval.

CCR SECTION 1431 – Licensing Examination Pass Rate Standard - The NCLEX examination pass rate for first-time test takers is below 75%.

2013-2014 - 50% ( July-March) – 70 taken/35 passed
2012-2013 – 62.28%
2011-2012 – 82.26%
2010-2011 – 69.05%
2009-2010 – 61.67%
2008-2009 – 74.77%
2007-2008 – 64.44%
2006-2007 – 75.68%

The program retained an external consultant to provide a comprehensive review to assist students completing the program in June 2014 to take the NCLEX examination. It was funded by the program. Student evaluation indicated that they benefited from the comprehensive review. The faculty have identified a variety of short term and long strategies, such as the curriculum revision, to improve examination score outcomes focused on both faculty and student initiatives (see attachment). The program is in non-compliance year to date for academic year 2013-2014, and for the prior academic year.

Recommendation (1):
CCR SECTION 1425.1(b) – Faculty Orientation - Formalize the faculty orientation process specific to the nursing program
The program developed a well-structured orientation manual with a detailed orientation completion checklist for new full-time or adjunct faculty.

**The Education/Licensing Committee met as a Sub-Committee (due to lack of Committee quorum) on August 7, 2014 and makes the following recommendations:**

- **Change program approval status to Defer Action to Continue Approval.**
- **Program to submit quarterly progress reports to NEC, continue to recruit full-time faculty to fill the psych/mental health position, continue to limit program admission/enrollment to 48 students admitted twice annually.**
- **Program will return to Education/Licensing Committee for progress report in August 2015.**

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

**PERSON(S) TO CONTACT:** Shelley Ward, M.P.H., R.N., NEC

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

**BOARD OF REGISTERED NURSING**
PO Box 944210, Sacramento, CA 94244-2100
P (916) 322-3350 F (916) 574-8637 | www.rn.ca.gov
**Louise R. Bailey, MEd, RN, Executive Officer**

February 11, 2014

Ms. Lurelean Gaines, RN, MSN
Program Director/Chairperson
East Los Angeles College Associate Degree Nursing Program
1301 Avenida Cesar Chavez
Monterey Park, CA 91754

Dear Ms. Gaines:

The Board of Registered Nursing, at its February 6, 2014 meeting in Oakland, California determined that the East Los Angeles College Associate Degree Nursing Program (ELAC) was not in compliance with the requirements set forth in Article 3 of Division 14 of Title 16 of the California Code of Regulation regarding Board approved prelicensure programs. Specifically, per the report of the October 7-8, 2013 continuing approval visit, it was determined that ELAC was not in compliance with the following provisions:

- CCR SECTION 1424(b)(1)- Administration/Organization – Program Evaluation
  The program lacks evidence of implementation of the systematic plan for total program evaluation.

- CCR SECTION 1424(d) - Administration/Organization – Sufficient Resources
  The nursing building that provides classroom and skills/simulation lab space lacks sufficient supplies, and requires physical plant repairs and maintenance.

- CCR SECTION 1424(h) - Administration/Organization – Faculty Adequacy
  The program lacks a sufficient number of qualified full-time faculty to achieve program objectives.

- CCR SECTION 1426(b) – Required Curriculum
  The current curriculum does not provide the structure and content to ensure that students have the knowledge, skills and abilities necessary to function and to meet the minimum competency standards of a registered nurse.

- CCR SECTION 1431 – Licensing Examination Pass Rate Standard
  The NCLEX examination pass rate for first-time test takers is below 75%.

Consequent to these findings the Board voted to impose the following actions:

- Place the program on Warning Status With Intent To Withdraw Approval.
- Require the program to provide progress reports to the NEC for inclusion in the March, May and August 2014 Education/Licensing Committee meeting reports.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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**Louise R. Bailey, MEd, RN, Executive Officer**

- Require the program to be presented at the August 2014 Education/Licensing Committee meeting and the September 2014 BRN Board meeting for review, at which time full compliance must be demonstrated.
- Reduce program enrollments to forty-eight (48) students admitted twice annually effective immediately.

Failure to achieve full compliance with all of the deficiencies noted above by August 6, 2014 may result in Board action to initiate withdrawal of program approval.

If further information is needed please do not hesitate to contact Shelley Ward, NEC at (818) 558-5062.

Sincerely,

BOARD OF REGISTERED NURSING

Miyo Minato

Miyo Minato, MN, RN
Supervising Nursing Education Consultant

cc: Mr. Laureano Flores, Dean, ELAC
Shelley Ward, NEC

# EAST LOS ANGELES COLLEGE

MARVIN MARTINEZ, *President*

1301 Avenida Cesar Chavez
Monterey Park, California 91754
323 265 8650


7 July 2014

Ms. Shelley Ward, MPH, RN
Nursing Education Consultant
Board of Registered Nursing
P.O. Box 944210
Sacramento, CA 94244-2100

Dear Ms. Ward:

Attached please find documentation in response to CCR SECTION(s) 1424(b)(1); 1424(d); 1424(h); 1426(b) and 1431for your review.

Please note that the total revised curriculum is not attached to this document and will be forwarded before the end of July.

Thank you again for your assistance and concern for this program and the community it serves.

Sincerely,

Lurelean B. Gaines

Lurelean B. Gaines, Chairperson
Department of Nursing
East Los Angeles College

# Program Evaluation Plan

| CONTENT EVALUATED | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | Comments |
|---|---|---|---|---|---|---|---|---|---|
| **Philosophy & Theoretical Framework** | | | | | | | | | |
| 1. Consistency of Philosophy<br>1.1 With ELAC & LACCD<br>1.2 Consistent with BRN Regulations | X | X | X | X | | | | | Reviewed January 2014, and to repeat process at the end of the school year. |
| 2. Review and update philosophy/theory framework/terminal objectives to reflect current practice and regulations. | X | X | X | X | | | | | March 2014 all full-time faculty and a few part-time faculty reviewed, created and approved the new content. To be reviewed annually. |
| 3. Consistency of philosophy goals and terminal objectives<br>3.1 Lines of authority<br>3.2 Role of ADN graduate | X | X | X | X | | | | | |
| | | | | | | | | | |
| **Program Organization & Administration** | | | | | | | | | |
| 1. Consistency of organization plan with college and district programs | X | X | X | X | | | | | Periodically information comes to ELAC from LACCD and is shared campus wide. Any information regarding Nursing usually comes via the Nursing Discipline Committee from the Vice Chancellor. |
| 2. Consistent with AFT agreement | X | X | X | X | | | | | AFT Contract approved by LACCD and AFT 1 July 2011 to 30 June 2014. AFT in negations 06/2014. |
| 3. Organization chart and relationships<br>3.1 Lines of Authority<br>3.2 Formal communications | X | X | X | X | | | | | Reviewed by Administration and Nursing faculty. |
| 4. Time allotment to Director:<br>Time allotment to Assistant Directors | X | X | X | X | | | | | Consistent with AFT Contract for the Director and the Asst. Director (s). |
| 5. Updating of Faculty policies/procedures | X | X | X | X | | | | | Reviewed, revised, and approved by full-time nursing faculty annually. |
| | | | | | | | | | |
| **Consistency of Director's Authority & Responsibility** | | | | | | | | | |
| 1. Preparation & administration of budget | X | X | X | X | | | | | Budget allocations are made annually and allocations established in collaboration with the Dean of Workforce Education. |
| 2. Screening and recommended hires: | X | X | X | X | | | | | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 3. Assignment and Evaluation of Faculty: | X | X | X | X | | | | | Screening and recommendations for new full-time permanent hires is based on ELAC Academic Senate Hiring practices. |
| 4. Acquisition/use of buildings/resources: | X | X | X | X | | | | | Written assignments/schedules are submitted one year in advance, however changes and adjustments are made prior to start of any given semester. Acquisition of classrooms outside of the Nursing Building is assigned by Academic Affairs upon request. |
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| **CONTENT EVALUATED** | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | **Comments** |
| **Faculty** | | | | | | | | | |
| 1. Academically & clinically qualifies & competent: | X | X | X | X | | | | | Clinical competency is validated by the clinical facility. Instructors must successful complete testing written and practice to receive credit and continue in the clinical facility. All nursing faculty is aware of the need to reach students regardless of learning styles (taping, tutoring by faculty, office hours for clarification, advisement, guidance, and review of test to guide students in general. Numerous strategies are utilized in individual courses to encourage, enhance, and elevate student performance. All nursing faculty are on college committees as a means of staying connected, and as required by AFT contract. Faculty evaluations are conducted in accordance with the AFT contract in addition to self-imposed evaluations created by nursing faculty to evaluate theory and clinical. ursing has full autonomy/utilization of its faculty. All nursing faculty receive student and module evaluation at the completion of each course. Graduate evaluations are done via mailed survey within three months of completion of the program (with little or no response) so that graduate information comes in via telephone, face to face with faculty in facilities, and nursing alumni events held on campus. |
| 2. Respond to individual needs & styles: | X | X | X | X | | | | | |
| 3. Act to enhance skills & abilities: | X | X | X | X | | | | | |
| 4. Develop clinical criteria for program: | X | X | X | X | | | | | |
| 5. Methodical in determining content/objectives | X | X | X | X | | | | | |
| 6. Utilize varied teaching strategies | X | X | X | X | | | | | |
| 7. Participate in college activities | X | X | X | X | | | | | |
| 8. Participate in academic advisement/guidance/counseling | X | X | X | X | | | | | |
| 9. Ongoing evaluation plan of faculty | X | X | X | X | | | | | |
| 10. Evaluations by peers/students/graduates | X | X | X | X | | | | | |
| 11. Faculty systematically eval. Curriculum | X | X | X | X | | | | | |
| 12. Documentation of student advisement | X | X | X | X | | | | | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Curriculum** | | | | | | | | | |
| 1. Review of philosophy, theoretical framework and terminal objectives re: nursing practice: | X | X | X | X | | | | | January 2014 full-time and a few part-time faculty participated in the beginning of the creation and revision the total curriculum lead by an outside consultant. The process and completion of the revised curriculum continued throughout the entire semester with all full-time nursing faculty. The curriculum was developed utilizing 7 major concepts:<br>1. Safe and effective care<br>2. Professionalism<br>3. Leadership<br>4. Interprofessional collaboration<br>5. Clinical reasoning and judgment<br>6. Relationship based care<br>7. Informatics and technology<br>In addition to the proceeding mentioned process content teams met to discuss and give input for change and accepted the newly created and revised content.<br>Student input has been largely informal as many of the changes have been shared with them but not yet implemented and through the ELACNSA (student club) where one Assist Chairperson is the advisor. Further, student representatives from each clinical group serve on all faculty committees but it's infrequent.<br>As a direct result of the infrequency of student participation and the need to keep everyone informed, the entire department meets on a quarterly basis with an agenda that is handed out to students and often quest presenters are invited to share information i.e., One Legacy-presentation this semester.<br>Advisory Committee shares vital information with regard to 1) expectations of faculty/students in their facilities; 2) expectations of new graduates; 3) hiring practices of new grads from ELAC, 4) changes that are occurring in the facilities with regard to electronic charting, 5) collaboration with other community partners such as the American Diabetes Association. This information is documented in minutes from the meeting.<br><br>Faculty as a whole reviews student status pass/retention/fail rates.<br><br>For each module students are asked to complete and submit modular evaluations (usually one of the student representatives hand out documents and collect the evaluations and bring the completed documents to the Nursing Office in a sealed envelope and faculty review at the end of the semester/school year. The Office of Institutional Effectiveness has placed the surveys on line so that students will be able to respond to the surveys online once the class has ended. Further, OIE plans to set up a tracking system related to job placement that would be associated with the Career Center so that customer service would be available to students to assist in finding employment. The program provided an additional NCLEX review paid for by the |
| 2. Theoretical framework outlined | X | X | X | X | | | | | |
| 3. Modules reflect philosophy and theoretical framework: | X | X | X | X | | | | | |
| 4. Logical & consistent sequencing/progression of content, experience, and leadership: | X | X | X | X | | | | | |
| 5. Nursing Process operationalized: | X | X | X | X | | | | | |
| 6. Consideration of educational philosophy in curriculum: | X | X | X | X | | | | | |
| 7. Appropriate course content selected: | X | X | X | X | | | | | |
| 8. Theory and clinical objectives behavioral and measurable: | X | X | X | X | | | | | |
| 9. Feedback from formative evaluation: | X | X | X | X | | | | | |
| 10. Appropriateness of instructional strategies & learning experiences: | X | X | X | X | | | | | |
| 11. Specific and measurable grading criteria: | X | X | X | X | | | | | |
| 12. Clinical eval. criteria & tools reflect philosophy & theoretical framework: | X | X | X | X | | | | | |
| 13. Means for systemic prog. Evaluation by students/grads/agencies: | X | X | X | X | | | | | |
| 14. Students participate in curriculum development: | X | X | X | X | | | | | |
| 15. Means to ensure success on NCLEX: | X | X | X | X | | | | | |
| 16. Consistency of Curriculum requirement with<br>16.1 ELAC<br>16.2 BRN: | X | X | X | X | | | | | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | college to encourage and enhance positive outcomes. |
| | | | | | | | | | |
| | | | | | | | | | |
| **CONTENT EVALUATED** | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | **Comments** |
| **Students** | | | | | | | | | |
| 1. admission policies area clearly stated | X | X | X | | | | | | Admission policies and procedures are clearly written and are available online, in Counseling, and available in the Nursing Office as an Information Guide. Overarching admission policies are established and reviewed annually by the LACCD Discipline Committee (Department Chairs/Directors) utilizing the Administrative Regulations Index Number E-10 Registered Nursing Program Standards.<br>Admission into the program is based on the lottery, applicants must have a 2.0 GPA overall with a minimum of 2.5 GPA in Anatomy, Physiology and Microbiology with no more than one repeat. Student Services support is available and in place to assist all students (Admissions, Counseling-a designated Counselor, Financial Aid, Veterans Affairs, and Disabled Student Services).<br>Consultation with Campus Ombudsman & VP of Student Services is done annually by Department Chairperson and as needed. |
| 2. Written information given to students is available, clear, correct & timely: | X | X | X | | | | | | |
| 3. Consistency of policies & procedures for students with ELAC policies & procedures for:<br>3.1 Admission, retention, repeat, grading, challenge & graduation<br>3.2 Student Services<br>3.3 Grievance procedures<br>3.4 Participation in activities and on committee | X | X | X | | | | | | |
| 4. Effectiveness of orientation of students | X | X | X | | | | | | |
| 5. Academic counseling available, and accurate | X | X | X | | | | | | |
| 6. Provision of individual student needs, learning styles, ethnic diversity | X | X | X | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| **Resources, Facilities and Services** | | | | | | | | | |
| 1. Provision of sufficient resources by ELAC: | X | X | X | | | | | | Nursing has a budget that affords the department the opportunity to order supplies, purchase software, purchase and repair equipment as needed and reported by the Nursing Learning Lab. Coordinator. Further, the Learning Lab. Coordinator does an annual inventory of support equipment needed for instruction and remedial work to address student needs. |
| 2. Adequacy of physical facilities | X | X | X | | | | | | |
| 3. Adequacy of supplies and equipment | X | X | X | | | | | | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 4. Adequacy of tutorial, Learning Resource Center, counseling, and financial aid for students | X | X | X | | | | | | In addition to the Nursing Learning Lab., ELAC maintains a Library and Learning Resource Center which are additional resources for student use evenings and weekends. Nursing has a dedicated counselor that sees all nursing students, most if not all nursing students meet with the Nursing Counselor. During orientation to the program students are informed of all resources available to them such as Financial Aid, Disabled Student Services, Writing Lab., Math Lab., and info regarding campus/departmental scholarships |
| 5. Appropriate and adequate instructional materials and resources<br>5.1 Skills Lab, equipment facility<br>5.2 Instructional support<br>5.3 Classroom and discussion facility<br>5.4 Audiovisual and computer assisted instruction hardware & software<br>5.5 Library resources, texts, etc. | X | X | X | | | | | | Nursing has and maintains two full-time clerical staff which adequately supports the program. Areas of need identified at least biannually. |
| 6. Adequacy of clerical and instructional support services: | X | X | X | | | | | | All contracts are current and are revised or renewed based on the process as established by the facility. |
| 7. Current and correct agency contracts | X | X | X | | | | | | ELAC maintains historical relationships with several of its' clinical agencies and as a direct result both parties work to maintain a good working relationship with faculty, staff, and students. |
| 8. Appropriate utilization of clinical agencies | X | X | X | | | | | | |

- **<u>CCR SECTION 1424(d) - Administration/Organization – Sufficient Resources</u>**
  **The nursing building that provides classroom and skills/simulation lab space lacks sufficient supplies, and requires physical plant repairs and maintenance.**

Immediately following the October 2013 visit by the BRN NEC, the following has occurred with regard to the **physical plant (G9 Nursing Building):**

The controls for heat and cold have been stabilized

***Attachment- G9 Building Temperature Satisfaction Survey***

The entire building has been painted;
Floor tiles buckling or loose tiles have been replaced;
Ne white boards have been installed;
New carpet has been laid in classrooms on the second floor; and
Student chairs have been replaced

***Attachment of photos from G9-203***

To eliminate the possibility of the building falling into disarray, the following Maintenance Process has been established by the new Facilities Manager:

***Attachment G-9 Nursing Building Custodial Cleaning Schedule***

For years nursing students have asked for things like Pocket Nurse as a means of enhancing their opportunities for practice beyond the campus. It is not uncommon for programs to require students to purchase tools from companies such as "Pocket Nurse." After much discussion and investigation regarding items to require and cost to students, October 2013 it was determined that students would be required to purchase "Pocket Nurse" at $40.05 The customized bag contains content that the total faculty determined would be utilized by students in the program. Today students proudly walk around with their green bags that affords them the opportunity to practice at home and in available class rooms and other areas on campus using their own personal items. **It should be noted that even though students purchased "Pocket Nurse" supplies for practice and testing in the Nursing Learning Laboratory are available for student and faculty use.** Nursing has a supply budget that affords the department the opportunity to order supplies, purchase software, purchase and repair equipment as needed when the need has been reported by the Nursing Learning Laboratory Coordinator. Further, the Learning Lab Coordinator does an annual inventory of support equipment needed for instruction and remedial work to address student and faculty needs.

***Attachment of "Pocket Nurse" order with description of items and cost per tote***
***Attachment of the LACCD Budget Report by Fund for Nursing July 1 2014 – June 30, 2015***
***Attachment of the Nursing Learning La. Supply Ordering Timeline***

In addition to the Nursing Learning Lab., ELAC maintains a Library and a Learning Resource Center which are additional resources for student use days, evenings, and on weekends. Nursing has a dedicated counselor that sees all nursing students, most if not all nursing students meet with the Nursing Counselor. During orientation to the program students are informed of all resources available to them such as Financial Aid, Disabled Student Services, Writing Lab., Mathematics Lab., and information regarding campus/departmental scholarships. Nursing has and maintains two full-time clerical staff that adequately supports the program.

All contracts are current and are revised or renewed based on the process established by the clinical facility.

ELAC maintains historical relationships with several of its' clinical agencies and as a direct result both parties work to maintain a good working relationship with faculty, staff, and students.

# ELAC DEPARTMENT OF NURSING

## G9 Building Temperature Satisfaction Survey

| General Questions | Strongly Agree | Agree | Somewhat Agree | Somewhat Disagree | Strongly Disagree |
|---|---|---|---|---|---|
| 1. Are you satisfied with the current temperature? | 19 | 18 | 1 | 0 | 0 |
| 2. Are you satisfied with the temperature in your classroom? | 19 | 17 | 2 | 0 | 0 |
| 3. Are you satisfied with the temperature in the Nursing Practice Lab? | 19 | 18 | 1 | 0 | 0 |

4. Do you have any comments or recommendations on how could the temperature in the G9 Nursing Building be improved to better meet students' needs?

- Temperature is not consistent. It's either too hot or too cold.
- It's fine. But, can you get rid of that annoying beeping sound!
- Clean the Vents, I have allergies
- I am not complaining. I'm satisfied.
- None
- None
- None
- It's Fine
- Improved
- None
- Much Better
- Everything is great
- Nice temperature
- No comment. Temperature improved
- No. It's perfect now!!!
- No Thanks
- It's all good
- Very Nice
- Good Temperature
- None. Improved
- It's Fine
- None
- Just listen to student's needs
- Comfortable
- It's perfect

Los Angeles Community College District
Budget Report By Fund
Period: July 1, 2014 - June 30, 2015
FM Area: 1

Report No. FR0040
Run On 07/11/2014 14:09:02



Fund 10100 Basic

| Commit Item (G/L) Account | Description | Budget | Commitment | Actual | Balance | Rem Bud % |
|---|---|---|---|---|---|---|
| Fund Center: E6770A | Nursing | Func Area: 1200 | | | | |
| 452100 | Office Supplies | 4,000.00 | 0.00 | 0.00 | 4,000.00 | 100 |
| Total: E6770A | | 4,000.00 | 0.00 | 0.00 | 4,000.00 | 100 |
| Total by Business Area: E000 | | 4,000.00 | 0.00 | 0.00 | 4,000.00 | 100 |
| Total Fund 10100 | Basic | 4,000.00 | 0.00 | 0.00 | 4,000.00 | 100 |

end of report

State of California

Department of Consumer Affairs
Board of Registered Nursing

**NURSING CURRICULUM AND CLINICAL FACILITIES**

(916) 322-3350

| NAME OF PROGRAM: EAST LOS ANGELES COLLEGE | SIGNATURE (Director of RN Program): Dreslean B. Gomez | DATE: 24 June 2014 |
|---|---|---|

Please list all nursing subjects offered during the quarter/semester of the approval visit.

| | NURSE COURSE (Name & Number | M/S | O | C | PMH | G | UNITS LEC | UNITS LAB | LEAD INSTRUCTOR (Name) | CLINICAL LAB INSTRUCTOR(S) (Name) | #STUDENTS /SECTION | CLINICAL SITE |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1st Semester | Fundamentals N265 | ☒ | ☐ | ☐ | ☐ | ☒ | 2 | 2 | Jennifer Munguia | J. Munguia | 8 | St. Vincent's Medical Center |
| | | ☐ | ☐ | ☐ | ☐ | ☐ | | | | J. Munguia | 8 | St. Vincent's Medical Center |
| | | ☐ | ☐ | ☐ | ☐ | ☐ | | | | D. Moore | 8 | St. Vincent's Medical Center |
| | | ☐ | ☐ | ☐ | ☐ | ☐ | | | | K. Lutz | 10 | Monterey Park Hospital |
| | | ☐ | ☐ | ☐ | ☐ | ☐ | | | | S. Ching or New Hire | 10 | LAC-USC Medical Center |
| | | ☐ | ☐ | ☐ | ☐ | ☐ | | | | Total | (44) | |
| 1st Semester | M/S I N266 | ☒ | ☐ | ☐ | ☐ | ☒ | 2 | 2 | Carolyn Du | J. Munguia | 8 | St. Vincent's Medical Center |
| | | ☐ | ☐ | ☐ | ☐ | ☐ | | | | J. Munguia | 8 | St. Vincent's Medical Center |
| | | ☐ | ☐ | ☐ | ☐ | ☐ | | | | D. Moore | 8 | St. Vincent's Medical Center |
| | | ☐ | ☐ | ☐ | ☐ | ☐ | | | | K. Lutz | 10 | Monterey Park Hospital |
| | | ☐ | ☐ | ☐ | ☐ | ☐ | | | | S. Ching or New Hire | 10 | LAC-USC Medical Center |
| | | ☐ | ☐ | ☐ | ☐ | ☐ | | | | Total | (44) | |
| 2nd Semester | M/S II N267 | ☒ | ☐ | ☐ | ☐ | ☒ | 2 | 2 | New Hire | New Hire | 10-12 | LAC-USC Medical Center |
| | | ☐ | ☐ | ☐ | ☐ | ☐ | | | | Kimberly Knight | 10 | Monterey Park Hospital |
| | | ☐ | ☐ | ☐ | ☐ | ☐ | | | | Ifunanya Oparah (geriatric remediation in process) | | |

State of California

Department of Consumer Affairs
Board of Registered Nursing

**NURSING CURRICULUM AND CLINICAL FACILITIES**

(916) 322-3350

| NAME OF PROGRAM: EAST LOS ANGELES COLLEGE | SIGNATURE (Director of RN Program): Lurelean B. Gaines | DATE: 24 June 2014 |
|---|---|---|

Please list all nursing subjects offered during the quarter/semester of the approval visit.

2nd Semester

| NURSE COURSE (Name & Number | M/S | O | C | PMH | G | UNITS LEC | UNITS LAB | LEAD INSTRUCTOR (Name) | CLINICAL LAB INSTRUCTOR(S) (Name) | #STUDENTS /SECTION | CLINICAL SITE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Psych/Mental Health N268 | ☐ | ☐ | ☐ | ☒ | ☒ | 2 | 2 | Lurelean Gaines BRN Qualified | Jack Duncan | 10 - 12 | LAC-Agustus Hawkins |
| | ☐ | ☐ | ☐ | ☐ | ☐ | | | | Jack Duncan | 10 - 12 | LAC-Agustus Hawkins |
| | ☐ | ☐ | ☐ | ☐ | ☐ | | | | Jean Chuksorji | 10 - 12 | LAC-Agustus Hawkins |
| | ☐ | ☐ | ☐ | ☐ | ☐ | | | | | | |
| M/S~~I~~II N269 | ☐ | ☐ | ☐ | ☐ | ☐ | 3 | 2.5 | Brenda Chan | Brenda Chan | 10 - 12 | LAC-USC Medical Center |
| | ☐ | ☐ | ☐ | ☐ | ☐ | | | | Sulma Bravo | 10 - 12 | LAC-USC Medical Center |
| | ☐ | ☐ | ☐ | ☐ | ☐ | | | | Geraldine Martinez | 10 - 12 | LAC-USC Medical Center |
| | ☐ | ☐ | ☐ | ☐ | ☐ | | | | | | |
| Obstetrics N271 | ☐ | ☒ | ☐ | ☐ | ☐ | 2 | 2 | Martha Garcia | Martha Garcia | 10 - 12 | LAC-USC Medical Center |
| | ☐ | ☐ | ☐ | ☐ | ☐ | | | | Carolyn Du | 10 - 12 | Monterey Park Hospital |
| | ☐ | ☐ | ☐ | ☐ | ☐ | | | | Rachel Plotkin | 10 - 12 | PIH |
| | ☐ | ☐ | ☐ | ☐ | ☐ | | | | | | |
| Pediatrics N270 | ☐ | ☐ | ☒ | ☐ | ☐ | 2 | 2 | Pauline Sunda | Pauline Sunda (2 clinical sections) | 10 – 12 | LAC-USC Medical Center |
| | ☐ | ☐ | ☐ | ☐ | ☐ | | | | Jade Valmonte | 10 - 12 | LAC-USC Medical Center |

State of California

Department of Consumer Affairs
Board of Registered Nursing

**NURSING CURRICULUM AND CLINICAL FACILITIES**

(916) 322-3350

| NAME OF PROGRAM: EAST LOS ANGELES COLLEGE | SIGNATURE (Director of RN Program): [illegible] | DATE: 24 June 2014 |
|---|---|---|

Please list all nursing subjects offered during the quarter/semester of the approval visit.

| NURSE COURSE (Name & Number | M/S | O | C | PMH | G | UNITS LEC | UNITS LAB | LEAD INSTRUCTOR (Name) | CLINICAL LAB INSTRUCTOR(S) (Name) | #STUDENTS /SECTION | CLINICAL SITE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M/S IV | ☒ | ☐ | ☐ | ☐ | ☒ | 3 | 3 | Rachel Plotkin | Angela Millan | 10 - 12 | LAC-USC Medical Center |
| | ☐ | ☐ | ☐ | ☐ | ☐ | | | | Sunday Okundolor | 10 - 12 | LAC-USC Medical Center |
| | ☐ | ☐ | ☐ | ☐ | ☐ | | | | ~~New Hire~~ replaced with Quang Vu | 10 - 12 | LAC-USC Medical Center |
| | ☐ | ☐ | ☐ | ☐ | ☐ | | | | | | |
| Role Transition I N273 | ☒ | ☐ | ☐ | ☐ | ☒ | 0.5 | 0 | J. Munguia | | 24-36 | No Clinical |
| Role Transition II N274 | ☒ | ☐ | ☐ | ☐ | ☒ | 0.5 | 0 | New Hire | | 15-48 | No Clinical |
| | ☐ | ☐ | ☐ | ☐ | ☐ | | | | | | |
| Nursing Process N276 | ☒ | ☐ | ☐ | ☐ | ☒ | 1.5 | 0 | Carolyn Du | | 15/Section | No Clinical |
| Health Assessment N277 | ☒ | ☐ | ☐ | ☐ | ☒ | 1 | 0.5 | Martha Garcia | Martha Garcia | 15/Section | Campus Lab |
| | ☐ | ☐ | ☐ | ☐ | ☐ | | | | | | |
| Pharmacology N275A/B | ☒ | ☒ | ☒ | ☒ | ☒ | 2 | 0 | Brenda Chan | | 36-48 | No Clinical |
| | ☐ | ☐ | ☐ | ☐ | ☐ | | | | | | |
| | ☐ | ☐ | ☐ | ☐ | ☐ | | | | | | |
| | ☐ | ☐ | ☐ | ☐ | ☐ | | | | | | |
| | ☐ | ☐ | ☐ | ☐ | ☐ | | | | | | |

- **CCR SECTION 1431 – Licensing Examination Pass Rate Standard**
  **The NCLEX examination pass rate for first-time test takers is below 75%.**

In an attempt to assist students in passing the NCLEX-RN the department decided to bring in an outside consultant to conduct a comprehensive review, with a focus on content, for graduates completing the program June 2014 paid for by Nursing/CTE. Information from students was overwhelmingly positive. Information gathered by faculty based on student comments reinforced what faculty had been seeing in students, students were more concerned about passing test rather than focusing on the fact that the program is preparing them for the final test, which is the NCLEX.

**ELAC Nursing will:**

- Continue to eliminate grade inflation, i.e. "fluff" projects
- Continue to utilize standardized test throughout the program (with a part of the grade assigned in courses that have been customized to fit the curriculum)
- Continue to emphasize NCLEX success begins the first day of Orientation to the program students know at the first orientation to the program
- Continue to develop strategies and interventions for "at risk" students
- Continue to offer financial help in the form of scholarships (ELACNAC-Alumni Nursing organization and share the importance of scholarships which affords students to minimize full-time workload while in the program
- Continue to offer tutoring and mentoring, which is sponsored by Los Angeles County Department of Health Services and ELACNAC
- Continue to invite unsuccessful candidates (participation in NCLEX review; access to Nursing Learning Lab.
- Continue requiring midcurricular examinations

**Encourage Nursing faculty - theory and clinical to:**

- Become familiar with NCLEX validity and practice-relatedness; include in orientation of new faculty
- Use NCLEX Detailed Test Plan to validate curriculum; use as reference in curriculum development, revision, and maintenance
- Participate in item-writing/test construction workshops
- Consider midcurricular evaluations of content to strengthen content delivery
- Continue to work closely with the BRN NEC assigned in the curriculum evaluation and development

**Recommendations to Students and NCLEX Candidates:**

- Accept responsibility for your own success in the program and on the NCLEX and become an active participant in the learning process.

**BOARD OF REGISTERED NURSING**
**Education/Licensing Committee**
**Agenda Item Summary**

**AGENDA ITEM:** 7.4
**DATE:** September 18, 2014

**ACTION REQUESTED:** Vote on Whether to Grant Continuing Approval for ITT Technical Institute, Rancho Cordova (ITTRC) Breckinridge School of Nursing Associate Degree Nursing Program

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

**BACKGROUND:** Carla Carter, MSN, M.Ed., RN was approved as the Program Director (PD) 11/15/13 and the fifth PD since program inception (March 2012). PD Ms. Carter has 100% (40 hrs/wk) administrative time. Associate Director (AD), Dr. Mott (appointed since 10/13), is the fourth AD and has at least 20% (8 hrs/of 40 hrs/wk) assigned administrative time each quarter.

Since February 2014, the program has been on a "Defer Action for Continuing Program Approval" program status per the attached February 11, 2014 Board Action letter (as attached) with the requirement the program provide evidence of full compliance with the regulations especially with regard to resources (clinical facilities and faculty) to deliver the program to existing and future students for presentation at the August 2014 ELC and September 2014 Board meetings.

The program is a nine quarters program of study. Program enrollment has been indefinitely suspended since September 2013 as specified in the September 2013 Board action letter due to the seven areas of non-compliance and six recommendations identified during the July 2013 continuing approval visit as attached. As initially approved, the program admitted up to a maximum of 30 students twice year (March and September terms). To date the program has admitted three cohorts of students (March 2013, September 2012 and March 2013). ITTRC is accredited by the Accrediting Council for Independent Schools and Colleges (ACICS).

Cohort #1(19) students completed the program in June 2014 with graduates expected to take the NCLEX- RN exam as first time testers in the July 1-Sept. 30, 2014 quarter. The first set of program NCLEX-RN pass rate results are expected to be available in late October-early November 2014.

As of mid-June 2014, total program enrollment now totals 51 students for the two remaining Cohorts #2 and 3. Cohort #2 has 21 students as one of the 22 students transferred to another ITT program in different state. Cohort #3 has 29 students; one of the 30 students completed the Spring term and then withdrew due to personal issues.

**In summary program events and Board actions from March 2013-August 2014:**

- A continuing program approval visit was triggered in July 2013 due to the loss of two essential clinical affiliations (Sutter Health and Dignity Health) in the Spring 2013 quarter. This resulted in no acute care clinical placements for implementation of the approved program for Cohort#1 to complete the required Adult Nursing II (AN II) clinical hours in Summer 2013 and no OB and PEDS clinical placements for this cohort of students to progress in the program per the July 2013 continuing approval visit findings and the attached 7/13 summary Report of Findings.
- On September 11, 2013 the Board placed the program on Warning Status with Intent to Withdraw Program Approval. Program enrollment was indefinitely suspended and the program was required to submit evidence of full compliance with all nursing education regulations and statutes by December 1, 2013 for presentation at the January 2014 ELC and February 2014 Board meetings per the attached document.
- In October 2013, a minor curriculum change for Cohort #1 students was authorized so this cohort could progress in the program and finish the program in nine quarters. (Quarter 7 Gerontology course was moved to Quarter 8-Winter 2013 and taken along with the Quarter 8 OB/PEDS coursework; Quarter 8 Nursing Roles II course was moved to Quarter 9 and taken with the final nursing Capstone Advanced Med.Surg/Preceptorship in Spring 2014). Program Cohorts #2 and 3 continued to follow the June 2011 initially approved nine quarters course sequence/curriculum.
- In December 2013, ITTRC submitted the required December 1, 2013 Program Compliance Report (PCR) pgs. 1-13 and essential supporting evidence. At the January 2014 ELC and February 2014 Board meeting the program showed evidence of full compliance with the regulations for Cohorts #1, 2, and 3 with the acquisition of the November 1, 2013 signed "limited terms" written clinical agreement/facility contract with Sutter Health. The signed Sutter Health clinical agreement provided essential clinical placements at Sutter General (SGH) and Sutter Memorial (SMF) for the program's existing, 71 students OB, PEDS and Advanced M/S Preceptorship clinical placements. The "limited terms" Sutter Health contract along with the other submitted evidence meant although the program achieved compliance for the existing 71 program students in these first three program cohorts; ITTRC had not achieved necessary compliance to support program implementation/delivery for future students, particularly related to faculty and clinical placement resources.
- Effective February 11, 2014 as a result of achieving compliance with the BRN regulations for Cohorts #1, 2, and 3 (this included a 1/2014 NEC approved minor curriculum change for the NU 2999 Capstone Preceptorship) the program's approval status was changed from Warning Status with Intent to Withdraw Approval to a status of "Defer Action for Continuing Approval". Board action required a written progress report for March 2014 ELC/April 2014 Board and written evidence of full compliance with all regulations including faculty and clinical resources to deliver the program to existing and future students be demonstrated when the program is presented at the August 2014 ELC and the September 2014 Board meetings with program representatives in attendance. See attached document.
- ITTRC submitted an acceptable written progress report in March 2014 as reported at the March 2014 ELC and April 2014 Board meetings.

**Summary of ITTRC PCR evidence in each area of Non-Compliance**

In July 2014 ITTRC submitted the written Program Compliance Report (PCR) pgs. 1-7 and supporting evidence showing it had maintained full compliance for Cohorts #1, 2 and 3 since February 2014 as required. The July 2014 PCR and compliance evidence for Cohorts #1, 2 and 3 through July 2014 is summarized by each area of seven areas of non-compliance as listed below.

**CCR 1420 (c), (h) PD/AD Insufficient/Ineffective coordination, direction …. per the July 7/13 BRN reports**

- Refer to ITTRC PCR pgs.1-7 and supporting evidence for Summer 2014 per the clinical schedules as attached. The signed "limited terms" clinical agreement with Sutter Memorial and General Hospitals (covering only current Cohort #1, 2, and 3 students thru June 2015), effective November 1, 2013, remains in place without any modification as of July 2014.
- Evidence shows program leadership from November 2014-present demonstrates sufficient effective coordination and direction by the PD in administering the program and providing stability for the program, faculty, students, and affiliating clinical agencies.
- Like the Spring 2014 clinical placement schedules, the Summer 2014 schedules demonstrate availability of adequate clinical sites to implement the course of instruction for remaining Cohorts #2 and 3 in Summer 2014. Fall 2014 schedules are not finalized as of July 2014 but will include Sutter Health placements for OB, PEDS, and Advanced Med.Surg, for the two remaining cohorts through June 2015 and graduation of Cohort # 3 students. Sutter Health SGH and SMF course, student and faculty evaluations are positive and without any identified student or faculty concerns/issues.
- Sierra Vista (SV) Psych clinical rotations have been implemented successfully for the second time and included two clinical days/week as recommended by the program faculty. SV will be used in Fall 2014 for Cohort #3. Evaluations are positive without any identified student or faculty concerns.
- Program leadership obtained a new acute care clinical placement at a small (58 beds) acute care hospital, Vibra HealthCare Folsom for Spring 2014 placements. Vibra HealthCare was rated as a favorable placement by students and faculty; agency staff reported positive satisfaction with both students and faculty without any program issues identified.
- Asbury LTC/SNF and Sac Post-Acute Rehab use also reflects favorable evaluations related program assignments, students and faculty.

**CCR 1424(h) and 1426 (a) Lack of Timely BRN notification of program and curriculum changes per the 7/13 BRN visit reports and CCR 1423 and 1432.**

- Refer to ITTRC PCR pgs. 1-7 and supporting evidence. Communications, required updates and changes have been appropriate and timely.

**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 ITTRC PCR pgs.1-7 and supporting evidence. Evidence indicates PD and AD have provided appropriate timely administration/management of clinical affiliations since November 2013 to the present. See available clinical sites summary attachment.

**CCR 1424 (b) (1) Total Program Evaluation per the 7/13 BRN visit reports:**

- Refer to ITTRC PCR pgs.1-7 and supplemental documents. Evidence includes raw data course evaluations for Winter 2013 and Spring 2014 completed with a normal range of overall favorable responses in most evaluation areas.
- PD and the program faculty have implemented the updated the Systematic Program Evaluation Plan (SPEP). Evaluation data collection, analysis and reporting activities are on schedule per the written schedules.
- ITTRC Program Advisory Board (PAB) meetings are occurring with appropriate documentation in place.
- HESI NCLEX predictive testing processes, analysis/reporting/monitoring and student remediation activities evidenced and timely. HESI Exit policy was revised and new policy adopted 6/11/14 that included use of a formalized remediation worksheet.
- No student complaints or grievances reported.
- Course evaluation response rates are improved and continue to be monitored term to term by the PD. Faculty analyses and action planning now occurring every term through the appropriate program committees; committee documentation evidencing review/action planning.

**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 Compliance Report (PCR) pgs. 1-7 and supporting evidence.

- PD aware any adjustments to the budget require BRN review and approval prior to adjustment.
- As of July 14, 2014 program faculty consists of a total of 11 full time including the PD and three part time/adjuncts per the attached 7/14/14 Faculty Approval roster. Ten faculty including PD are MSN prepared and the remaining four faculty are at least BSN prepared assistant instructors. The required faculty content experts are identified and reviews are being done, documented and presented to program faculty for action/follow up. “Back up” OB faculty still needed at the time of this submission; PD reports one potential OB contact for “OB back up”; PEDS back up (MA) in process of completing PEDS remediation activities. M/S, Psych, and Gero “back up” faculty in place.

**CCR 1425.1 (d) Clinically Competent Faculty per the 7/13 BRN visit reports**

- Refer to ITTRC PCR pgs. 1-7 and supporting evidence.
- No clinical faculty competency issues reported by the PD/AD, students or agency staff.
- Appropriate faculty competency validation and re-validation completed by PD Ms. Carter and AD Dr. Mott. Ongoing, timely faculty observational visits completed in the Winter and Spring 2014 quarters per site reviewed evidence by the NEC.
- NEC clinical agency visits in Winter and Spring 2014 quarters (Asbury, SGH, SMF, Sac Post- Acute and Vibra HealthCare), reflect satisfaction with student clinical preparation/performance and faculty supervision/oversight.

**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 PCR pgs.1-7 and supporting evidence including Summer 2014 schedules for Cohort #2: OB at SGH and PEDS clinical coursework at SMF. Cohort #3: AN II at SMF, SGH, and Vibra HealthCare per the attached schedule.
- In June 2014, the New Dignity Health Education Director (LF) informed Ms. Carter, Dignity Health is unable to provide ITTRC any clinical affiliation until 2018. PD Ms. Carter was told by Dignity (LF) this Dignity Health decision is due to already existent saturation of Dignity Health facilities.
- Marshall Hospital in Placerville has not responded to multiple program requests for placements to date.
- PD Ms. Carter reports potential signed clinical agreements and placements for Fall 2014 term at Sutter Health Roseville and Sutter Health Modesto are pending( both of these facilities can provide necessary M/S, OB, PEDS and Advanced M/S Preceptorships, if secured). These two pending clinical agreements would be open ended contracts and separate from the existing Sutter Health Sutter General and Sutter Memorial signed agreement that only remains in effect until graduation of Cohort #3 in mid-June 2015.

**Tentative Cohort #2 and #3 schedules Fall 2014:**
**Cohort #2(in 9th quarter; graduating in December 2014)**

- Nursing Capstone/Preceptorship 21 student placements: Sutter Health Care Facilities (SGH and SMF as of this submission).

**Cohort # 3 (7th quarter)**

- Psych/Mental Health course (G1, 2, 3) at Sierra Vista; Gero course (G1, 2, 3) at Asbury and potentially Sacramento Post-Acute Care facilities.

**Winter 2014 Cohort #3 (8th quarter); only cohort remaining in the program:**

- OB (G1, 2, 3) at Sutter SGH and PEDS course (G 1, 2, 3) at Sutter SMF.

**Spring 2015 Cohort #3 (9th quarter; graduation in June 2015:**

- Advanced M/S Preceptorship course (G1, 2, 3) at Sutter SGH and SMF.

**ITTRC Program Compliance Report (PCR) evidence for Recommendations per the 7/13 BRN visit reports:** Please refer to ITTRC July 2014 PCR pgs. 1-7 and supporting evidence.

**Summary NEC Comments:**

- Accept ITTRC's July 2014 Program Compliance Report (PCR) pages 1-7 and supporting evidence as providing continuing evidence of compliance with the BRN regulations as it relates to program Cohorts #1, 2, 3.

- Identify the July 2014 PCR evidence does not fully comply with the February 11, 2014 Board action letter requirements (as attached). The program was required to provide necessary evidence of full compliance with all BRN regulations, especially resources (clinical facilities and faculty) to deliver the program for existing and for future program students by the August/September 2014 BRN meetings with program representation in attendance at the meetings.

- Recognize, at the time of this July 2014 submission, there are not sufficient OB/PEDS and Advanced Medical Surgical written clinical agreements to deliver the program to future program students. There has been no extension/modification of the existing "limited terms" SGH and SMF signed agreement. Note, PD Ms. Carter reports at least two potential separate Sutter Health acute care facilities (Roseville and Modesto) written agreements are pending and may be in place by August 2014. PD Ms. Carter understands signed clinical facilities agreements to support future program students must be provided as necessary evidence of full program compliance with the regulations at the August/September 2014 meetings.

- Cohort #2 (21) students are slated to graduate in December 2014; Cohort #3(29) students are slated to complete the program in June 2015.

- Recognize, first time testers NCLEX-RN pass rates for the first graduating ITTRC program cohort (potential N=19) will not be available until late October or early November 2014 even though the program's HESI Exit testing results predict favorable program rates.

**The Education/Licensing Committee met as a Sub-Committee (due to lack of Committee quorum) on August 7, 2014 and makes the following recommendations:**

- **Maintain Deferred Action for Continuing Approval.**
- **NEC will continue to monitor the program.**
- **Maintain full compliance with all BRN regulations for existing program students (existing program cohorts #2, and #3).**
- **By the September 2014 Board meeting, demonstrate full compliance with all the regulations, especially resources related to adequate type and number of faculty and clinical facilities, to deliver the program to future students.**

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

**PERSON TO CONTACT:** Katie Daugherty, MN, RN
(916) 574-7685

Report of Findings
ITT Technical Institute Rancho Cordova
Breckinridge School of Nursing & Health Science
Associate Degree Nursing Program
Site visit: July 10-17, 2013

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 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/~~13~~.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.

STATE OF CALIFORNIA
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DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

**BOARD OF REGISTERED NURSING**
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**Louise R. Bailey, MEd, RN, Executive Officer**

September 25, 2013

Dr. Mercy Popoola, PhD, RN
ITT Technical Institute
10863 Gold Center Drive
Rancho Cordova, CA 95670-6047

Dear Dr. Popoola:

The Board of Registered Nursing, at its September 11, 2013 meeting in Oakland, California determined that the ITT Technical Institute Rancho Cordova (ITTRC), Breckinridge School of Nursing Associate Degree Nursing Program was not in compliance with the requirements set forth in Article 3 (commencing with section 1420) of Division 14 of Title 16 of the California Code of Regulation regarding Board approved Prelicensure programs. Specifically, it was determined that ITTRC was not in compliance with the following provisions:

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), 1426 and 1432 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. (Note: CCR section 1432 was added.)

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.

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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.

In addition, the Board felt it was necessary to impose the following interim remedial measures upon ITTRC:

- 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.

Please also be advised of the school's responsibility under CCR 1432 to 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 or higher education in which the nursing program is located or with which it is affiliated that will affect the nursing program.

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
Supervising Nursing Education Consultant

cc: Mr. Jeff Ortega, Campus Director, ITT Technical Institute Rancho Cordova
Katie Daugherty, NEC

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.
BOARD OF REGISTERED NURSING
PO Box 944210, Sacramento, CA 94244-2100
P (916) 322-3350 F (916) 574-8637 | www.rn.ca.gov
Louise R. Bailey, MEd, RN, Executive Officer

November 6, 2013

Carla Carter, MSN, Med
Program Director
ITT Technical Institute
10863 Gold Center Drive
Rancho Cordova, CA 95670-6047

Dear Mrs. Carter:

The Board of Registered Nursing, at its November 6, 2013 meeting in San Diego, California voted the following action after review of the ITT Technical Institute Rancho Cordova, Breckinridge School of Nursing Associate Degree Nursing Program progress report and the Education/Licensing Committee recommendations of October 1, 2013:

- Continue all actions determined by the Board of Registered Nursing at its September 11, 2013 meeting as stated in the BRN letter of September 25, 2013 to the program.
- Continue program on Warning Status With Intent to Withdraw Approval.
- Continue suspension of prelicensure nursing program admissions.
- 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.
- The program is 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.
- A program representative is to be present at all Education/Licensing committee and Board meetings when program information is presented.
- The Nursing Education Consultant will continue monitoring the program as needed.
- The school is responsible under CCR 1432 to notify the Board, within ten days of, among other things, any changes in fiscal condition that will or may potentially 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.
- Failure to achieve full compliance with all deficiencies by December 1, 2013 may result in Board action to initiate withdrawal of program approval.

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

Miyo Minato, MN, RN
Supervising Nursing Education Consultant
cc: Mr. Jeff Ortega, Campus Director, TIT Technical Institute Rancho Cordova
Katie Daugherty, NEC

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

BOARD OF REGISTERED NURSING
PO Box 944210, Sacramento, CA 94244-2100
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Louise R. Bailey, MEd, RN, Executive Officer

February 11, 2014

Ms. Carla Carter, MSN, MEd, RN
Program Director/Chairperson
ITT Technical Institute
10863 Gold Center Drive
Rancho Cordova, CA. 95670-6047

Dear Ms. Carter:

The Board of Registered Nursing, at its February 6, 2014 meeting in Oakland, California determined that the ITT Technical Institute Rancho Cordova Breckinridge School of Nursing Associate Degree Nursing Program has demonstrated the ability to deliver the approved program to currently enrolled students in compliance with the requirements set forth in Article 3 of Division 14 of Title 16 of the California Code of Regulation regarding Board approved prelicensure programs. To allow the program an opportunity to demonstrate ongoing compliance and secure the necessary resources to offer additional students admission to the program, the Board voted to impose the following actions:

- Update program approval status to Defer Action For Continuing Approval.
- NEC will continue to monitor the program.
- The program must maintain full compliance with all BRN regulations.
- Continued suspension of new student enrollment/admission into the program.
- A written progress report is required for the March 2014 Education/Licensing Committee meeting. Program representation is not required at this meeting.
- The program will be presented at the August 2014 Education/Licensing Committee and September 2014 Board meetings, at which time full compliance must be demonstrated, especially with regard to resources including adequate type and number of clinical facilities and faculty to deliver the program to existing and future students. Program representation is required at this meeting.

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

Miyo Minato, MN, RN
Supervising Nursing Education Consultant

cc: Mr. Jeff Ortega, Campus Director, ITTRC
Katie Daugherty, NEC

Breckinridge
SCHOOL OF NURSING
AND HEALTH SCIENCES

@ ITT Technical Institute.

July 14, 2014

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

Dear Ms. Daugherty,

Breckinridge School of Nursing and Health Sciences (BSNHS) in Rancho Cordova respectfully submits the enclosed progress report to provide evidence of full compliance with BRN regulations for cohorts 1, 2 and 3.

## 1424. Administration and Organization of the Nursing Program

- BSNHS has provided evidence of consistent administration staff since November 2013. The policies and procedures by which the program is administered reflect the philosophy and objectives of the program and the rules and guidelines of the BRN.
- The systematic program evaluation plan (SPEP) (Exhibit 1424a) is being monitored by the Program Director (PD). The PD has developed a SPEP standards calendar (Exhibit 1424b) which demonstrates evaluation processes.
- BSNHS keeps its commitment to deliver the best education to our students and as a result, there was no formal student grievance filed since November of 2013. The grievance policy (Exhibit 1424c), ensures that all grievances are acknowledged, reviewed, evaluated, and resolved in a timely manner.
- The PD reviews program resources (faculty, library, skills lab supplies, and technology) to ensure they are sufficient to achieve program objectives.
- The PD continues to devote 100% (40 hours/week) of time to administration of the nursing program.
- The Assistant Director (AD) continues to devote at least 20% (8 hours/week) of time to administrative duties supporting the PD in management of program activities.
- The PD and AD are experienced with the BRN Directors' Handbook, to remain current and compliant with BRN rules and are competent to complete facility and faculty approval forms and are aware of procedures to request minor/major curriculum changes if necessary.
- Faculty members maintain a primary responsibility for planning, organizing, developing, and evaluating all aspects of the program. Course summaries (Exhibit 1424d) were developed by faculty and recorded on a policy developed by the PD, which organizes input and makes recommendations to the national curriculum committee.

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- Currently, 80% of the nursing faculty hold Master's degrees or higher in nursing. The program currently has 1 medical surgical content experts, 2 gerontology content experts, 1 mental health content experts, 1 obstetrical content expert, and 1 pediatric content expert. One full-time faculty member is completing pediatric remediation for back-up. The PD ensures that faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing are clinically competent by conducting skill competencies and completing a faculty skills checklist (Exhibit 1424e).
- The student/teacher ratio in the clinical setting is based on acuity of patient needs, class level of students, and facility policy. BSNHS currently uses an 8-10 student/teacher ratio, and has used a 10-11 student/teacher ratio (one student in a break-out session) in the past. The plan to sustain a 1-10 student/teacher ratio is anticipated. After evaluation of student performance, the clinical faculty progress students to multiple patient care throughout the quarter.

## 1425. Faculty - Qualifications and Changes

- The PD, AD, and all faculty members are approved by the BRN. Active pursuit of potential new hire candidates continues. The PD has held four interviews with two candidates completing the hire process and one candidate in the process of completing, for a total of three new, full-time faculty members beginning in Summer and Fall, 2014 quarters. BSNHS, Rancho Cordova, has 11 full-time faculties and 3 part-time faculties (Exhibit 1425a) to ensure adequate numbers of faculty to deliver program curriculum.
- The PD verifies all faculty members and candidates hold current, valid, and unencumbered nursing licenses in the state of California.
- Changes in faculty numbers or status will be reported to the BRN in a timely manner.

## 1425.1 Faculty Responsibilities

- Each faculty member assumes the responsibility and accountability for planning, instruction, and evaluation of the curriculum contents. Course summary tools (see Exhibit 1424d) have provided faculty the ease of evaluating the delivery of curriculum content and to recommend changes for improvement.
- Each faculty remains clinically competent in the nursing area in which they teach, and competency is validated on the faculty skills checklist (see Exhibit 1424e).

## 1426. Required Curriculum

- Theory and clinical practice are offered concurrently and communication remains consistent between the PD, theory instructor, clinical instructor, and facility administration to maintain a solid cohesion between theory content and clinical practices/skills. Written responses from the clinical facilities regarding clinical faculty and students are positive. Facilities report, faculty are available, and are competent with nursing skills and with the supervision of students.
- Nursing program curriculum integrates the nursing process from simple to complex with interventional skills, the physical and behavioral aspects of human development, development of relationships with other members of the healthcare team, communication skills, natural sciences, and behavioral and social sciences that are delivered in progression during each quarter of the program. Clinical learning experiences are directly related to course objectives.

- Unit exams and specialty HESI exams are tools used to evaluate student academic progress, performance, and advances in clinical learning experiences. Review of students' progresses is maintained in the APG and SPEP committee meetings. Meeting minutes and student scores are maintained in binders in the PD office.
- The PD monitors required General Education course-work effectiveness. All General Education course evaluations are without issues and effectively support program degree requirements in the preparation for program graduation.

## 1426.1 Preceptorship

- The preceptorship program is presented at the end of the program curriculum and is approved by the BRN. The written policies (Exhibit 1426.1a) identify criteria used for preceptor selection, orientation policies, and student and faculty responsibilities. The preceptor qualifications are verified by the PD ensuring the preceptor meets the qualifications covered by the BRN code of regulations.
- Relief preceptor qualifications also are verified by the PD to meet BRN regulations. All preceptor records are maintained in the PD office.
- Communication between faculty, preceptor and student occurs on a weekly basis. Faculty is available to the preceptor and student during the entire preceptorship experience. Faculty, preceptor, and student conduct on site evaluations mid-term and also for a final evaluation. Mid-term and final evaluations are maintained in the student file.

## 1427. Clinical Facilities

- Assurance of the availability and appropriateness of the learning environment to the course objectives are maintained. Provisions for orientations to facility by student and faculty are in place.
- Written course objectives, syllabi, and clinical expectations are provided to clinical facilities prior to student placement.
- PD continues to work with clinical agencies to provide written feedback/evaluations of clinical faculty and students. Communication with facility liaison continues to increase survey response rates from facility staff.
- The PD assigns students to clinical facilities that can provide the experience necessary to meet their particular course objectives (Exhibit 1427a).
- Communication is maintained with active and back-up clinical facilities, as well as with the BRN through the NEC. Notification to the BRN of changes in facility status is completed in a timely manner.
- The PD and AD continue to pursue new acute care clinical sites. Communication continues between the PD, campus Director, the national Dean, and Dignity Healthcare officials to secure a new clinical affiliation agreement. A corrective action plan was submitted to S.L., Education Director at Dignity Health. New Dignity Health Education director L.F. reported that an internal meeting resulted in no new student affiliation agreements until 2018. The reason is because the facility currently has too many students/schools. The PD sent an email request (exhibit 1427b) to clarify the contract rejection to ensure the corrective action agreement was acceptable stating that the reason is because of student numbers. A response is still pending. Vibra Hospital has secured a clinical agreement with BSNHS and the facility has been BRN approved for Gerontologic Nursing.

- The PD and AD are currently communicating with Sutter Health in Roseville and Sutter Health in Modesto to secure clinical contracts beginning Fall 2014 term. Responses are expected within the next two to three weeks.
- The PD has forwarded a clinical contract for Orchard Hospital in Gridley. The facility approval forms were sent to the NEC. Both document responses are pending.

## 1428. Student Participation

- Students complete course and clinical surveys (Exhibit 1428a) where evaluation of course curriculum and clinical facility effectiveness is evaluated. The student evaluations are examined for recommendations and comments toward making changes or for enhancing learning experiences.
- Monthly Town-Hall and bi-yearly Program Advisory Committee meetings are held to bring concerns to the PD for quick/timely resolution. There have been no concerns reported.

## Miscellaneous Program Administration Activities

- BSNHS has 11 fulltime and 3 part- time faculty (see exhibit 1425a) comprised of the required content experts in each of the five specialty areas. Appropriate back-up faculty is identified. Faculty is approved and credentials are verified to efficiently deliver the program curriculum.
- One full-time faculty member (MA) will remediate for back-up pediatrics. Completion of remediation activities is planned for September, 2014.
- The PD continues to conduct faculty observations. The observations are maintained in the employee folder and results/comments are used to drive "e-campus" courses and faculty development activities.
- One acute care hospital clinical agreement (Vibra Healthcare), and one long-term facility and one back-up pediatric facility agreements were added to the program (see exhibit 1427a). The PD continues to actively pursue and secure more clinical affiliates.
- The PD held three town-hall meetings since appointment. Several students from each of the three cohorts were in attendance. Students voiced no immediate concerns and stated that they feel the program is being administered effectively. Student satisfaction was evident by comments.
- The PD held two PAC meetings since appointment. Nine members from diverse healthcare disciplines attended along with faculty and two students. Members in attendance were kept apprised of all significant happenings with the program and updated on BRN status, and clinical affiliations. PAC members were invited to graduation ceremonies and special media activities occurring in the institution.
- Faculty development activities occur on a continual basis. The PD and faculty conduct test analyses on all exams before and after the exam is administered. Questions are discussed and assessed for relevance, currency and accuracy. Individual questions that are thought to be unclear are recorded and communicated to the national curriculum committee for review and clarity. The PD conducts classroom observations on each faculty, each quarter. If indicated, areas of improvement are recommended. The PD helps faculty utilize the course instructor guide. Suggestions in using the various teaching strategies in each course are discussed. It is suggested that PowerPoint presentations be personalized and specific to each faculty teaching strategies.
- The PD has assigned faculty to be available to students in the skills lab (open lab), five days per week for skill practice and skill remediation activities. The students are encouraged to take advantage of the nursing skills lab to help integrate the nursing process and critical-thinking skills with clinical practice.

- The PD held a meeting of the faculty and content experts to summarize course content and to make final recommendations for areas of improvements (see exhibit 1424d). The summaries/recommendations are discussed with the national curriculum committee for final decisions, and recommendations. One recommendation was implemented in the Summer 2014 quarter: Two consecutive clinical days are currently being conducted. Other recommendation responses are pending.
- Adequate type and numbers of clinical facilities and faculty are in place ensuring successful delivery of the program to existing and future students.
- A preceptorship led capstone course was organized by the PD beginning in the Spring, 2014 quarter. Student course surveys of their preceptorship experience were positive and showed 100% student satisfaction. Faculty and preceptor evaluations were also positive.
- BSNHS continues to support the PD in administration of program and activities to ensure positive program outcomes.
- There are no reports of student issues or concerns. Open communication at the monthly town-hall meetings continue to effectively address program activities.
- The student interview held by the NEC on April 30, 2014 listed many program strengths, while the NEC indicated that there are no areas of non-compliance identified.

## Six Areas of Recommendations: Progress Report

## Program Administration

- The submitted five-year budget remains unchanged. Budgeting is based on BSNHS admission status and will be adjusted accordingly. Fiscal budgeting activities continue to be performed regularly to ensure student learning outcomes are attained
- The AD continues to make clinical site visits to evaluate clinical course facilities, clinical faculty, and students, to adequately monitor and track student learning and practice skills, and clinical faculty competency
- The PD, AD, and faculty continue to become familiar with BRN Director Handbook, to remain current and compliant with BRN rules and regulations
- The PD and AD are competent to complete facility and faculty approval forms and are aware of procedures to request minor curriculum changes if necessary
- AD continues making at least one clinical site visit on a weekly basis to evaluate clinical course facilities, clinical faculty, and students, to adequately monitor and track student learning and practice skills, and clinical faculty competency
- The PD continues to devote 100% of time to administration of program
- The AD continues to devote at least 20% of time to administrative duties that support the PD in management of program activities
- Communication is maintained with active and back-up clinical facilities, as well as with the BRN through the NEC
- Pursuing potential new hire candidates continues.
- Nursing, APG, Curriculum, and SPEP committee meetings continue. Meeting minutes are maintained in binders located in PD office

## Communication to the NEC

- In the event changes in curriculum or faculty status occurs, the PD will notify the BRN via the NEC in a timely manner
- The PD has submitted spring course survey responses to the NEC. Summer quarter survey data will be summarized and submitted to the NEC to evaluate student learning and skill competency
- Clinical site visits and evaluations continue. The AD accompanied the NEC to Vibra Hospital on May 30, 2014 with favorable comments from facility staff that supports students meeting learning objectives.
- The PD and AD will notify the NEC of planned vacations/absences from the campus

## Program Development/Evaluation

- Structured simulation learning activities will be implemented by a trained faculty member (DJ), in the Summer quarter for NU2840, Maternal Child Nursing
- The program evaluation plan will continue to remain current and an ongoing process driven by course surveys, faculty evaluations, and student academic achievement to ensure program goals and student satisfaction
- The PD continues to encourage students to respond to course surveys and will initiate a classroom break time during week 10, to bring students to the computer lab to complete. Clinical course evaluations are not designed online and will be completed via pencil/paper during clinical break times. The results are summarized and submitted to the NEC
- Content experts and faculty from the five areas: Gero, M/S, Mental Health, OB, and PEDS, have reviewed and summarized course content and made recommendations to the national curriculum committee as part of BSNHS program evaluation process. One recommendation, to offer two consecutive clinical days per week, per student, has been implemented in the Summer, 2014 quarter
- BSNHS, Rancho Cordova has the first graduating class on June 7, 2014
- Board approved program curriculum varies from State to State with five-to six course versions of curriculum. BSNHS has no California pass rates to date, to report to the BRN. NCLEX testing/pass rates for the first graduating class (June 7, 2014) are expected to be reported by late October or early November, 2014
- Because of curriculum differences, ITT/ESI policy does not compare NCLEX pass rates from school to school in different state campuses, however; is aware of the recent decline in national pass rates and has taken necessary steps to identify factors contributing to the declining national pass rates. BSNHS has developed a strategic improvement plan to improve NCLEX pass-rates of students enrolled in BSNHS nursing programs

## Securing Clinical Sites

- Efforts continue to re-secure new contract with Sutter Facilities to continue agreement past the June 2015 quarter
- New hire (LL) is completing orientation at Vibra Hospital to become a qualified back-up medical surgical clinical instructor if needed
- The PD is actively communicating with Sutter Health System to finalize preceptorship placements for the Winter, 2014 quarter as cohort 2 will be completing the program

- PD and AD continue to communicate with Sutter Health to re-secure a new clinical agreement to cover students beyond the June, 2015 contract.
- PD and AD are communicating with J.W at Sutter Roseville, B.L. at Sutter Modesto and T.H. at Sutter Amador Healthcare Facilities to secure long-term clinical affiliation agreements. Results are pending within the next two to three weeks.
- A clinical agreement with Orchard Hospital in Gridley is pending. Signed contract will be forwarded to the NEC for approval to use for preceptorships in the Fall, 2014 quarter along with Sutter Memorial and Sutter General Hospitals

## Faculty Related Updates

- All current faculty have completed yearly clinical skill competencies
- No faculty deviations of standards of care were identified for the fall 2013, and winter and current spring 2014, quarters and adherence of all clinical agency policies were maintained by clinical faculty and by the students
- No report voiced by faculty concerning curriculum disconnects between course objectives, syllabi, and assessments.
- HESI specialty exam and course exam scores continue to meet or exceed benchmark score recommendations at BSNHS Rancho Cordova, and students continue to perform at a higher level when compared to other states and campuses
- The AD continues to make clinical site visits to evaluate clinical course facilities, clinical faculty, and students, to adequately monitor and track student learning and practice skills, and clinical faculty competency
- Faculty development activities are ongoing and continual. Faculty attended a mandatory faculty development in-service on February 24, 2014 and on March 18, 2014. Faculty development activities are required by ITT/ESI. A development plan is to be completed upon hire and updated annually. Plan activities include e-campus training modules. Completion of plan activities is monitored and maintained in the faculty file

## Student Related Updates

- There have been no program complaints voiced by students or faculty
- Monthly Town Hall meetings continue. The scheduled Town Hall meeting took place on March 28, 2014 where several students from each of the three cohorts attended. The students reported having greater program satisfaction levels with the PD's leadership characteristics. The minutes are scribed and maintained in the PD's office. In the event student concerns are reported, they are addressed and resolved in a timely manner
- Students from all three cohorts continue to voice satisfaction of learning activities and achievement of program objectives
- Students from cohort 1 attended an NCLEX review course on campus. Students reported to the NEC that the course instructor was "ineffective". The PD contacted Kaplan, and students are invited to re-attend a "live" course offered in Sacramento in June, without any additional cost

## Summary

Evidence submitted July 14, 2014 demonstrates that BSNHS has achieved and continues to maintain full compliance with all BRN regulations and recommendations for cohorts 1, 2 & 3. Thank You.

Respectfully Submitted,

Carla J. Carter, MSN, M.Ed, BSN, RN
Nursing Program Director
Breckinridge School of Nursing and Health Sciences at
ITT Technical Institute, Rancho Cordova

Breckinridge
School of Nursing
and Health Sciences
@ TT Technical Institute.

# Cohort 2 Summer 2014
# Class & Clinical Schedule

**NU2840 Maternal Child Nursing/NU2810 Nursing Roles II** **Dates:** June 15, 2014-September 6, 2014 **Effective: May 28, 2014**

Required Theory & Clinical Hours: Maternal Child 15H/45H/90H ; Nursing Roles

| *Weeks* | | *Sunday* | *Monday* | *Tuesday* | *Wednesday* | *Thursday* | *Friday* | *Saturday* |
|---|---|---|---|---|---|---|---|---|
| **FACULTY** | | **ZF** | **ZF** | **ZF** | **DJ 0800-1230 AM 1330-1530** | **DJ** | | |
| WK 1 | Jun 15-21 | O = ALL PEDS 8H | PEDS SMF G1 8H | PEDS SMF G1 8H | NU2840 NU2810 | PEDS G1 SIM/LAB 9H | | |
| WK 2 | Jun 22-28 | | PEDS SMF G1 8H | PEDS SMF G1 8H | NU2840 NU2810 | | | |
| WK 3 | Jun 29-Jul 5 | | PEDS SMF G2 8H | PEDS SMF G2 8H | NU2840 NU2810 | PEDS G2 SIM/LAB 9H | | |
| WK 4 | Jul 6-12 | | PEDS SMF G2 8H | PEDS SMF G2 8H | NU2840 NU2810 | | | |
| WK 5 | Jul 13-19 | | | | NU2840 NU2810 | OB G1 SIM/LAB 9H | | |
| **FACULTY** | | | **DJ** | **DJ** | **DJ 0800-1230 AM 1330-1530** | | | |
| WK 6 | Jul 20-26 | | OB SGH G1 10H | OB SGH G1 10H | NU2840 NU2810 | | | |
| WK 7 | Jul 27-Aug 2 | | OB SGH G1 10H | OB SGH G1 10H | NU2840 NU2810 | OB G2 SIM/LAB 9H | | |
| WK 8 | Aug 3-9 | | OB SGH G2 10H | OB SGH G2 10H | NU2840 NU2810 | | | |
| WK 9 | Aug 10-16 | | OB SGH G2 10H | OB SGH G2 10H | NU2840 NU2810 | | | |
| WK 10 | Aug 17-23 | | | | NU2840 NU2810 | | | |
| WK 11 | Aug 24-30 | | | | NU2840 NU2810 | | | |
| WK 12 | Aug 31-Sep 6 | | | | NU2840 NU2810 | | | |

Note: H = Hours, O = Orientation, SGH = Sutter General Hospital, SV = Sierra Vista, SAC = Sac Post Acute, SMF = Sutter Memorial Hospital

AM = Annemarie Marchi, JR = Jordana Ricaforte, TD = Teresa Dodson, EM = Emmylou De Guzman, MM = Dr. Mercy Mott, DJ = Diana Johnston, ZF = Zona Freeman

KD = Kulbir Dhillon, MA = Melissa Anderson

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# Cohort 3 Summer 2014
# Class & Clinical Schedule

**NU2630 Adult Nursing II/EN1420 Composition II** **Dates:** June 15, 2014-September 6, 2014 **Effective:** May 28, 2014

Required Theory & Clinical Hours: Adult Nursing 40H/120H ; Composition II 45H

| Week | Date | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|---|---|---|---|---|---|---|---|
| FACULTY | | | TBA 1200-1630<br>KD 1730-2130 | MA 0630-1430 | MA 0630-1430 | JR 0630-1430 | JR 0630-1430<br>ED 0600-1400 | |
| WK 1 | Jun 15-21 | | EN1420<br>NU2630 | G1 SMF 8H = O | G1 SMF 8H | G2 SGH 8H = O | G2 SGH 8H<br>G3 VC 8H | |
| WK 2 | Jun 22-28 | | EN1420<br>NU2630 | G1 SMF 8H | G1 SMF 8H | G2 SGH 8H | G2 SGH 8H<br>G3 VC 8H | |
| WK 3 | Jun 29-Jul 5 | | EN1420<br>NU2630 | G1 SMF 8H | G1 SMF 8H | G2 SGH 8H | G2 SGH 8H<br>G3 VC 8H | |
| WK 4 | Jul 6-12 | | EN1420<br>NU2630 | G1 SMF 8H | G1 SMF 8H | G2 SGH 8H | G2 SGH 8H<br>G3 VC 8H | |
| WK 5 | Jul 13-19 | | EN1420<br>NU2630 | G1 SMF 8H | G1 SMF 8H | G2 SGH 8H | G2 SGH 8H | |

| FACULTY | | | TBA 1200-1630<br>KD 1730-2130 | MA 0630-1430 | MA 0630-1430 | JR 0630-1430 | ED 0600-1400<br>JR 1400-2200 | |
|---|---|---|---|---|---|---|---|---|
| WK 6 | Jul 20-26 | | EN1420<br>NU2630 | G1 SMF 8H | G1 SMF 8H | G2 SGH 8H | G3 VC 8H<br>G2 SGH 8H | |
| WK 7 | Jul 27-Aug 2 | | EN1420<br>NU2630 | G3 SMF 8H = O | G3 SMF 8H | | G1 VC 8H AM<br>G2 VC 8H PM | |
| WK 8 | Aug 3-9 | | EN1420<br>NU2630 | G3 SMF 8H | G3 SMF 8H | | G1 VC 8H AM<br>G2 VC 8H PM | |
| WK 9 | Aug 10-16 | | EN1420<br>NU2630 | G3 SMF 8H | G3 SMF 8H | | G1 VC 8H AM<br>G2 VC 8H PM | |
| WK 10 | Aug 17-23 | | EN1420<br>NU2630 | G3 SMF 8H | G3 SMF 8H | | G1 VC 8H AM<br>G2 VC 8H PM | |
| WK 11 | Aug 24-30 | | EN1420<br>NU2630 | G3 SMF 8H | G3 SMF 8H | | MAKE-UP VC | |
| WK 12 | Aug 31-Sep 6 | | EN1420<br>NU2630 | | | | | |

Note: H = Hours, O = Orientation, SGH = Sutter General Hospital, SMF = Sutter Memorial Hospital, SV = Sierra Vista, SAC = Sac Post Acute, VC = Vibra Healthcare
AM = Annemarie Marohi, JR = Jordana Ricaforte, TD = Teresa Dodson, ED = Emmylou De Guzman, MM = Dr. Mercy Mott, DJ = Diana Johnston, ZF = Zona Freeman
KD = Kulbir Dhillon, MA = Melissa Anderson

Breckinridge
School of Nursing
and Health Sciences
ITT Technical Institute

7/14/2014

| | Clinical Site | Type of Facility | Course(s) | BRN Approved | Used, Available for Use, Back-up |
|---|---|---|---|---|---|
| 1 | Asbury Park Nursing and Rehabilitation Center<br>2257 Fair Oaks Blvd.<br>Sacramento, CA 95825<br>(916) 649-2000 | Long Term Care | NU1420 Clinical Concepts and Techniques II<br>NU1325 Clinical Concepts I<br>NU2747 Gero | yes | Winter Quarter - Cohort 3, Group 2 Spring 2014 quarter |
| 2 | Delta Rehab Care<br>1334 S Ham Lane<br>Lodi, CA 95242<br>(209) 334-3825 | Long Term Care | NU2747 Gero | yes | Available for use.<br>No dates scehduled. |
| 3 | Oak Valley Hospital<br>350 S Oak Ave,<br>Oakdale, CA 95361<br>(209) 847-3011 | Acute Care/Long Term Care<br>Clinical Concepts I<br>Clinical Concepts II<br>Gero<br>Long Term Care | NU1325 Clinical Concepts I<br>NU1420 Clinical Concepts II | yes | Back-up (contract in place). No placements scheduled. |
| 4 | Pediatric Services of America Incorporated<br>1401 El Camino Ave, Ste.520<br>Sacramento, Ca 95815<br>(916) 929-3286 | Pediatric Home Healthcare | NU2840 Maternal (Pediatric)<br>NU2999 Nursing Capstone | yes | Available for Spring 2014 quarter - one clinical day per student per quarter. Not currently used |
| 5 | Sacramento Post-Acute<br>5255 Hemlock Street<br>Sacramento, CA 95841<br>(916) 331-4590 | Long Term Care/Acute Care Rehabilitation<br>Clinical Concepts II<br>Adult Nursing I & II<br>Advanced Med-Surg<br>Gero | NU1420 Clinical Concepts II<br>NU2530 Adult Nursing I<br>NU2630 Adult Nursing II<br>NU2747 Gero (Back-up) | yes | Used previously. Not currently used |
| 6 | Sierra Vista Hospital<br>8001 Bruceville Road<br>Sacramento, CA 95864<br>(916) 423-2000 | In-patient<br>Psych<br>Mental Health | NU2740 Psych/ Mental Health | yes | Used Fall 2013. Will use again Spring and Fall 2014 |
| 7 | Sutter General Hospital<br>2801 L Street<br>Sacramento, CA 95816<br>(916) 454-2222 | Acute Care Rehabilitation<br>OB, Med-Surg,<br>Gero | NU2530 Adult Nursing I<br>NU2630 Adult Nursing II<br>NU2840 OB<br>NU2999 Advanced Med-Surg I Capstone | yes | Used Winter 2013 and Spring/Summer 2014. To be used Winter 2015 |
| 8 | Sutter Memorial Hospital<br>5151 F Street<br>Sacramemnto, CA 95819<br>(916) 454-3333 | Acute Care, PEDS, Gero,<br>Adult Nurse,<br>Advanced Med-Surg,<br>Preceptorship | NU2530 Adult Nursing I<br>NU2630 Adult Nursing II<br>NU2840 Pediatric<br>NU2999 Advanced Med-Surg I Capstone | yes | Used Winter 2013 and Spring/Summer 2014. To be used Winter 2015 |
| 9 | Vibra Healthcare Hospital 330 Montrose Drive<br>Folsom, CA 95630<br>(916) 351-4368 | Acute Care,<br>Rehab,<br>Med-Surg,<br>Gero,<br>Critical Care | NU2530 Adult Nursing I<br>NU2630 Adult II<br>NU2999 Capstone | yes | Used for NU2530 Spring and Summer 2014 |
| 10 | Western Slopes<br>3280 Washington Street,<br>Placerville, CA 95667<br>(530) 622-6842 | Long Term Care/Acute Care Rehabilitation | NU1325<br>Clinical Concepts I | yes | Available for use.<br>No dates scheduled. Not currently used. |

## Breckinridge School of Nursing and Health Sciences at ITT Technical Institute

## Faculty BRN Approvals 7/14/14

| Faculty | Employment Status | Content Expert | Classification | MS | OB | MH | PEDS | G | Degree's | Teaching Assignments |
|---|---|---|---|---|---|---|---|---|---|---|
| Carter, Carla | Full-Time | | Program Director | ✓ | | | | | MSN Education | Program Nursing Director, Administrative 100% |
| Mott, Dr. Mercy | Full-Time | Med Surg/Gero | Assistant Program Director; Instructor | ✓ | | | | ✓ | MSN/DNP | Assistant Nursing Director, Clinical Back-up for M/S, Gero, 20% Administrative |
| Anderson, Melissa | Full-Time | | Asst. Instructor | ✓ | | | | ✓ | MBA Education | Clinical for Clinical Nursing Concepts 1&2, Adult Nursing 1&2 |
| DeGuzman, Emmylou | Full-Time | Gero | Instructor | ✓ | | | | ✓ | MS -Adm. Nursing | Clinical for Clinical Nursing Concepts 1&2, Adult Nursing 1&2, Geron Nursing |
| Dhillon, Kulbir | Full-Time | | Instructor | ✓ | | | | | MSN FNP | NU2630 Adult Nursing II |
| Dodson, Teresa | Full-Time | | Asst. Instructor | ✓ | | ✓ | | ✓ | BSN Nursing | Clinical for Mental Health Nursing, Geron, and various Med-Surg, Back-up Sunday Mental Health |
| Freeman, Zona | Full-Time | | Asst. Instructor | ✓ | | | ✓ | | BSN Nursing | Clinical Peds, Adult Nursing 1 & 2, Clinical Concepts 1 & 2 |
| Johnston, Diana | Full-Time | Ped/OB | Instructor | | ✓ | | ✓ | | MSN Education | Maternal / Child. Start Date: 11/21/13 Nursing Roles II. Start Date: 3/17/14 |
| Larson, Linda | Full-Time | | Instructor | ✓ | | | | ✓ | MSN Nursing | NU2737 / Gero Didactic |
| Marchi, Annemarie | Full-Time | | Instructor | ✓ | | | | | MSN Education | Didactic/Clinical for Clinical Nursing Concepts 1&2 NU2999 Capstone. Start Date: 3/17/2014 NU2810 Nursing Roles II. Start Date: 6/18/2014 |
| Ricaforte, Jordana | Full-Time | | Asst. Instructor | ✓ | | | | ✓ | BSN Nursing | Clinical for Clinical Nursing Concepts 1&2, Adult Nursing 1&2, Geron Nursing |
| Hubbard, Gwen | Part-Time | | Instructor | | | ✓ | | | MSN Education | Didactic and Clinical for Mental Health Nursing. Used in Spring 2014 quarter |
| Starck, Sue | Part-Time | Mental Health | Instructor | | | ✓ | | | MSN Nursing | Didactic and Clinical for Mental Health Nursing. Used in Spring 2014 quarter |
| Warth, Sara | Part-Time | | Instructor | ✓ | | | | ✓ | MSN Education | Didactic NU2747 Gerontologic Nursing. Status to vary from quarter to quarter |

Breckinridge
SCHOOL OF NURSING
AND HEALTH SCIENCES

@ ITT Technical Institute.

August 7, 2014

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

Dear Ms. Daugherty,

Evidence submitted with the July 1, 2014 progress report demonstrates that Breckinridge School of Nursing and Health Sciences (BSNHS) in Rancho Cordova has achieved and continues to maintain full compliance with all BRN regulations and recommendations. As such, BSNHS respectfully requests an Education Licensing Committee recommendation for the following:

- Approval to resume new student enrollment effective September 2014 for a class start December 2014.

- A change in program status from deferred to full approval.

Often clinical facilities are reluctant to enter into agreement with BSNHS due to enrollment suspension and the program's deferral status which is detrimental to the program. Approval to resume admissions as well as program approval status change will ensure continued success of the program in regard to securing highly needed clinical sites.

Our faculty and staff are committed to the continued success of the program. NCLEX Update: There were 19 graduates in June 2014. To date, 6 graduates have tested and BSNHS has a current first-time NCLEX pass rate of 100%.

Thank you for your consideration of this request.

Carla J. Carter, MSN, M.Ed, BSN, RN
Nursing Program Director
Breckinridge School of Nursing and Health Sciences at
ITT Technical Institute, Rancho Cordova

10863 Gold Center Drive
Rancho Cordova, CA 95670-6047

Phone: 916-851-3900 • Fax: 916-851-9225

**BOARD OF REGISTERED NURSING**
**Education/Licensing Committee**
**Agenda Item Summary Addendum**

**AGENDA ITEM:** 7.4
**DATE:** September 18, 2014

**Addendum information provided by ITTRC Program Director, Ms. Carter:**

- See Cover letter from Ms. Carter, Program Director dated 8/26/14; received by BRN 9/3/14. (Pages 1-2)

- Revised Faculty Roster showing one FT faculty resignation (MA) due to family job relocation to Southern CA; and one brief (3-4 weeks) change from FT to PT for KD; KD will return to FT status in Fall 2014. (Pages 12-13)

- Cohort #2 clinical placements for Fall 2014 NU 2999 Capstone/Preceptorship/advanced medical surgical course at either Sacramento Sutter Memorial or Sacramento Sutter General Hospital in place. Cohort #3 Fall 2014 schedule placements at Sierra Vista for NU 2740 Psych/MH and Sacramento Post-Acute/Rehab for NU 2747 Gerontology; see attachments. (Pages 7-10)

- Refer to attachment for a complete summary of the planned placements from Summer 2014-June 2015 for remaining program Cohorts #2 and #3. Cohort #2 completes the program in December 2014 and Cohort #3 completes the program in June 2015. Summary document corrects Oak Valley info to show approval for use in NU 2530 AN I too. (Page 11)

- See unsigned copy of the Sutter Health Sacramento Sierra Region limited terms contract amendment. When signed, the amendment will add Sutter Roseville and Sutter Amador clinical placement availability effective through June 2015, and completion of existing Cohort#3 program students. None of the ITTRC students are scheduled at these two sites at the present time. (Page 5)

- Standard open ended clinical written agreements remain in place for Asbury Park, Delta Rehab, Oak Valley Medical Center, Pediatric Services of America Home Health, Sacramento Post-Acute Rehab, Sierra Vista Psych/MH, Vibra Health Care Folsom and Western Slope Health Center. See attached document for each facility's number of beds and average daily census. (Page 6)

- Heritage Oaks (Psych) facility signed written agreement is pending. (Page 6)

- Suitability of Orchard Hospital for NU 2999 Preceptorship/Adv.M/S placements pending NEC site review and signed clinical agreement. Visit planned for late September 2014. (Page 6)

- Clinical placements at Sutter Davis no longer being considered at this time.

- Per the 8/18/14 email attachment from Ms. Hayes, Sutter Health Central Valley Memorial Modesto Hospital has determined while they are not able to enter into an agreement at this time for a December 2015 effective date, the clinical facility looks forward to revisiting the proposed arrangement in 2015 closer to the requested December 2015 effective date when the actual clinical placements would be used/needed (after 6/15; most likely Summer 2015 according to Ms. Carter). (Pages 3-4)

- Ms. Carter reports ITT ESI/BSNHS and ITTRC campus and program leadership have worked exhaustively to secure signed standard, open non-limited terms written clinical agreements to support future program clinical placements in OB/PEDS and Advanced M/S Preceptorship to support future program admission/enrollment. The program reports clinical facilities do not wish to sign clinical agreements now for needed OB, PEDS, and Advanced Medical Surgical/Preceptorship placements that would not occur until Fall 2016 and Winter 2016 based on the program's proposed BRN approval request to admit 30 new students to start the program in Winter 2014. (Pages 1-2)

- Ms. Carter reports the same signed clinical agreement difficulties arise relative to later BRN approved new program enrollment starting in Spring 2015; requisite OB/PEDS clinical placements would be required in Winter 2016 and the final program quarter of Advanced M/S/Preceptorship clinical placements would be needed in Spring 2017.

- Ms. Carter indicates the program needs more time to be able to secure the required signed clinical agreements and sufficient placements in the areas listed above to deliver the program to future students.

**NEC Finding:** As of 9/4/14 there are not the necessary signed standard, open non-limited terms clinical agreements and clinical placements in place to deliver the program for acute care OB, PEDS and Advanced Medical-Surgical/Preceptorship clinical placements comparable to those currently being provided by Sacramento Sutter General and Sacramento Sutter Memorial Hospital. Specifically, an ability to provide clinical experiences at large acute care facilities having a number of available units for placements, plus the variety, depth, breadth, complexity of clinical experiences available to students at such facilities as part of pre-licensure educational preparation for future program students and as were available to the program when initially approved.

Received via email 9/3/14

@ ITT Technical Institute.

August 26, 2014

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

Dear Ms. Daugherty,

The Breckinridge School of Nursing and Health Sciences (BSNHS), in Rancho Cordova, California respectfully submit the report to demonstrate capability to support future program enrollment. We are confident that future clinical facility contracts will be secured well before student placement is necessary.

Currently, BSNHS has a total of ten approved clinical facilities (Exhibit 1a). Two Hospitals provide a total of 103 acute care medical/surgical beds (Vibra Hospital and Orchard Hospital). Approved facilities for Long-Term-Care, Gerontology, Medical-Surgical and Rehabilitation content areas have a total of 521 beds. Two Psychiatric Hospitals provide our students with 245 total beds to fulfill this requirement. In addition, BSNHS currently has an approved agreement with Pediatric Services of America for students to rotate through a pediatric home-health setting.

Note: (Please refer to 9/4/14 Available Facilities for updated statistics pg 6). KD

Our campus has 13 approved faculty members (Exhibit 2a) – there are nine full-time and four part-time faculty members. Among these faculty members are content experts in the five required areas (Gerontology, Medical Surgery, Pediatrics, Obstetrical, and Mental Health).

Recently, the Rancho Cordova campus graduated 19 students in June 2014. As of today, 11 students have taken and successfully completed the NCLEX exam – a first-time pass rate of 100%.

## Summary:

**Article 3: 1424(h)**
Currently BSNHS employs adequate faculty in type and number to implement the program approved by the Board, and includes qualified instructors in each area of nursing required by section 1426(d). This demonstrates that the number of faculty available is sufficient to support future enrollment.

10863 Gold Center Drive
Rancho Cordova, CA 95670-6047

Phone: 916-851-3900 • Fax: 916-851-9225

**Article 3: 1427: Clinical Facilities**

A grid with currently approved facilities (see exhibit 1a) has been provided by BSNHS identifying the clinical sites and number of beds each facility has available to students. To meet the needs of new student enrollments in the December 2014 quarter, and to keep our 13 Board approved faculty active and working, BSNHS has sufficient and exceptional clinical facilities available to support student learning outcomes. Placement of new students admitted in the December 2014 quarter into the Pediatric and Obstetrical clinical facilities will not be required until September 2016. We are confident that the required clinical sites will be secured well before this need arises.

Submitting this report demonstrates that the Breckenridge School of Nursing and Health Sciences at ITT Technical Institute is a successful nursing program. We have overcome all obstacles and persevered through many challenges. We have secured talented, top-notch faculty that is driven and motivated to assist students to achieve success. We have established relationships with clinical sites to ensure our students receive the best clinical training available. Already our first graduating class has achieved a 100% pass rate for the NCLEX thus far. It would be unfortunate for the nursing community to lose a training asset like the one we have all worked so very hard to create. Therefore, BSNHS is requesting the approval to resume enrollments starting in the December 2014 quarter. We are already hard at work securing the last clinical sites to cover the Pediatrics and Obstetrical components and will have these secured long before they will be needed in September 2016.

Respectfully submitted,

Carla J. Carter, MSN, M.Ed, BSN, RN
Breckinridge School of Nursing and Health Sciences@ITT
Technical Institute, Rancho Cordova
Chair Nursing
916-851-3900 Office
916-851-9225 fax
ccarter23@itt-tech.edu

## Daugherty, Katie@DCA

**From:** Carla Carter at 131 <CCarter23@itt-tech.edu>
**Sent:** Monday, August 18, 2014 5:43 PM
**To:** Daugherty, Katie@DCA
**Subject:** ITT-RC
**Attachments:** Modesto letter.docx

Letter from Modesto

*Carla*

*Carla J. Carter, MSN, M.Ed, BSN, RN*
*Breckinridge School of Nursing and Health Sciences@ITT Technical Institute, Rancho Cordova*
*Chair Nursing*
*916-851-3900 Office*
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*ccarter23@itt-tech.edu*

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3

Hello Mr. Hamm: Thank you for your message below and the interest in student training activities at our facilities. As I mentioned to Dr. Mott, given Memorial Medical Center was not readily available to accept students at this time, it was necessary for the arrangement to go through our review process to determine if entering into an agreement now for a December 2015 effective date was feasible.

We have reviewed the request and it has been determined that while we are not able to enter into an agreement at this time for a December 2015 effective date; we look forward to revisiting the proposed arrangement in 2015 as we get closer to the requested December effective date.

Please let me know if you have any questions.

We look forward to hearing from Breckinridge School of Nursing in 2015.

Best regards,

**Sherri Hayes**
Regional Strategic Contracts Administrator

**SUTTER HEALTH, CENTRAL VALLEY REGION**
1316 Celeste Drive, Suite 104
Modesto, CA 95355
(209) 404-4922 Cell
(209) 572-7285 Office
hayess1@sutterhealth.org

Received via email 9/4/14

Copy of Pending Sent to BSNHS from Sutter

# CLINICAL EDUCATION AGREEMENT AMENDMENT

This Amendment to the Agreement made by and between **SUTTER HEALTH SACRAMENTO SIERRA REGION**, a California nonprofit public benefit corporation d.b.a. Sutter Medical Center, Sacramento (hereafter referred to as "SHSSR") and the **ITT BRECKINRIDGE SCHOOL OF NURSING** (hereafter referred to as "SCHOOL") dated **November 1, 2013, is** hereby amended to include the following facilities:

> **SUTTER AMADOR HOSPITAL** located at 200 Mission Boulevard, Jackson, CA 95642; and,
> **SUTTER ROSEVILLE MEDICAL CENTER** located at One Medical Plaza, Roseville, CA 95661

This Amendment shall be effective as of **September 1, 2014**. All other terms and conditions of the original Agreement shall remain in full force and effect.

**EXECUTION**

By their signatures below, each of the following represent that they have authority to execute this Agreement and to bind the party on whose behalf their execution is made.

| SHSSR | ITT BRECKINRIDGE SCHOOL OF NURSING |
|---|---|
| **Sutter Health Sacramento Sierra Region**, a California nonprofit public benefit corporation, d.b.a. Sutter Amador Hospital, Sutter Medical Center, Sacramento and Sutter Roseville Medical Center | |
| By: _____ | By: _____ |
| Jeffrey Szczesny<br>Vice President, Human Resources | Jeffrey Ortega<br>Director |
| Date: _____ | Date: _____ |

Available Facilities
Based on December 2014 Enrollment

9/4/2014

| | Facility and Bed Count | Facility Specialty | Bed Count/ Average Daily Census |
|---|---|---|---|
| 1 | Vibra Hospital | Acute Med Surg | 58/45-58 |
| 2 | Orchard Hospital (NEC Site Visit Pending) | Acute Med Surg | 45/41-45 (+6 ED) |
| 3 | Asbury Park | SNF/ Long-Term/ Rehab/ Gero | 110/100 |
| 4 | Sac. Post-Acute | Sub-Acute/ Rehab/ Gero | 97/85 |
| 5 | Oak Valley Hospital (Acute 42; LTC 114) | Med Surg, Rehab, Acute Care | 156/60-80 |
| 6 | Delta Rehab | Gero | 74/74 |
| 7 | Western Slopes Long-term Care Rehabilitation | SNF/ Gero/ Rehab/ Long-Term Care | 90/90 |
| 8 | Sierra Vista Hospital | Acute Adult/ Adolescent Mental Health | 120/110-120 |
| 9 | Heritage Oaks Hospital (Pending Signed Agreement) | Adult Acute Mental Health | 125/120 |
| 10 | Pediatric Service of America Home Health | Subacute PEDS Home Care | 51/43 |

**Based on December 2014 Enrollment**

**PEDS / OB Offered in Quarter 8 in December 2016**

Total Beds Acute Med Surg = 145
Total Beds LTC, Gero, Med Surg = 485
Total Beds Mental Health = 245
Total Beds Pediatric = 51

Exhibit 1a

August 25, 2014

Dear Ms. Daugherty,

Breckinridge School of Nursing and Health Sciences, Rancho Cordova will submit the preceptorship slots assigned to students for Cohort 2, Fall, 2014 quarter immediately upon receipt from Sutter General and Sutter Memorial Medical Centers. The hospital preceptorship coordinator estimated that the dates and slots are being finalized and will be provided to me by the week of September 8, 2014 which is one week before the start of the Fall quarter. Please feel free to contact me with any questions or concerns. Thank You.

Sincerely,
Carla J. Carter

Carla J. Carter, MSN, M.Ed, BSN, RN
Breckinridge School of Nursing and Health Sciences@ITT
Technical Institute, Rancho Cordova
Chair Nursing
916-851-3900 Office
916-851-9225 fax
ccarter23@itt-tech.edu

Breckinridge
School of Nursing
and Health Sciences
at Technical Institute

# Cohort 2 Fall 2014
# Class & Clinical Schedule

**NU2999 Nursing Capstone** **Dates:** September 15, 2014-December 6, 2014 **Effective: August 25, 2014**

Required Theory & Clinical Hours: Nursing Capstone 15H/45H/150H

| *Weeks* | | *Sunday* | *Monday* | *Tuesday* | *Wednesday* | *Thursday* | *Friday* | *Saturday* |
|---|---|---|---|---|---|---|---|---|
| **FACULTY** | | | | **KD/AM** | | | | |
| WK 1 | Sept 14-20 | | | NU2999 1300-1500, 1600-2000 | | | | |
| WK 2 | Sept 21-27 | | | NU2999 1300-1500, LAB 1600-2000 | | | | |
| WK 3 | Sept 28-Oct 4 | | | NU2999 1300-1500, 1600-2000 | | | | |
| WK 4 | Oct 5-11 | | | NU2999 1300-1500, LAB 1600-2000 | | | | |
| WK 5 | Oct 12-18 | | | NU2999 1300-1500, 1600-2000 | | | | |
| **FACULTY** | | | | **KD/AM** | | | | |
| WK 6 | Oct 19-25 | | | NU2999 1300-1500, LAB 1600-2000 | | | | |
| WK 7 | Oct 26-Nov 1 | | | NU2999 1300-1500, LAB 1600-2000 | | | | |
| WK 8 | Nov 2-8 | | | NU2999 1300-1500, LAB 1600-2000 | | | | |
| WK 9 | Nov 9-15 | | *NCLEX REVIEW | *NCLEX REVIEW | *NCLEX REVIEW | *NCLEX REVIEW | | *Not included in theory or clinical hours |
| WK 10 | Nov 16-22 | | | NU2999 1300-1500, 1600-2000 | | | | |
| WK 11 | Nov 23-29 | | | NU2999 1300-1500, 1600-2000 | | THANKSGIVING | NO CLASSES | |
| WK 12 | Nov 30-Dec 6 | | | | | | | |

Note: H = Hours, O = Orientation, SGH = Sutter General Hospital, SV = Sierra Vista, SAC = Sac Post Acute, SMH = Sutter Memorial Hospital, VC = Vibra Healthcare

AM = Annemarie Marchi, JR = Jordana Ricaforte, TD = Teresa Dodson, ED = Emmylou De Guzman, MM = Dr. Mercy Mott, DJ = Diana Johnston, ZF = Zona Freeman
KD = Kulbir Dhillon, LL = Linda Larson, GW = Gwen Hubbard, SS = Sue Starck

Breckinridge
School of Nursing
and Health Sciences

# Cohort 3 Fall 2014
# Class & Clinical Schedule

**NU2740 Mental Health / NU2747 Gerontologic Nursing** **Dates:** September 15, 2014-December 6, 2014 **Effective: August 25, 2014**

Required Theory & Clinical Hours: Mental Health 30H/60H, Gerontologic Nursing 25H/60H

| *Weeks* | | *Sunday* | *Monday* | *Tuesday* | *Wednesday* | *Thursday* | *Friday* | *Saturday* |
|---|---|---|---|---|---|---|---|---|
| FACULTY | | | JR 0630-1830 | 2747 1400-1630LL<br>2740 1730-2030GH | JR 0630-1830 | ED 0630-1430 | ED 0630-1430 | ED |
| WK 1 | Sept 14-20 | | SAC Group 1 = 12H | NU2747/NU2740 | SAC Group 2 = 12H | SAC Group 3 = 8H | SAC Group 3 = 8H | |
| WK 2 | Sept 21-27 | NO "O" Required | SAC Group 1 = 12H | NU2747/NU2740 | SAC Group 2 = 12H | SAC Group 3 = 8H | SAC Group 3 = 8H | |
| WK 3 | Sept 28-Oct 4 | | SAC Group 1 = 12H | NU2747/NU2740 | SAC Group 2 = 12H | SAC Group 3 = 8H | SAC Group 3 = 8H | |
| WK 4 | Oct 5-11 | | SAC Group 1 = 12H | NU2747/NU2740 | SAC Group 2 = 12H | SAC Group 3 = 8H | SAC Group 3 = 4H | |
| WK 5 | Oct 12-18 | | SAC Group 1 = 12H | NU2747/NU2740 | SAC Group 2 = 12H | | O = SV 4H | SAC MAKE-UP |

*Mental Health Sierra Vista outpatient experience = 8H date TBA from clinical instructor*

| FACULTY | | SS 0645-1445 | | 2747 1400-1630LL<br>2740 1730-2030GH | | | | SS 0645-1445<br>TD 1500-2300 |
|---|---|---|---|---|---|---|---|---|
| WK 6 | Oct 19-25 | SV Group 1 = 8H | | NU2747/NU2740 | | | | SV Group 3 = 8H |
| WK 7 | Oct 26-Nov 1 | SV Group 1 = 8H | | NU2747/NU2740 | | | | SV Group 1 =8H AM<br>SV Group 3 =8H PM |
| WK 8 | Nov 2*-8 | SV Group 1 = 8H | | NU2747/NU2740 | | | | SV Group 1 =8H AM<br>SV Group 3 =8H PM |
| WK 9 | Nov 9-15 | SV Group 1 = 8H | | NU2747/NU2740 | | | | SV Group 2 =8H AM<br>SV Group 3 =8H PM |
| WK 10 | Nov 16-22 | SV Group 2 = 8H | | NU2747/NU2740 | | | | SV Group 2 =8H AM<br>SV Group 3 =8H PM |
| WK 11 | Nov 23-29 | SV Group 2 = 8H | | NU2747/NU2740 | | THANKSGIVING | NO CLASSES | SV Group 2 =8H AM<br>SV Group 3 =8H PM |
| WK 12 | Nov 30-Dec 6 | SV Group 2 = 8H | | NU2747/NU2740 | | | | |

Note: H = Hours, O = Orientation, SGH = Sutter General Hospital, SV = Sierra Vista, SAC = Sac Post Acute, SMH = Sutter Memorial Hospital, VC = Vibra Healthcare

AM = Annemarie Marchi, JR = Jordana Ricaforte, TD = Teresa Dodson, ED = Emmylou De Guzman, MM = Dr. Mercy Mott, DJ = Diana Johnston, ZF = Zona Freeman
KD = Kulbir Dhillon, LL = Linda Larson, GW = Gwen Hubbard, SS = Sue Starck

**All SV Groups have an 8H Breakout experience and a 4H orientation**

Breckinridge
School of Nursing
and Health Sciences
ITT Technical Institute

**Clinical Placement; Cohorts 2 and Cohort 3 Summer 2014 through Spring 2015**
**and Graduation of Cohort 3 mid June 2015**

8/26/2014

| Cohort | Quarter | Course # | Course Name | Groups | Number of Students | Clinical Sites |
|---|---|---|---|---|---|---|
| 2 | 8/SU/14 | NU2840 | Maternal Child Nursing | 2 | 10/11 | Sacramento Sutter General OB; Sacramento Sutter Memorial Peds |
| 2 | 8/SU/14 | NU2810 | Nursing Roles II | | 21 | Nursing Theory Course |
| 2 | 9/F/14 | NU2999 | Preceptor Nursing Capstone | | 21 | Sacramento Sutter General; Sacramento Sutter Memorial |
| 3 | 6/SU/14 | NU2630 | Adult Nursing II | 3 | 10/10/9 | Sacramento Sutter General; Sacramento Sutter Memorial |
| 3 | 7/F/14 | NU2740 | Mental Health | 3 | 10/10/9 | Sacramento Sierra Vista |
| 3 | 7/F/14 | NU2747 | Gerontologic Nursing | 3 | 10/10/9 | Sacramento Post-Acute |
| 3 | 8/W/14 | NU2840 | Maternal Child Nursing | 3 | 10/10/9 | Sacramento Sutter General OB; Sacramento Sutter Memorial Peds |
| 3 | 8/W/14 | NU2810 | Nursing Roles II | | 29 | Nursing Theory Course |
| 3 | 9/SP/15 | NU2999 | Preceptor Nursing Capstone | | 29 | Sacramento Sutter Memorial; Sacramento Sutter General |

***Available back-up sites:***

Delta Rehabilitation: NU2747 Gerontology

Oak Valley: NU1325 Clinical Concepts and Techniques I, NU1420 Clinical Concepts and Techniques II, NU2530 Adult Nursing I

Pediatric Services of America: NU2999 Capstone and NU2840 Maternal Child Nursing (only one clinical day per student per course)

Western Slopes: NU1325 Clinical Concepts and Techniques I

Heritage Oaks (Sierra Vista contract amendment in progress)

Exhibit 2a

## *Breckinridge School of Nursing and Health Sciences at ITT Technical Institute*

## *Faculty BRN Approvals 9/4/14*

**Exhibit 2 a**

| Faculty | Employment Status | Content Expert | Classification | MS | OB | MH | PEDS | G | Degree's | Teaching Assignments |
|---|---|---|---|---|---|---|---|---|---|---|
| Carter, Carla | Full-Time | | Program Director | | | | | | MSN Education | Program Nursing Director, Administrative 100% |
| Mott, Dr. Mercy | Full-Time | Med Surg/Gero | Assistant Program Director; Instructor | ✓ | | | | ✓ | MSN/DNP | Assistant Nursing Director, Clinical Back-up for M/S, Gero, 20% Administrative |
| DeGuzman, Emmylou | Full-Time | Gero | Instructor | ✓ | | | | ✓ | MS -Adm. Nursing | Clinical for Clinical Nursing Concepts 1&2, Adult Nursing 1&2, Geron Nursing |
| Dhillon, Kulbir * | Part-Time | Med Surg | Instructor | ✓ | | | | | MSN FNP | NU2630 Adult Nursing II |
| Dodson, Teresa | Full-Time | | Asst. Instructor | ✓ | | ✓ | | ✓ | BSN Nursing | Clinical for Mental Health Nursing, Geron, and various Med-Surg, Back-up Sunday Mental Health |
| Freeman, Zona | Full-Time | | Asst. Instructor | ✓ | | | ✓ | | BSN Nursing | Clinical Peds, Adult Nursing 1 & 2, Clinical Concepts 1 & 2 |
| Johnston, Diana | Full-Time | Ped/OB | Instructor | | ✓ | | ✓ | | MSN Education | Maternal / Child. Start Date: 11/21/13 Nursing Roles II. Start Date: 3/17/14 |
| Larson, Linda | Full-Time | | Instructor | ✓ | | | | ✓ | MSN Nursing | NU2737 / Gero Didactic |
| Marchi, Annemarie | Full-Time | | Instructor | ✓ | | | | | MSN Education | Didactic/Clinical for Clinical Nursing Concepts 1&2 NU2999 Capstone. Start Date: 3/17/2014 NU2810 Nursing Roles II. Start Date: 6/18/2014 |
| Ricaforte, Jordana | Full-Time | | Asst. Instructor | ✓ | | | | ✓ | BSN Nursing | Clinical for Clinical Nursing Concepts 1&2, Adult Nursing 1&2, Geron Nursing |
| Hubbard, Gwen | Part-Time | | Instructor | | | ✓ | | | MSN Education | Didactic and Clinical for Mental Health Nursing. Used in Spring 2014 quarter |
| Starck, Sue | Part-Time | Mental Health | Instructor | | | ✓ | | | MSN Nursing | Didactic and Clinical for Mental Health Nursing. Used in Spring 2014 quarter |
| Warth, Sara | Part-Time | | Instructor | ✓ | | | | ✓ | MSN Education | Didactic NU2747 Gerontologic Nursing. Status to vary from quarter to quarter |

*** To change to Full-time Fall Quarter**

*** Kelly Di Giacomo agreed to be back-up OB/PEDS Instructor - Remediation in progress at another college. Will submit approval after completed.**

**BOARD OF REGISTERED NURSING**
**EDUCATION/LICENSING COMMITTEE**
**Agenda Item Summary**

**AGENDA ITEM:** 7.5
**DATE:** September 18, 2014

**ACTION REQUESTED:** Vote on Whether to Place Shepherd University (SU) Associate Degree Nursing Program On Warning Status With Intent To Withdraw Approval

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

**BACKGROUND:** Misun Sprina Jeon, RN, MSN, is Director of ADN Program since November 2011. On February 26 - 27, 2014, Miyo Minato, SNEC, and Shelley Ward, NEC, conducted a regularly scheduled first continuing approval visit to Shepherd University (SU) ADN Program. Additionally this board-approval visit was done pursuant to CCR 1431(b) for the program's licensing pass rate for first time candidates below 75% for two consecutive academic years.

The program was found in non-compliance in three areas: Sec 1424(h) Insufficient FT faculty; Sec 1426(a) Approved curriculum; Sec 1431 NCLEX pass rate standard. Three recommendations were given: Sec 1424(b)(1) Program evaluation; Sec 1424(d) Sufficient resources; Sec 1425.1(b) Faculty responsibilities for instruction. SU submitted a progress report on June 29, 2014 addressing the findings and the recommendations and specific actions SU has taken and plans to take (Refer to attachment for Progress Report).

SU is a non-profit school, founded in 1999 by Dr. Richard Cornel S. Lee in collaboration with faculty of scholars and professionals envisioning to educate Korean immigrants primarily in Theology, Music, Information Technology, Nursing, and English Language programs. SU has been offering the RN to BSN Program since 2007 and NCLEX Review programs for the community. The Board granted initial approval to SU on May 19, 2010, and the program admitted its first group of students in Fall 2010 at their campus in downtown Los Angeles. Since then, the program was reorganized as School of Nursing in January 2012 and relocated to the current location, 3200 N. San Fernando Rd., Los Angeles, approximately 5 miles away from the original campus, in October 2012. The new campus is on a large lot covering over five acres, and the 83,600 sq. ft. building provides ample spaces for students' learning environment. In December 2013, SU received accreditation from Accrediting Council for Independent Colleges & Schools (ACICS) and a Candidacy Status from WASC in March 2014.

The program's approved curriculum is a six-semester program: Year 1 (Sem1 and 2) General Studies courses; Year 2 (Sem 3 and 4) Year 1 Nursing; and Year 3 (Sem 5 and 6) Year 2 Nursing. The Board approved an enrollment of 66 students per year (33/semester) with the distribution of 44 generic ADN (starting in Sem 1) and 22 LVNs (starting in Sem 5). The program started the nursing courses with Cohort 1 with a group of 33 LVNs (Year 3, Sem 5) with the Board approval and 22 students in the generic ADN courses at the same time. The school admitted a total of 5 cohorts of 33 LVN students between Fall 2010 to Spring 2013. The number admitted into the generic ADN during the same time was usually less than 10, except for Fall 2012 (19 admitted to ADN 11 LVNs). Data showed that the majority of students admitted into the generic ADN program were admitted into Year 2 (Sem 3), who were LVNs who lacked GEs, and only a few students actually started in the first semester.

The enrollment pattern used by the program was such that students admitted as generic ADN students each semester would start in 1st semester or 3rd semester, depending on their completion of the GE courses, and LVN-ADN into the 5th semester when all GE were completed. The program had a small number of students

who completed their 6-semesters at SU.

SU's admission practice did not review the number of students enrolled in their courses that were advancing to the next nursing courses (3rd or 5th semester) when new students were admitted. The enrollment number remained 33 per semester, regardless of the number of enrolled students. Consequently their cohort size became greater than the approved 33 students when the advancing students were added to the newly admitted number of students. This enrollment practice created a larger cohort size and complicated clinical placements, scheduling, and faculty assignments. Data also showed that the LVN admissions included a total of 25 LVNs in the 30-unit Option for the first two year, which is unusually high number for this option, compared to other prelicensure nursing programs, which report 0 to 1 or 2 over a few years.

The progress report submitted addressed the areas of noncompliance and showed changes to the enrollment practice starting in fall 2014 that adheres to the Board approved generic and LVN to ADN admissions per cohort. Additionally, the program made minor curriculum changes, approved on June 30, 2014, making their prelicensure GE courses prerequisites to change the ADN curriculum to four-semesters (2 years), which would help with managing the enrollment numbers.

Scheduling and faculty turn-overs were identified concerns. Spring semester class schedule showed variations in starting and ending dates outside of the published school schedule. Some of the courses held clinical days, weeks after the end of the semester. The faculty ensured course hours (theory and clinical) were met, but they were not aware that the class schedules should be consistent with the published schedule. Some students expressed their favor for having staggered schedules stating that schedule helped them with their course load. Students expressed concerns, however, with unexpected class and/or clinical schedule changes with a little notice. They were also concerned with the changes in faculty that occurred from one semester to the next. For example, in OB course, the start date was delayed until a lead faculty for OB was hired. OB and Psych MH courses had part-time faculty as lead faculty for the current semester (Spring). Having adequate full-time faculty, stabilizing faculty turnovers, and strengthening faculty teaching skills were areas NECs discussed with the faculty and SU's administrator as imperatives for program improvement. The progress report addressed these areas. The program hired an experienced nurse educator consultant, Sue Albert, RN, MN, MHA, previous Dean and Director at College of the Canyons AND Program on April 2014, and faculty are working with her to make changes to course syllabi and having educational training for curriculum, evaluations, and course developments. Per the report, the program has added two additional full-time faculty, for a total of seven FT faculty, and is addressing curriculum and teaching concerns NEC had discussed.

The program submitted a progress report in 2012 that addressed the low pass rates when their first NCLEX annual pass rate for 2011-2012 was 72.75% (40/55). With the initial low pass rate, the program changed the policy and required students to pass a comprehensive terminal exam and added a mandatory NCLEX review before advancing to licensure. This corrective measure did not show the desired result as the second annual pass rate for 2012-2013 was lower at 60.61% (40/66). SU second progress report of corrective actions, which were based on their data, included raising the admission GPA for the LVN group to 2.8, changing ATI review system to Kaplan program, implementing passing of a course comprehensive exam for progression and the terminal comprehensive exam, and completing a Kaplan NCLEX review at the end of the program. These additional changes were just implemented in Spring 2014.

The current progress report included the previously implemented policy changes strengthening admission GPA and TEAS scores for selection of candidates and changes of their course repeat policy. Faculty are working to strengthen their transition course, including the Peds/OB knowledge, for advanced placement students. As well, the report identifies ways they are improving support services addressing learning issues and other individual learning needs of students. The program removed the HESI Exam policy that was creating a delay in students' taking the NCLEX Exam within the first six months of graduation. Making

notable changes to the NCLEX pass rate takes time after new changes are implemented. Program's changes were made in Spring 2014. The 2013-2014 annual first time pass rate result is 47.50% (19 of 43 passed). The faculty are continuing to work to improve their teaching strategies, course and clinical materials, and evaluating effectiveness of changes implemented.

Two tables below show the NCSBN's pass rates and the overall aggregate pass rate of different nursing option groups of graduates at SU from 2011 to 2014.

**Annual NCLEX First Time Pass Rate**

| | | | |
|---|---|---|---|
| ***2011 -2012*** | ***Taken*** 55 | ***Passed*** 40 | ***Percent*** 72.73% |
| ***2012 -2013*** | ***Taken*** 66 | ***Passed*** 40 | ***Percent*** 60.61% |
| ***2013-2014*** | ***Taken*** 43 | ***Passed*** 19 | ***Percent*** 44.19% |

**Aggregate NCLEX First Time Pass Rate by Student Group**

| Options | Total # students | Passed | Failed | NCLEX First time pass rate |
|---|---|---|---|---|
| LVN 30 U | 24 (16.6%) | 10 | 14 | 41.67% |
| LVN Adv | 109 (75.2%) | 77 | 32 | 70.64% |
| Generic | 12 (8.2%) | 5 | 7 | 41.67% |
| Total | 145 (100%) | 92 | 53 | 63.45% (Overall rate) |

**Note:** The aggregate table shows a total number of graduates to date for each option. A total of 92.8% (131) of their graduates consisted of LVN advanced placement option students. Breakdown of this group shows that there are 75.2% (109) LVN completion group and 16.6% (24) 30 U option group. There were only 8.2% (12) of graduates that completed their generic ADN program. The majority of the generic students transferred their general studies courses and entered into Semester 3. Comparison of aggregate first time pass rates of different option groups show LVN advanced placement group has 70.64%, while LVN 30 unit option and the generic ADN groups are at 41.67%.

Students described their learning experiences at SU as positive, they reported having caring and qualified faculty teaching them, and clinical experiences at agencies and simulation experiences in the lab give opportunities to practice the theory taught in the classroom. They reported excessive re-using of supplies during lab as ineffective. Faculty is a cohesive group, and they reported on their efforts to review data and plan for changes in their weekly Curriculum and Faculty meetings to correct program's low NCLEX pass rates of their graduates, but they're faced with challenges. They have made their curriculum work a priority and are working to make definitive changes. The faculty members are experienced clinicians and have years of clinical experiences but has a limited prelicensure teaching experience s. The majority of the faculty at the meeting were new to SU, and four faculty members were hired within the previous six months. NECs discussed with faculty and administration the need for an expert curriculum consultation for faculty development and strengthening their curriculum for a successful program. SU promptly hired a curriculum consultant in April, who has been working closely with the faculty.

The program is working very hard and making substantive progress towards correcting noncompliances identified at the visit. They have addressed and corrected the issue related to number of faculty. However, the related noncompliances with curriculum implementation and graduates' continued substandard NCLEX pass rates remain. The program needs additional time to demonstrate effectiveness of the changes the program has made and additional changes currently being implemented, such as the curriculum and faculty development. Refer to attachments 2, 4, and 5 for details.

**The Education/Licensing Committee met as a Sub-Committee (due to lack of Committee quorum) on August 7, 2014 and makes the following recommendations:**

- **Place the program on Warning Status with Intent to Withdraw Approval.**
- **The program is to notify existing and future students of the status of the school and post the**

**program's status information on the school's Website.**

- **NEC to monitor school's progress, make a site visit in Spring 2015, and provide progress report to ELC in August 2015.**
- **The program will ensure that new student admission/enrollment pattern is in accordance with approved cohort size of 33 students.**

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

**PERSON(S) TO CONTACT:** Miyo Minato, NEC
Miyo.Minato@dca.ca.gov
(323) 890-9950

Attachments:
1. Report of Findings
2. NEC Summary of Progress on Corrective Actions of Noncompliances
3. SU Consultant Approval Report
4. SU Summary of Progress Report
5. SU Corrective Action Plan
6. SU Enrollment Projection
7. SU Curriculum and Clinical Placement – Fall 2014
8. SU Enrollment-Graduation-Pass rate data

**REPORT OF FINDINGS**

**SHEPHERD UNIVERSITY ASSOCIATE DEGREE NURSING PROGRAM**
**CONTINUING APPROVAL VISIT**
**February 26 – 27, 2014**

**NON-COMPLIANCE:**

**SECTION 1424(h)** The faculty shall be adequate in type and number to develop and implement the program approved by the board, and shall include at least one qualified instructor in each of the areas of nursing required by section 1426 (d) who will be the content expert in that area. Nursing faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned.
***Insufficient FT faculty to implement the curriculum for the currently enrolled students.***
***See also CCR 1425.1(a)***

**SECTION 1426(a)** The curriculum of a nursing program shall be that set forth in this section and shall be approved by the board. Any revised curriculum shall be approved by the board prior to its implementation.
***Implementation of the curriculum is inconsistent with the approved curriculum. Future enrollment pattern must meet implementation of the approved generic curriculum.***

**SECTION 1431** The nursing program shall maintain a minimum pass rate of seventy five percent (75%) for first time licensing examination candidates.
***NCLEX Pass rates are below 75% for 2011-12 and 2012-13.***

**RECOMMENDATION:**

**SECTION 1424(b)(1)** The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedures, attrition and retention of students, and performance of graduates in meeting community needs.
***Examine effectiveness of implementation of actions taken and planned to address NCLEX pass rate below 75%.***

**SECTION 1424(d)** The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment including technology to achieve the program's objectives.

- ***Enhance tutoring/learning resources for students by providing structured tutoring resources to increase student success.***
- ***Ensure adequate supply for each student to have a realistic initial experience of skills, such as the use of sterile supplies, i.e., foley cath, sterile dressings***

**SECTION 1425.1(a)** Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content.
***Consider consultation from a curriculum expert to assist with faculty development and the curriculum revision under consideration, including a strategy for full integration of simulation in each course.***

**Board of Registered Nursing**
**Education/Licensing Committee**
**August 7, 2014**

**Shepherd University Associate Degree Nursing Program**

**Attachment 1: SU Summary of Progress on Corrective Actions for Noncompliances**

**NON-COMPLIANCE:**

**SECTION 1424(h)** The faculty shall be adequate in type and number to develop and implement the program approved by the board, and shall include at least one qualified instructor in each of the areas of nursing required by section 1426 (d) who will be the content expert in that area. Nursing faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned.
***Insufficient FT faculty to implement the curriculum for the currently enrolled students.***
***See also CCR 1425.1(a)***

**Compliance:** The program will have 7 full time and 9 part time faculty for Fall 2014. There are qualified content expert in each of the required content area.

**SECTION 1426(a)** The curriculum of a nursing program shall be that set forth in this section and shall be approved by the board. Any revised curriculum shall be approved by the board prior to its implementation.
***Implementation of the curriculum is inconsistent with the approved curriculum. Future enrollment pattern must meet implementation of the approved generic curriculum.***

**In Progress, Remains in Non-Complaiance:**
The program made a minor curriculum change to making the GE portion of the curriculum (first year of the three-year curriculum) prerequisites to starting the nursing courses. This makes their curriculum a two year (four semesters) curriculum for the nursing courses consistent with other ADN programs. This allows students to take these courses at SU or an equivalent course at any other accredited institution. This can be a financial help for the students and also allow students to transfer while Shepherd University becomes fully WASC accredited. This change was approved on June 30, 2014 and will be implemented fall 2014. This change will help to solve the current complex enrollment pattern for future admissions. The progress report shows consistency with the Board-approved enrollment numbers. The faculty are working with the curriculum consultant to review course materials on weekly basis, identifying overlaps and revising content to provide more clarity and effectiveness in teaching, including reviews of simulation integration. Completion of course materials is expected August 2014. The program recognized that implementation of the curriculum was also hampered by the lack of adequate clinical sites. Nursing Curriculum and Clinical Facilities form for fall 2014 and spring 2015 shows clinical placements for all students already enrolled and anticipated admission of newly enrolled. Admission numbers are adjusted to students being progressed from lower level courses, to maintain the cohort group size of 22 generic ADN and 11 LVN-ADN students. Course schedules now show 15-week semesters with start and end of rotations within the given semester. NEC will monitor its compliance with the planned schedule.

**SECTION 1431** The nursing program shall maintain a minimum pass rate of seventy five percent (75%) for first time licensing examination candidates.
***NCLEX Pass rates are below 75% for 2011-12 and 2012-13.***

**In Progress, Remains in Non-Complaiance:**

Following the low NCLEX pass rate for the first year (2011-12), the program implemented changes in their LVN advanced placement admission selection criteria in December 2013 increasing the overall GPA from 2.0 to 2.8 based on data compiled of their graduates and TEAS score to 65% from 58%. These changes did not result in anticipated increase in the pass rate. With the results of continued low pass rate, the program added a progression policy by requiring Semester-Based Comprehensive Exit Exam in Spring 2014, using the Kaplan standardized testing system and the NCLEX Live Review. The program evaluated the wait time between graduation and taking of the exam and removed any barriers, such as HESI exam that was required for students to advance for licensing NCLEX exam. They also changed the policy that allowed re-test for a final after remediation. Students can only have two failed courses within the program now. The faculty are working with the curriculum expert and using NCSBN NCLEX report of their graduates' data to make the changes needed to increase their outcome. NEC is to monitor results from the implemented program changes.

# CONSULTANT APPROVAL REPORT FOR CONTINUING APPROVAL REVIEW

EDP-S-08 (Rev. 09/13)

(916) 322-3350

PROGRAM NAME: SHEPHERD UNIVERSITY ASSOCIATE DEGREE NURSING PROGRAM

DATES OF VISIT: February 26 – 27, 2014

**WORK COPY**

| APPROVAL CRITERIA | Compliance | Non-Compliance | COMMENTS |
|---|---|---|---|
| **SECTION 1: PROGRAM DIRECTOR / ASSISTANT DIRECTOR** | | | |
| SECTION 1425(a) The director of the program shall meet the following minimum qualifications:<br>(1) A Master's or higher degree from an accredited college or university which includes course work in nursing, education or administration;<br>(2) One (1) year's experience as an administrator with validated performance of administrative responsibilities consistent with 1420 (h);<br>(3) Two (2) year's experience teaching in pre- or post-licensure nursing programs; and<br>(4) One (1) year's continuous, full-time or its equivalent experience in direct patient care as a registered nurse; or<br>(5) Equivalent experience and/or education as determined by the board. | X | | Misun Sprina Jeon, RN, MSN is the Director of Shepherd University (SU) ADN Program, appointed 11/3/10.<br>Earned her MSN 2008 from American Sentinel University, Aurora, Co;<br>2006 to 2011 Asst. Director at Shepherd University Nursing Dept.<br>2006 to 2011 faculty at Shepherd University Nursing Dept. (RN-BSN Prog)<br>2005 to 2007 Staff RN at Bell Convalescent Hospital, Bell, CA. |
| SECTION 1425(b) The assistant director shall meet the education requirements set forth in subsections (a)(1) above and the experience requirements set forth in subsections (a)(3) and (a)(4) above or such experience as the board determines to be equivalent. | X | | Violeta Doles Revalo, RN, DE<br>Doctor of Education, Health Care Education, 2003 from Nova Southeastern University, FL;<br>Has taught at Shepherd University since 2010;<br>Employed as a supervisor at Verdugo Hills Hospital, 1999 to 2011 |
| SECTION 1424(e) The director and the assistant director shall dedicate sufficient time for the administration of the program. | X | | Director has 100% release time and Asst. Director, 20% release time. SU is considering increasing the release time to 40 – 50% in the future. |
| SECTION 1424(f) The program shall have a board-approved assistant director who is knowledgeable and current regarding the program and the policies and procedures by which it is administered and who is delegated the authority to perform the director's duties in the director's absence. | X | | Duty statement describes Asst. Director's responsibility to assume director duties in the absence of director. |
| **SECTION 2: TOTAL PROGRAM EVALUATION** | | | |
| **SECTION 1424(b)** The policies and procedures by which the program is administered shall be in writing, shall reflect the philosophy and objectives of the program, and shall be available to all students. | X | | Policies and procedures are developed and published in their Catalog, Student Handbook, and the Website. |

| APPROVAL CRITERIA | Compliance | Non-Compliance | COMMENTS |
|---|---|---|---|
| 1424(b)(1) The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedures, attrition and retention of students, and performance of graduates in meeting community needs. | | | The program has a Total Program Evaluation Plan, and documents support implementation of the total program evaluation plan, particularly the areas related to NCLEX Pass Rate. Since the program's initial start in Fall 2010, the school's annual pass rate has been below 75%. |

| | | | |
|---|---|---|---|
| *2011 2012 -* | *Taken* 55 | *Passed* 40 | *Percent* 72.73% |
| *2012 2013 -* | *Taken* 66 | *Passed* 40 | *Percent* 60.61% |
| *2013 2014 – (2 Qtr)* | *Taken* 24 | *Passed* 11 | *Percent* 45.83% |

Program Review and Curriculum Committees (faculty) have conducted detailed analyses and correlation of graduate data to identify reasons and to improve NCLEX pass rates. They have made changes to their admission standards and have implemented NCLEX reviews and exit program requirement when the initial results were received. These changes were not successful as the program's pass rate had a second lower annual pass rate. One contributing change identified was that the first year's graduates consisted primarily of SU's LVN graduates (cohort 1 and 2), while the majority of the cohort 3 and 4 were LVN graduates outside of SU's program.

The enrollment pattern showed admission of a larger number of LVN advanced placement students in their first two years (Cohort 1 to 4). As their generic students need two semesters of GE courses prior to starting their nursing courses, the NCLEX pass rates reflect primarily the LVN group. Additionally, Cohort 2 and 3 include 20 LVN 30-Unit Option graduates, which traditionally have low pass rates. Their generic ADN admits were small in number, had the GE courses transferred in, and entered into the second year of the curriculum (3rd semester of a 6-semester program). The reason for this admission pattern was explained by SU as having primarily due to the program's lack of national accreditation as generic students did not enter into their first GE semester. On December 2013, SU received accreditation from Accrediting Council for Independent Colleges & Schools (ACICS) and expects to receive a Candidacy Status from WASC in March 2014. Refer to the attached Summary of cohort groups that shows more detailed information and relationship on student cohort and licensure success. 2013-2014 pass rate reflects results from 2 quarters, and includes graduates from the Cohort 1 generic group (41.67%) and Cohort 5 LVN-RN group (66.67%).

| APPROVAL CRITERIA | Compliance | Non-Compliance | COMMENTS |
|---|---|---|---|
| Section 1424(b)(1) The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedures, attrition and retention of students, and performance of graduates in meeting community needs. (Continued) | X | | Table below compares different options and their aggregate NCLEX pass rates from 2011 to 2014. The generic and 30-U Option groups have significantly lower pass rates than the LVN Advanced Placement group. |

| Options | Total # students | Passed | Failed | NCLEX First time pass rate |
|---|---|---|---|---|
| LVN 30 U | 24 (16.6%) | 10 | 14 | 41.67% |
| LVN Adv | 109 (75.2%) | 77 | 32 | 70.64% |
| Generic | 12 (8.2%) | 5 | 7 | 41.67% |
| Total | 145 (100%) | 92 | 53 | 63.45% (Overall rate) |

Strategies currently in place to increase student success, in addition to raised admission GPA to 2.8 for LVN advanced placement group based on their evaluation data and required comprehensive examination at each semester, are early identification of At-Risk students and providing support, strengthening the curriculum through the use of Kaplan Assessment integrated into the courses and semester-based comprehensive exams.There is evidence to show that evaluations are being done and reviewed.

**RECOMMENDATION:**
**Examine effectiveness of implementation of actions taken and planned to address NCLEX pass rate below 75%.**

| | | | |
|---|---|---|---|
| **SECTION 1424(b)** (2) The program shall have a procedure for resolving student grievances. | X | | |
| **SECTION 1424 (c)** There shall be an organizational chart which identifies the relationships, lines of authority and channels of communication within the program, between the program and other administrative segments of the institution with which it is affiliated, and between the program, the institution and clinical agencies. | X | | |

| APPROVAL CRITERIA | Compliance | Non-Compliance | COMMENTS |
|---|---|---|---|
| **SECTION 3: SUFFICIENCY OF RESOURCES** | | | . |
| **SECTION 1424(d)** The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment including technology to achieve the program's objectives. | X | | SU opened the prelicensure nursing program in Fall 2010. The School of Nursing was organized in January 2012 and in October 2012 relocated to a new site that is more spacious (5 miles away from the original location), has larger library space, increased skills and simulation labs, and additional resources, such as computer labs, and parking. The school has a 323-seat auditorium, which is used for graduation.<br><br>Library: Space allocation is adequate to support students to have access to periodicals and research of the subject areas assigned to complete their assignments. Library hours are sufficient for students' needs (M-F, 9:00 am to 9:00 pm; Sat 9:00 am – 5:00 pm). There are electronic databases for nursing journals and other resources.<br><br>Classrooms and computer labs: 3 computer labs; a classroom with 33-seat computer room, used for testing; there is a 44-seat classroom for a large class and other classrooms throughout the campus for nursing classes on campus.<br>Tutoring is available through faculty but no formalized student learning resources.<br><br>Simulation lab: 3-beds, human simulators; Skills lab: two, 6-bed lab spaces (RN lab; LVN lab); Students reported supplies for practice were inadequate, resulted in excessive re-use of supplies, not able to have realistic experience of opening sterile packs.<br><br>Faculty include: 16 total - 6 full-time and 10 part-time; one faculty member has additional assignment as the simulation coordinator. There are assigned clinical coordinators (1.5) to secure clinical sites. Although the positions are filled, there is a turnover in faculty and reliance on part-time faculty to function as lead faculty that results in schedule changes impacting the students. Faculty offices occupy two administrative suites that have 8 private spaces and four cubicles for part-time faculty use. All spaces are equipped with computer and other equipment to support their work. There are spaces to conduct private conferences with a student.<br><br>Staff Support:<br>Five administrative staff for SON, four staff members assist faculty and students for clerical and support services. |

| APPROVAL CRITERIA | Compliance | Non-Compliance | COMMENTS **WORK COPY** |
|---|---|---|---|
| **SECTION 1424(d)** The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment including technology to achieve the program's objectives (continued) | | | **RECOMMENDATION:**<br>**Enhance tutoring/learning resources for students.**<br>• **Provide structured tutoring resources to increase student success.**<br>• **Ensure adequate supply for each student to have a realistic initial experience of skills, such as the use of sterile supplies, i.e., foley cath, sterile dressings** |
| **SECTION 4: PROGRAM ADMINISTRATION AND FACULTY QUALIFICATIONS**<br><br>**SECTION 1425** All faculty, the director, and the assistant director shall be approved by the board pursuant to the document, "Faculty Qualifications and Changes Explanation of CCR 1425 (EDP-R-02 Rev 02/09), which is incorporated herein by reference. A program shall report to the board all changes in faculty including changes in teaching areas, prior to employment of or within 30 days after termination of employment of a faculty member. Such changes shall be reported on forms provided by the board: Faculty Approval/Resignation Notification form (EDP-P-02, Rev 02/09) and Director or Assistant Director Approval form (EDP-P-03, Rev 02/09), which are herein incorporated by reference. Each faculty member, director, and assistant director shall hold a clear and active license issued by the board and shall possess the following qualifications: | X | | All nursing faculty, including the director are Board approved. |
| SECTION 1424(g) Faculty members shall have the primary responsibility for developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program. | X | | Shared governance is the model used for faculty organization. Faculty organization meets regularly and makes decisions recommended by respective committees; thus faculty members taking part in total program implementation, including program evaluations. Minutes of the meetings are posted using PBWorks.com. Faculty Committees are: Curriculum; Program Review; Level Coordination/Faculty Development; and Clinical Agency/Advisory Committee.<br><br>SU – Academic Affairs Committee – Director/Dean of programs at SU, Director of SON represents SON at this university's committee. Information from this committee is communicated to faculty. |

| APPROVAL CRITERIA | Compliance | Non-Compliance | COMMENTS **WORK COPY** |
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| SECTION 1424(h) The faculty shall be adequate in type and number to develop and implement the program approved by the board, and shall include at least one qualified instructor in each of the areas of nursing required by section 1426 (d) who will be the content expert in that area. Nursing faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned. | | X | A total of 16 faculty teaching (8 Instructors; 8 Asst. Instructors) in Spring 2014. No CTAs.<br><br>Faculty meeting with NECs included part-time faculty teaching in the program.<br><br>Course Lead faculty is designated and acts as the coordinator for clinical faculty. Part-time faculty was assigned as course lead and content expert for OB and PMH. There was a delay in starting OB course until the position was filled for this semester.<br><br>Turnover of faculty was identified as an area that school was working to stabilize the faculty organization. Four members at the faculty meeting joined the organization during the last three months.<br><br>**NON-COMPLIANCE:**<br>**Insufficient FT faculty to implement the curriculum for the currently enrolled students.**<br>**See also CCR 1425.1(a)** |
| SECTION 1424(j) The assistant director shall function under the supervision of the director. Instructors shall function under the supervision of the director or the assistant director. Assistant instructors and clinical teaching assistants shall function under the supervision of an instructor. | X | | |
| SECTION 1425(c) An instructor shall meet the following minimum qualifications:<br>(1) The education requirements set forth in subsection (a) (1).<br>(2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she is assigned, which can be met by:<br>(A) One (1) year's continuous full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or<br>(B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency; and<br>(3) Completion of at least one (1) year's experience teaching courses related to registered nursing or completion of a post-baccalaureate course which includes practice in teaching registered nursing. | X | | |

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| SECTION 1425(d) An assistant instructor shall meet the following minimum qualifications:<br>(1) A baccalaureate degree from an accredited college which shall include courses in nursing, or in natural, behavioral or social sciences relevant to nursing practice;<br>(2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she will be assigned, which can be met by:<br>(A) One (1) year's continuous, full-time or its equivalent providing direct patient care as a registered nurse in the designation nursing area; or<br>(B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency. | X | | |
| SECTION 1425(e) A clinical teaching assistant shall have at least one (1) continuous, full-time or its equivalent experience in the designated nursing area within the previous five (5) years, as a registered nurse providing direct patient care. | | | No CTAs. |
| Section 1425(f) A content expert shall be an instructor and shall possess the following minimum qualifications:<br>(1) A master's degree in the designated nursing area; or<br>(2) A master's degree that is not in the designated nursing area and shall:<br>(A) Have completed thirty (30) hours of continuing education or two (2) semester units or three (3) quarter units of nursing education related to the designated nursing area; or have national certification in the designated nursing area from an accrediting organization, such as the American Nurses Credentialing Center (ANCC); and<br>(B) Have a minimum of two hundred forty (240) hours of clinical experience within the previous three (3) years in the designated nursing area; or have a minimum of one (1) academic year of registered nurse level clinical teaching experience in the designated nursing area within the previous five (5) years. | X | | Content Experts:<br>Med-Surg – Leah Buscho<br>OB – Chris Clignitt<br>Peds – John Lazar, PNP<br>P-MH – Jamie Torres<br>Geri – Molly Hahm |

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| **Section 5: CURRICULUM** | | | |
| SECTION 1424(a) There shall be a written statement of philosophy and objectives that serves as a basis for curriculum structure. | X | | The philosophy statement includes definitions of Nursing; Person; Health; and Environment. These statements integrate the mission of the university and Christian world view integrating beliefs, ethics, values and service both personal and professional. |
| Such statement shall take into consideration the individual differences of students, including their cultural and ethnic background, learning styles, goals and support systems. It shall also take into consideration the concepts of nursing and man in terms of nursing activities, the environment, the health-illness continuum, and relevant knowledge from related disciplines. | | | Statements identify individual differences, cultural diversity, and unique learning styles of students.<br>Major curricular threads in applying the nursing process are: Critical thinking; Manager of care; Provider of Care; Member of a Profession; Evidence-based practice; Communication; Professional practice, including ethics and advocacy. |
| SECTION 1425.1(a) Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content. | X | | Faculty have been reviewing curriculum and making changes to improve student success. Work is needed to clarify terminal outcomes, program outcomes, and student learning outcomes and consistencies with the evaluation tool.<br><br>**RECOMMENDATION**<br>**Consider consultation from a curriculum expert to assist with faculty development and the curriculum revision under consideration, including a strategy for full integration of simulation in each course.** |
| SECTION 1425.1(b) Each faculty member shall participate in an orientation program, including, but not limited to, the program's curriculum, policies and procedures, strategies for teaching, and student supervision and evaluation. | X | | |
| SECTION 1425.1(d) Each faculty member shall be clinically competent in the nursing area in which he or she teaches. | X | | |
| SECTION 1426(a) The curriculum of a nursing program shall be that set forth in this section and shall be approved by the board. Any revised curriculum shall be approved by the board prior to its implementation. | | X | Enrollment pattern for cohort groups enrolled more LVN advanced group and 30 U LVNs than the generic ADN group. Refer to Enrollment/graduation attachment.<br><br>Some courses are scheduled beyond the academic semester of 15 weeks. Exploration of reasons for the schedule was that a course started later than scheduled due to faculty vacancy and consideration for students' course load.<br><br>**NON-COMPLIANCE:**<br>**Implementation of the curriculum is inconsistent with the approved curriculum. Future enrollment pattern must meet implementation of the approved generic curriculum.** |

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| SECTION 1426(b) The curriculum shall reflect a unifying theme, which includes the nursing process as defined by the faculty, and shall be designed so that a student who completes the program will have the knowledge, skills and abilities necessary to function in accordance with the registered nurse scope of practice as defined in code section 2725, and to meet minimum competency standards of a registered nurse. | X | | |
| SECTION 1426(c) The curriculum shall consist of not less than fifty-eight (58) semester units, or eighty-seven (87) quarter units, which shall include at least the following number at least the following number of units in the specified course areas: | | | Curriculum for content required for licensure is:<br>Total units – 76<br>Nursing units – 40 (Theory 21.5; Clinical 18.5) |
| (1) Art and science of nursing, thirty-six (36) semester units or fifty-four (54) quarter units, of which eighteen (18) semester or twenty-seven (27) quarter units will be in theory and eighteen (18) semester or twenty-seven (27) quarter units will be in clinical practice. | X | | |
| (2) Communication skills, six (6) semester or nine (9) quarter units. Communication skills shall include principles of oral, written and group communication. | X | | Communication units – 6 units |
| (3) Related natural sciences, (anatomy, physiology, and microbiology courses with labs) behavioral and social sciences, sixteen (16) semester or twenty-four (24) quarter units. | X | | Science units – 30<br><br>Degree requirements – 9 additional units;<br>Total required for associate degree – 85 units |
| SECTION 1426(d) Theory and clinical practice shall be concurrent in the following nursing areas: geriatrics, medical-surgical, mental health/psychiatric nursing, obstetrics and pediatrics.. Instructional outcomes will focus on delivering safe, therapeutic, effective patient-centered care; practicing evidence-based practice; working as part of interdisciplinary teams; focusing on quality improvement; and using information technology. Instructional content shall include, but is not limited to, the following: critical thinking, personal hygiene, patient protection and safety, pain management, human sexuality, client abuse, cultural diversity, nutrition (including therapeutic aspects), pharmacology, patient advocacy, legal, social and ethical aspects of nursing, and nursing leadership and management. | X | | |
| SECTION 1426(e) The following shall be integrated throughout the entire nursing curriculum.<br>(1) nursing process;<br>(2) basic intervention skills in preventive, remedial, supportive, and rehabilitative nursing;<br>(3) physical, behavioral and social aspects of human development from birth through all age levels;<br>(4) the knowledge and skills required to develop collegial relationships with health care providers from other disciplines;<br>(5) communication skills including principles of oral, written and group communications; | X | | |

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| (6) natural sciences including human anatomy, physiology and microbiology; and<br>(7) related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and behavior relevant to health-illness. | | | |
| **SECTION 1426.1 PRECEPTORSHIP**<br>A preceptorship is a course, or component of a course, presented at the end of a board-approved curriculum, that provides students with a faculty-planned and supervised experience comparable to that of an entry-level registered nurse position. A program may choose to include a preceptorship in its curriculum. | | | No Preceptorship |
| SECTION 1426(g) The course of instruction shall be presented in semester or quarter units or the equivalent under the following formula:<br>(1) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit.<br>(2) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit. With the exception of an initial nursing course that teaches basic nursing skills in a skills lab, 75% of clinical hours in a course must be in direct patient care in an area specified in section 1426(d) in a board-approved clinical setting. | X | | Semester is 15 weeks;<br>Theory instruction 1 unit = 1 hr/wk = 15 hrs;<br><br>Clinical instruction 1 unit = 3hr/wk = 45 hrs. |
| **SECTION 6: CLINICAL FACILITIES** | | | |
| SECTION 1425.1(c) The registered nurse faculty member shall be responsible for clinical supervision only of those students enrolled in the registered nursing program. | X | | |
| SECTION 1424(i) When a non-faculty individual participates in the instruction and supervision of students obtaining clinical experience, his or her responsibilities shall be described in writing and kept on file by the nursing program. | | | N/A |
| SECTION 1427(a) A nursing program shall not utilize any agency or facility for clinical experience without prior approval by the board. Each program must submit evidence that it has complied with the requirements of subdivisions (b),(c) and (d) of this section and the policies outlined by the board. | X | | |

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| SECTION 1427(b) A program that utilizes an agency or facility for clinical experience shall maintain written objectives for student learning in such facilities, and shall assign students only to facilities that can provide the experience necessary to meet those objectives. | | | |
| SECTION 1427(c) Each such program shall maintain written agreements with such facilities and such agreements shall include the following:<br>(1) Assurance of the availability and appropriateness of the learning environment in relation to the program's written objectives;<br>(2) Provision for orientation of faculty and students;<br>(3) A specification of the responsibilities and authority of the facility's staff as related to the program and to the educational experience of the students;<br>(4) Assurance that staff is adequate in number and quality to insure safe and continuous health care services to patients;<br>(5) Provisions for continuing communication between the facility and the program; and<br>(6) A description of the responsibilities of faculty assigned to the facility utilized by the program. | X | | Contract used meets the requirement. |
| SECTION 1427(d) In selecting a new clinical agency or facility for student placement, the program shall take into consideration the impact of such additional group of students would have on students of other nursing programs already assigned to the agency or facility. | X | | |
| SECTION 1424(k) The student/teacher ratio in the clinical setting shall be based on the following criteria:<br>1) Acuity of patient needs;<br>2) Objectives of the learning experience;<br>3) Class level of the students;<br>4) Geographic placement of students;<br>5) Teaching methods; and<br>6) Requirements established by the clinical agency. | X | | Faculty to student ratio is 1: 10 or less. |
| SECTION 1426(f) The program shall have tools to evaluate a student's academic progress, performance, and clinical learning experiences that are directly related to course objectives. | | | |

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| **SECTION 7: STUDENT PARTICIPATION** | | | |
| **SECTION 1428** Students shall be provided the opportunity to participate with the faculty in the identification of policies and procedures related to students including but not limited to:<br>(a) Philosophy and objectives;<br>(b) Learning experience; and<br>(c) Curriculum instruction and evaluation of the various aspects of the program, including clinical facilities. | X | | Students are encouraged to participate in school and program activities. Class representatives are selected to participate in program committee meetings for each cohort group. |
| **SECTION 8: LICENSED VOCATIONAL NURSES THIRTY (30) SEMESTER AND FORTY-FIVE (45) QUARTER UNITS** | | | |
| SECTION 1429(a) An applicant who is licensed in California as a vocational nurse is eligible to apply for licensure as a registered nurse if such applicant has successfully completed the courses prescribed below and meets all the other requirements set forth in Section 2736 of the Code. Such applicant shall submit evidence to the board, including a transcript of successful completion of the requirements set forth in subsection (c) and of successful completion or challenge of courses in physiology and microbiology comparable to such courses required for licensure as a registered nurse. | X | | Program has admitted LVNs into this option on space available basis. They have had a total of 24 students into this option. Students have not been successful in the NCLEX and has contributed to the program's substandard NCLEX pass rate for the first two years. 30 U group's pass rate is 10/14 = 41.67%. |
| SECTION 1429(b) The school shall offer objective counseling of this option and evaluate each licensed vocational nurse applicant for admission to its registered nursing program on an individual basis. A school's determination of the prerequisite courses required of a licensed vocational nurse applicant shall be based on an analysis of each applicants academic deficiencies, irrespective of the time such courses were taken. | X | | |

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| SECTION 1429(c) The additional education required of licensed vocational nurse applicants shall not exceed a maximum of thirty (30) semester or forty-five (45) quarter units. Courses required for vocational nurse licensure do not fulfill the additional education requirement. However, other courses comparable to those required for licensure as a registered nurse, as specified in section 1426, may be fulfill the additional education requirement.<br><br>Nursing courses shall be taken in an approved nursing program and shall be beyond courses equivalent to the first year of professional nursing courses. The nursing content shall include nursing intervention in acute, preventive, remedial, supportive, rehabilitative and teaching aspects of nursing. Theory and courses with concurrent clinical practice shall include advanced medical-surgical, mental health, psychiatric nursing and geriatric nursing.<br><br>The nursing content shall include the basic standards for competent performance prescribed in section 1443.5 of these regulations. | X | | |
| **SECTION 9: PREVIOUS EDUCATION CREDIT**<br>**SECTION 1430** An approved nursing program shall have a process for a student to obtain credit for previous education or for other acquired knowledge in the field of nursing through equivalence, challenge examinations, or other methods of evaluation. The program shall make the information available in published documents, such as college catalog or student handbook, and online. | X | | Students who meets requirements for transfer of credits may receive transfer credits for acceptable courses; challenge options are available for those students who meet challenge requirements. |
| **SECTION 10: LICENSING EXAMINATION PASS RATE STANDARD**<br>**SECTION 1431** The nursing program shall maintain a minimum pass rate of seventy five percent (75%) for first time licensing examination candidates.<br>(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. That 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.<br>(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.<br>(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. | | X | Refer to Section 2: Program Evaluation, Sec. 1421(b) and 1421(b)(1)<br><br>Pass rate for 2011-2012 was 72.73% (40/55 passed) – Program submitted a detailed evaluation and action plan, including comprehensive review of data, to improve the pass rate.<br><br>Pass rate for 2012-2013 was lower at 60.61% (44/66 passed). Site visit for substandard evaluation is conducted concurrently with the regularly scheduled continuing approval visit.<br><br>**NON-COMPLIANCE:**<br>**NCLEX Pass rates are below 75% for 2011-12 and 2012-13.**<br>Refer to Section 1424(b)(1). |

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| **SECTION 11: CHANGES TO AN APPROVED PROGRAM**<br>**SECTION 1432**<br>(a) Each nursing program holding a certificate of approval shall:<br><br>(1) File its legal name and current mailing address with the board at its principal office and shall notify the board at said office of any change of name or mailing address within thirty (30) days prior to such change. It shall give both the old and the new name or address.<br><br>(2) Notify the board within ten (10) days of any:<br><br>(A) Change in fiscal condition that will or may potentially adversely affect applicants or students enrolled in the nursing program.<br><br>(B) 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.<br><br>(b) An approved nursing program shall not make a substantive change without prior board authorization. These changes include:<br><br>(1) Change in location.<br><br>(2) Change in ownership.<br><br>(3) Addition of a new campus or location.<br><br>(4) Significant change in the agreement between an approved nursing program that is not an institution of higher education and the institution of higher education with which it is affiliated. | X | | |

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June 29, 2014

# SUMMARY OF PROGRESS REPORT

## SHEPHERD UNIVERSITY ASSOCIATE DEGREE NURSING PROGRAM

**NON-COMPLIANCE:**

**SECTION 1424(h)** The faculty shall be adequate in type and number to develop and implement the program approved by the board, and shall include at least one qualified instructor in each of the areas of nursing required by section 1426 (d) who will be the content expert in that area. Nursing faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned.

***There are insufficient FT faculty to implement the curriculum for the currently enrolled students. See also CCR 1425.1(a)***

**Response:**

The school administration has received approval to budget for a total of three new fulltime faculty members to be hired for Fall 2014 semester and an external curriculum expert to assist with faculty development and curriculum development. Two new faculty have been hired, Roberta Forgan and Stephanie Ayo. They have started. This brings the total FT faculty to 7 (**Attachment 1. Updated FT & PT Faculty Seperating List).**

Human Resources has placed the advertisement for full-time faculty in three website based advertisement companies to hire full-time faculty who are experienced in advanced med-surgical and/or maternity and Psych specialties to provide the sufficient number of faculty for the enrollment for Fall 2014 semester. In order to expedite the FT faculty recruitment, the salary offered will be10% higher than average market salary range.

The Dean of the School of Nursing is reviewing the Hiring Committee policy for the school of nursing to evaluate potential candidates to hire as well as for retention. The approved policy will be applied from the upcoming semester when new full time faculty hired for Fall 2014. The details are following:

Recruitment efforts and interviews continue in order to employ all of the two (2) budgeted Full-time faculty members before August so the new faculty can be fully involved in teaching starting fall semester of 2014.

The content expert for OB is a part time faculty. The school now has a specific contract outlining the duties and remuneration for the part time content expert. Also, the school will assign a current full time faculty member to begin remediation to become an OB content expert. This will bring more continuity to the role. This is expected to be completed by Spring 2016.

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Consultations are being scheduled to provide faculty in-service education to improve their teaching and test development skills.

a. Kaplan Curriculum Integration Workshop scheduled for July 10, 2014
b. Tina Waller Simulation Integration Workshop scheduled for July 10, 2014
c. Donna Ignatavicius Test Structuring and Cultural Sensitive Issues scheduled for October 8 and 9, 2014

To provide for consistency in teaching and student assessment across the curriculum, full time faculty will be assigned part time faculty to mentor. The assignments will be completed by August 2014.

**SECTION 1426(a)** The curriculum of a nursing program shall be that set forth in this section and shall be approved by the board. Any revised curriculum shall be approved by the board prior to its implementation**..**

***Implementation of the curriculum is inconsistent with the approved curriculum. The curriculum does not flow across the program and recognize student levels needed for participation in experiences. The courses did not start nor finish in the assigned time. Future enrollment pattern must meet implementation of the approved generic curriculum.***

**Response:**

Not all courses were started in first week of academic calendar so the classes exceeded the academic semester. However, the total hours for each course were within the approved timeframe.

All classes will begin and end during the calendar schedule. This is demonstrated by the fall schedule of classes and the form EDP-P-11. See the **Attachment 2. Fall2014 -Nursing Curriculum and Clinical Facilities**.

There was an issue in that too many LVN to RN students were admitted and we exceeded our enrollment limitations of 22 Generic and 11 LVN to RN students. Our plan to improve includes:

a. Closely monitoring future enrollment numbers on generic ADN and the LVN Advanced Placement as to meet the originally approved projection of 22 generic and 11 advanced students per semester starting from Fall 2014 semester.
b. This semester more Generic students have completed the prerequisites so that there will be 22 coming in this fall.

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c. LVN to RN students will only be admitted to the Generic program on a space available basis so that the total number of students entering any one semester does not exceed 33.
d. The faculty will work with Marketing to recruit more generic students. A marketing plan will be in place by October 2015.

It was decided that the current first year of the program that consisted of GE requirements will be eliminated. The nursing program will consist of the 4 semesters of nursing courses. The first year courses are now considered to be pre-requisites. This allows students to take these courses here or an equivalent course at any other accredited institution. This can be a financial help for the students and also allow students to transfer while Shepherd University becomes fully WASC accredited.

This change will be implemented as soon as approved by BRN. It will be submitted as a minor curriculum revision. We would plan implementation for Fall 2014, pending BRN approval. See the form **Attachment 3. Enrollment Projection Proposal for Admission standard Change** and **Attachment 4. Revised Total Curriculum Plan (EDP-P-05**). Also it will solve the current complex enrollment pattern for future.

The syllabi are being reviewed at this time. The faculty began the review with the assistance of Ms. Albert. It was noted that there was a great deal of overlap among the classes. There is too much information at one time for the students to adequately absorb the information. Also, the students were being asked to do simulations and care plans when they didn't have enough background education. Adjustments were made. The faculty is currently reviewing each syllabi on a weekly basis. The syllabi review should be completed by the beginning of Fall semester 2014.

The use of Swanson's Needs Theory of Nursing was discussed. It was decided to keep the theory but to operationalize the terminology so it will be more useful and meaningful for students to use. This will serve to integrate the curriculum more thoroughly. This will be completed by the end of August 2014.

The faculty is re-evaluating simulation learning objectives in accordance with the course objectives in both theory and clinical to be implemented fall 2015 semester.

Implementation of the curriculum was also hampered by the lack of adequate clinical sites. Outreach has been done. For fall 2014 and spring 2015, no clinical group will exceed 11 students and more clinic experience will occur in acute care facilities. See **Attachment 5. Nursing Curriculum and Clinical Facilities (EDP-P-11).**

Also, currently the program is negotiating a contract with Totally Kids for pediatric clinical placement which can place 10 students simultaneously and the program is using this facility from Spring 2014 semester for the current semester 2 and graduating cohort in semester 4.

The upcoming semester schedule enclosed will show the courses are15-weeks long and classes start simultaneously with currently affiliated clinical facilities. There are sufficient full time faculty to meet the requirements of the total enrollment numbers. Therefore, each cohort will be completed within the

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academic semester timeframe and students will have sufficient time to preview/review lecture materials and apply the information to their clinical experience. See **the Attachment 6**. **Fall 2014 Class Schedule.**

**SECTION 1431** The nursing program shall maintain a minimum pass rate of seventy five percent (75%) for first time licensing examination candidates.

***NCLEX Pass rates are below 75% for 2011-12 and 2012-13.***

***Response:***

The poor NCLEX results are a reflection of the issues already discussed of faculty and curriculum. In addition, analysis was done regarding admission screening. There were inadequate screening criteria. This is a particular issue with the LVN to RN students and 30 unit option students. From the NCSBN school report it was apparent that the advanced placement students were in general not prepared for OB/Peds. The pass rate for these students in FA11-FA12 was 41.6%.

It was noted that English as a second language was not predictive of failure for the NCLEX. There was major concern that only 20% of English speaking, generic students passed the NCLEX. Again, the cause is likely a combination of faculty, curriculum and student support issues.

In further research, it was noted that many students did not sit for the NCLEX for greater than 6 months post program completion.

Besides the actions planned for faculty and curriculum discussed previously the faculty developed the following plan for increasing the success rates on the NCLEX.

a. In Spring 2014, the faculty implemented the Semester Basis Comprehensive Exit Exam. The Kaplan standardized testing system and NCLEX Live Review were utilized for this process. This is to screen for students' readiness at the semester level instead of the end of program. If student fails the semester comprehensive exam he/she will not be allow to progress to next semester.
e. Reinforced the mandated attendance for On-site Kaplan NCLEX review class after completion of the coursework of semester 4; this is also one of graduation requirements for the program.
f. Increased baseline admission GPA for LVN Advanced Placement from 2.0 to 2.8.
g. Hired external expert for curriculum review and to re-evaluate current curriculum.
h. Eliminated HESI predictable test from Fall 2014. This test was given after completion of the curriculum which delayed students' NCLEX applications.
i. Applied the OB & Peds grade (if graduated LVN program within 5years) or required successful completion of Peds/OB final Exam (If graduated LVN program over 5years) as part of the Admission Selection Criteria for the LVN Advanced placement students.

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j. Required attendance at OB & Peds tutorial for LVN to RN students in Spring 2014.
k. Removed the remedial test policy in the curriculum which has been offered to allow students to re-take the final exam in each subject beginning Fall 2014.
l. Monitoring admission requirements for the generic RN Program including pre-requisites, admission GPA, admission test, and English proficiency of the candidates;
m. Examined the correlations between NCLEX result and English as second language. As noted above there was no correlation.

**Evidence:**
**Attachment 7. Admission Selection Criteria for the LVN Advanced Placement; Attachment 8. Action Plan Table.**

**RECOMMENDATIONS:**

**Section 1424(b)(1)** The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedures, attrition and retention of students, and performance of graduates in meeting community needs.

***Examine effectiveness of implementation of actions taken and planned to address NCLEX pass rate below 75%.***

**Response:**
Student evaluations of faculty will be completed at the end of each semester. The evaluations will be reviewed by the faculty's committee individual review team as assigned by human resources.

Course evaluations will be conducted at the end of each semester by students. The evaluations will be reviewed by the faculty as a whole to determine necessary changes.

The evaluation tools will be developed by November 2014. The evaluations will be implemented Fall 2014.

NCLEX results will be reviewed each semester focusing on student weak areas on exam.

Clinical sites will be evaluated by students and faculty each semester. Also the clinical sites will be asked to submit evaluations on the school's presence in the clinical area including student and faculty performance. This evaluation tool will be developed by November 2014 and implemented Fall 2014.

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Syllabi will reviewed annually, First and Third Semester at the end of Fall semester beginning 2014 and Second and Fourth semester, beginning Spring 2015. The faculty will be reviewed as a group.

Resources including but not limited to library, computer, skills lab and clinical sites will be evaluated annually start Fall 2014. This will be evidenced in program meeting minutes.

**Evidence:**
**Attached Attachment 8. Action Plan Table** identified the problematic areas of the program by the evidence based in which each component has different timeline to be accomplished. The Table includes the evaluation plan.

**SECTION 1424(d)** The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment including technology to achieve the program's objectives.

- ***Enhance tutoring/learning resources for students by providing structured tutoring resources to increase student success.***
- ***Ensure adequate supply for each student to have a realistic initial experience of skills, such as the use of sterile supplies, i.e., foley cath, sterile dressings***

**Response:**

The Student Learning Resources Center has expanded hours to provide for more student learning experiences. Students will have 3 hours twice a week available for skills practice and tutoring. This begins Fall 2014. A skills lab coordinator has been assigned to the skills lab.

Students will be required to purchase packs providing sterile supplies and other supplies for practicing skills. Other supplies will be purchased for the lab. This is effective Fall 2014.

A systematic approach for tutoring high risk students has been developed where specific learning objectives and skills are addressed individualized for each student.

Individual faculty will be assigned students to mentor so that every student has a person available as a resource. This faculty member will be available also for more structured tutoring. This will be effective Fall 2014. Lead faculty of each major subject will counsel and develop plans with other faculty members to help at risk students.

The Skills Lab Coordinator is responsible for the management of the lab and will arrange the relevant faculty for student tutorial support. The coordinator will utilize the tool that has been prepared describing the individual student needs.

3200 N. San Fernando Rd., Los Angeles, CA 90065
(Phone) 323.550.8888 (FAX) 323.550.1313 (URL) www.shepherduniversity.edu

The educational materials in the Learning Resource Center will be upgraded on an annual basis beginning Fall 2014. This will include current nursing text books and books used by students in class or references.

**Evidence:**
**Attachment 9. Learning Resource Center Policy and Form**

**SECTION 1425.1(a)** Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content.

***Consider consultation from a curriculum expert to assist with faculty development and the curriculum revision under consideration, including a strategy for full integration of simulation in each course.***

**Response:**

The program has been supported by Dr. Rebecca Otten, Program Coordinator for Prelicensure in CSUF since the beginning of the program. However, due to time constraints, Dr. Otten is no longer able to continue in this role. Therefore, Ms. Margaret Sue Albert as External Curriculum Expert, has been employed. She will assist in monitoring and supervising the current curriculum implementation including the appropriate implementation of simulation. Ms. Albert began in May 2014. Leah Buscho has been appointed as the representatives of Curriculum Committee who will be allowed release time of 3 units for the continuing communication with the curriculum expert.

Also the program director and the external Curriculum expert are reviewing the curriculum and its implementation with faculty and staff. Plans are being made to provide multiple presentations on curriculum development, implementation, teaching skills and test construction by various experts in the field.

The faculty and Ms. Albert are currently reviewing current simulation objectives which were integrated using high fidelity and low fidelity simulation throughout the curriculum. The progression of topics involves simple to complex case scenarios and will reflect the students' level of knowledge. This will begin in Summer 2014 and be implemented beginning in Fall 2014 as scenarios are developed.

**Evidence:**
**Attachment 10. A Copy of CV & Contract of External Curriculum Expert**

# Shepherd University Associate Degree Nursing

# Action Plan Table

<table>
<tr><th>NONCOMPLIANCE / RECOMMENDATIONS</th><th>IDENTIFIED PROBLEMS</th><th>RESPONSES</th><th>TIME LINES</th></tr>
<tr>
<td>Noncompliance 3-1 SECTION 1424(h) The faculty shall be adequate in type and number to develop and implement the program approved by the board, and shall include at least one qualified instructor in each of the areas of nursing required by section 1426 (d) who will be the content expert in that area. Nursing faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they</td>
<td>
1. Insufficient number of fulltime faculty and high turnover FT & PT faculty caused inconsistent teaching method and instruction delivery (Appendix 1. List of FT and PT member per each semester and reasons of resignation)<br><br>
2. Use of part-time faculty as content experts in OB & Psych<br>
• Incongruent teaching methods<br>
• Frequent turnover OB & Psych content expert PT faculty (See Appendix 1)<br>
• PT faculty lack of commitment<br>
  o Less involvement in school meetings and decision making in the curriculum revision<br><br>
3. Inadequate nursing faculty hiring process<br>
• Inability to recruit fulltime faculty<br>
• Limited current faculty involvement in the hiring process<br>
• Potential conflict of having two jobs were not fully discussed among PT faculty at the time of hiring
</td>
<td>
1. Approved the budget for two new fulltime faculty (Table 1. Trend of Number of Teaching FT &PT faculty number) and reexamined the current faculty qualifications<br>
• 2 fulltime faculty members are hired and started working in June 2 and June 19, 2014 officially<br><br>
• Stephanie Ayo is approved for an assistant instructor in Med-Surg and Psych content area but after 1 year the plan is that she will become our content expert for mental health.<br><br>
• Roberta Forgan is approved for an instructor in med-surg content area<br><br>
Table 1. Trend of Number of Teaching FT &PT faculty number
<table>
<tr><th># of Faculty</th><th>FA 2011</th><th>SP 2012</th><th>FA 2012</th><th>SP 2013</th><th>FA 2013</th><th>SP 2014</th><th>FA 2014</th></tr>
<tr><td>FT</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>6</td><td>7 Projected Number</td></tr>
<tr><td>PT</td><td>10</td><td>15</td><td>15</td><td>9</td><td>12</td><td>11</td><td>9</td></tr>
<tr><td># of Student</td><td>87</td><td>99</td><td>86</td><td>86</td><td>98</td><td>81</td><td>87 projected number</td></tr>
<tr><td>% of student/FT faculty</td><td>17.4</td><td>19.8</td><td>17.2</td><td>17.2</td><td>19.6</td><td>13.5</td><td>12.42</td></tr>
</table>
</td>
<td>June 2014<br><br>Fall 2015</td>
</tr>
</table>

| | | | |
|---|---|---|---|
| are assigned.<br>***Insufficient FT faculty to implement the curriculum for the currently enrolled students. See also CCR 1425.1(a)*** | | • Re-evaluated current both fulltime and part time faculty members' academic qualifications, experiences, and primary teaching responsibilities in educational background, work experiences, and experiences in nursing education. They are all exceeded required of BRN faculty qualifications. (**Appendix 2. Evidence of Active Faculty's Academic Qualifications and Expertise**).<br><br>**1. Confirmed part-time Psych content expert faculty**<br>• Stephanie Ayo (a new full time faculty) is going to be appointed as a Psych Content Expert in the fall semester 2014.<br><br>**2. Expected commitment of part-time content expert faculty will be fully explored**<br>• An appointment agreement is newly developed to address their expected roles and duties<br>• Part-time OB content expert faculty will be hired only when a faculty is fully understand and agreed to the conditions (**Appendix 3. Part-time Faculty Appointment Agreement for Content Expert**)<br>o Attend meetings and participate in curriculum development and revision<br>o Compensation for their participation is discussed in the agreement<br>• Will remediate fulltime faculty for OB content expert according to the BRN guideline as a long-term plan<br><br>**3. Hiring Committee was developed in May 2014 (Appendix 4. Hiring Committee Policy)**<br>• To increase fulltime faculty retention and to reduce turnover<br>• To screen reliable and responsible fulltime faculty at the time of hiring<br>• The hiring committee has been involved in two new fulltime faculty hiring process recently<br>• Faculty recruitment plan –currently working with Human Resources utilizing muitiple advertising sites. | Fall2014<br><br>Fall 2014<br><br>Fall 2015<br><br>May 2014<br><br>Spring 2015 |

| | | | |
|---|---|---|---|
| | | **4. Hired External curriculum expert**<br>• External expert, Ms. Sue Albert, was hired on April 9, 2014<br>o Curriculum and syllabi review<br>o Support on the faculty development<br><br>• Scheduled to have a workshop on July 10, 2014 (Kaplan Educator) for testing construction<br><br>• Curriculum development workshop is also scheduled on Oct 8-9, 2014 (Dr. Donna Iggy) for refining current course objectives and curriculum map | April 2014<br><br>July 10, 2014<br><br>Oct 8-9, 2014 |
| **NONCOMPLIANCE 3-2) SECTION 1426(a)** The curriculum of a nursing program shall be that set forth in this section and shall be approved by the board. Any revised curriculum shall be approved by the board prior to its implementation. ***Implementation of the curriculum is inconsistent with the approved curriculum. Future enrollment pattern must meet implementation of the approved generic curriculum.*** | **1. Some courses were extended beyond the academic calendars because of:**<br>- Inability of hiring qualified maternity nursing instructor<br>- Lack of clinical placement resources resulted in the delay of OB & Pediatric course beginning dates<br><br>2. **Lack of content sequencing in syllabi & redundant objectives**<br>- Redundant course objectives among courses<br>- Concepts were not presented as originally designed: i.e.) from simple to complex and from general to specific in the course (**Appendix 5**. **A Sample of Identified Problems in NR101 Fundamentals of Nursing)**<br><br>**3. Incongruent theory and clinical course schedule and learning objectives:**<br>- Insufficient clinical instructors and clinical placement<br>- Simulation was provided before theory and it was not consistent with clinical objectives<br>- Clinical fair was scheduled at the end of the courses without clear objectives and was utilized as part of clinical hours | 1. Keep academic calendar schedule (**Appendix 6. Fall 2014 Class Schedule**)<br>- All courses will start on the 1st week of academic calendar<br>- Classes will complete within 17-week academic schedule<br>- Secured sufficient OB and Peds clinical placement for the upcoming semesters (**Appendix 7: Table of Available Clinical Facility**)<br><br>2. Reorganized syllabi to have consistency in theory and clinical schedule and objectives (**Appendix 8. A Sample Draft Syllabus of Fall 2014)**<br>-Reviewed NR 101 syllabus with the external expert and in the process of reviewing the rest of syllabi by faculty by July 2014<br>- Areas that are being reviewed:<br>• Congruent theory and clinical hours<br>• Objectives /flow of curriculum through the semesters<br>• Aligning theory and clinical weekly objectives<br>• All objectives will be clarified, so SLOs and PLOs are measurable<br>• Removed clinical fair hours<br>• Revised current Clinical Evaluation Performance Form in accordance with the clinical objectives that are | Fall 2014<br><br>July 2014 |

| | | | |
|---|---|---|---|
| | **4. Inconsistent enrollment pattern with the approved number of students**<br>- Admitted 33 students as enrollment projection; however, LVN students<br>exceeded enrolled generic students. | continuous through the semesters<br>• Evaluation instruments will be reviewed for reliability, validity, and consistency throughout the program.<br>• Grading rubrics that include three domains of learning (cognitive, affective, and psychomotor) will be used for all students' assignments.<br>• Placement of various topics within the curriculum are being clarified<br>• Swanson's nursing theory terminology will be operationalized to provide more structured framework to utilize nursing process.<br>• The sequencing of topics for each course will be organized based on simple-to complex concepts.<br><br>- Defer simulation hours from official curriculum until restructured simulation learning objectives are aligned with theory and level of students as well as meeting the goal related to theory. Two faculty will be assigned for this development as 3 unit workload starting spring 2015 semester<br><br>3. Compliance with the approved admission policy- Enrollment projection update<br>- Future enrollment will follow the approved enrollment pattern strictly<br>- 22 generic RN and 11 LVN students each semester starting fall 2014 (new admission)**(Appendix 9. Revised Enrollment Projection Table)**<br><br>- Minor curriculum change will be requested for 2-year curriculum considering GE will be prerequisite courses in June, 2014 (**Appendix 10. Required Curriculum-Content Required (EDP-P-06) Approved in 2012 and Total Curriculum Plan (EDP-P-05) Proposed.**<br><br>-The changed admission policy will be applied for the official publications in fall 2014. Will monitor students' process of prerequisite | SP2015<br><br>Fall 2014<br><br>June, 2014<br><br>July 2014 |

<table>
<tr>
<td></td>
<td></td>
<td>completion by the admission office.<br><br>4. Generic ADN student recruitment program –working with Public Relations department to advertise at community colleges and college fairs.</td>
<td></td>
</tr>
<tr>
<td>Noncompliance 3-3 :<br>SECTION 1431<br>The nursing program shall maintain a minimum pass rate of seventy five percent (75%) for first time licensing examination candidates.<br><br>NCLEX Pass rates are below 75% for 2011-12 and 2012-13.<br><br>Recommendation 3-1:<br>SECTION 1424(B)(1) The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedures, attrition and retention of students, and performance of graduates in meeting community needs.</td>
<td>1. The program has two consecutive years of NCLEX Pass rates below 75%.<br><br>Table 2. Current NCLEX-RN Passrate (as of March 2014)<br><br>
<table>
<tr><th>Options</th><th>2010/11</th><th>2011/12</th><th>2012/13</th><th>2013/14</th><th>Average</th></tr>
<tr><td>LVN 30U</td><td>N/A</td><td>50% (4/8)</td><td>40% (6/15)</td><td>0% (0/1)</td><td>41.67% (10/24)</td></tr>
<tr><td>LVN Adv</td><td>100% (1/1)</td><td>76.60% (36/47)</td><td>66.67% (34/51)</td><td>46.15% (6/13)</td><td>68.75% (77/112)</td></tr>
<tr><td>Generic</td><td>N/A</td><td>N/A</td><td>N/A</td><td>38.36% (5/13)</td><td>38.46% (5/13)</td></tr>
<tr><td>Total</td><td>100% (1/1)</td><td>72.73% (40/55)</td><td>60.61% (40/66)</td><td>40.74% (11/27)</td><td>61.74% (92/149)</td></tr>
</table>
<br>The passrate results participated by LVN-RN & 30-units cohorts for three years, whereas only one year for Generic students’.<br><br>2. Inadequacy of admission screening criteria and deficiency in the use of standardized admission exam for both Generic RN and LVN to RN cohorts.<br>• No standardized admission exam test until FA2012 for all cohorts<br>• TEAS test adopted – acceptable admission score 58%<br><br>Table3. Pass-rate (%) according to TEAS score per Academic year<br><br>
<table>
<tr><th></th><th>TEAS</th><th>Pass rate %</th></tr>
<tr><td>2011/2012</td><td>NO</td><td>72.73%</td></tr>
<tr><td>2012/2013</td><td>58%</td><td>60.61%</td></tr>
<tr><td>2013/2014</td><td>65%</td><td>Pending</td></tr>
</table>
<br>3. Many 30-unit option student admissions resulted in below the</td>
<td>1. Strengthened LVN advanced placement admission selection criteria (next application period)<br>• Increased acceptable TEAS score to 65% or above (from 58%) for all new enrollee in FA2013 (Appendix 12. TEAS Cut Scores of Successful NCLEX Passrate schools)<br>• No new pass-rate data on the increased TEAS score<br>• Increased baseline of the overall admission GPA for LVN Advanced Placement from 2.0 to 2.8<br>• Policy development of OB & Peds Knowledge Validity Check<br>o Apply NLN NACE I Challenge Exam for OB & Peds before giving credits for LVN Advanced Placement Admission Criteria (Appendix 13. Admission Selection Criteria for the LVN Placement). Must achieve 75 % on the exam to receive the course credit<br>o If students do not score 75%, then student must enroll into Shepherd OB (1.5units) & Peds (1.5units) theory classes and pass with a minimum of 75% as prerequisite. If student fails the course, then student may not continue in program.<br><br>2. Refinement of Role Transition course is in place with 75 hours of theory and lab combined. This provides necessary information for smooth entry into the LVN Advanced Placement program.</td>
<td>Dec2013<br><br>Spring 2015<br><br>Aug 2014</td>
</tr>
</table>

***Examine effectiveness of implementation of actions taken and planned to address NCLEX pass rate below 75%.***

acceptable NCLEX –RN pass rate

Table 4. Number of Admissions of 30-unit & NCLEX Result

| Program | FA2011 | SP2012 | FA2012 | FA2010 |
|---|---|---|---|---|
| **30- Unit** | 6/12 (50%) | 3/8 (37.5%) | 1/4 (25%) | NA |
| **LVN Advanced** | 15/18 (83.33%) | 14/25 (56%) | 20/28 (71.43%) | NA |
| **Generic** | | | | 5/13 (38.36%) (Test Times: 7/2013 -3/2014) |

**4.** OB & Peds knowledge level was very low among LVN Advanced placement cohorts.

- The curriculum committee has reviewed and analyzed the NCSBN school reports that demonstrated that the OB & Peds knowledge level was very low during the period of Sep 2011-September 2013 among LVN Advanced placement cohorts.

Table 5. Percentile Ranks of Shepherd's Graduates Compared to Graduates from Same Jurisdiction (NCSBN)

| Content Report | April-Sep 2011 | Oct 2011-March 2012 | April 2012-Sep 2012 | Oct 2012-March 2013 | April 2013-Sep 2013 | Oct 2013-March 2014 |
|---|---|---|---|---|---|---|
| Natal (OB) | 41 | None | 38 | 27 | ? | 11 |
| Childhood (Peds) | 47 | None | 30 | 18 | ? | 38 |

- Conducted a pilot test on the current 3rd semester students

- Assigned teaching faculty will review the LVN-RN role transition course and examine the placement of topics and course contents in Aug 2014

**3. Decreased 30-unit Option admissions since FA2013 and encouraged LVN Advanced Placement**

Currently, there has been no 30-unit option student since fall 2013 admission and this 30-unit option is not a priority in the overall admission.

**4. Reinforcement of evaluation policy**

- Implemented Comprehensive Semester-Basis Exit exam — Spring 2014
- Deleted the re-taking final exam policy from fall 2014 semester. Currently enrolled students will be notified of re-take policy change. — Fall 2014
- Adopted Kaplan standardized testing system; questions used by Kaplan are based on Shepherd University curriculum with input by faculty , will continue to review this policy after faculty workshop
- Currently all evaluation instruments are being reviewed for quality and appropriateness for course and flow across curriculum. Review being conducted by all faculty.
- Adopted on-site Kaplan NCLEX review class besides SU Faculty review class
- HESI predictable test policy was deleted from the program in spring of 2014, so students are encouraged to take the NCLEX exam within 3 months after the

( a total of 20 LVN advanced placement students) to identify their knowledge levels of OB & Peds contents and showed low average scores on both subjects

- OB - Average score is 46%, with highest of 64% to lowest 29%
- Peds - Average score is 48%, with highest of 68% to lowest 14%

**5.** Re-taking final exam policy

- Implemented re-taking final exam policy after remediation chance which resulted in very Low attrition rate and ineffective result in NCLEX

Table 6. Attrition Rates

| | SP2011 | FA2011 | SP2012 | FA2012 | SP2013 | FA2013 |
|---|---|---|---|---|---|---|
| Attrition Rate | 3.03% | 6.06% | 0% | 0% | 15.5% | 2.28% |

**6.** Deficiency in the use of standardized exit exam
SU faculty generated comprehensive exit exam was used at the end of last semester of the program rather than end of each semester. It was difficult to assess students' knowledge as they progress in the program and missed opportunities to intervene accordingly.

**7.** Lack of Testing Material Evaluation System

- Teaching contents & test questions were not congruent with NCLEX-RN content focus

**8.** Delayed more than 3 months in taking NCLEX after graduation

- It was, in part, caused by the mandatory HESI exit exam policy in which was one of licensure requirement policies outside of curriculum and a student must

completion of graduation requirements– faculty advisors will continue to follow up on own assigned students

Note: The total pass rate of 2013/2014 will be release by July 2014; the program may be necessary to apply for the next progress report.

**5. Curriculum development/faculty development**

- As previously stated Section 1425.1(a), curriculum is being reviewed by the entire faculty for content and flow across the semester.
- Objectives being clarified
- Curriculum and teaching workshops are being scheduled (refer to Section 1425.1 (a) for detail schedule.

Oct 8-9, 2014

**6. Improving student support system**

- Recognizing diverse ethnic background of students, faculty will receive staff development integrating cultural diversity into student learning activities
- Encouragement of advising/tutoring/technical support/using learning center for individual study support
- Support system to counseling for cultural issues that can potentially affect students' overall performance
- Availability of financial support system (Government/personal financial aid and scholarship fund)
  - Two national accreditations were achieved in Dec 2012 by the ACICS as full membership and in March 2014 by the WASC as candidacy; currently institution is in the process of the financial aid approval; target eligibility date is spring 2015
- Students will be allowed to take comparable GE courses elsewhere to reduce expenses once 2-year program is implemented
- Refer to SECTION 1424(d)- sufficient student resources

Fall 2014

achieve 80% score before the school would release the necessary documents to the BRN.

Table 7. NCLEX-RN Test Result By Exam Period
(N=149)

| | # of Passed | # of Failed | Total |
|---|---|---|---|
| **Within 3 months** | 65 (70.65%) | 18 (31.57%) | **83 (55.7%)** |
| **After 3 months** | 27 (29.34%) | 39 (68.42%) | **66 (44.3%)** |
| **Total** | 92 (100%) | 57 (100%) | **149 (100%)** |

**9.** Other reasons beyond educational issues

- Unavailability of financial aid due to lack of national accreditation in past years resulted in low pool at the admission stage
- The table shows the number of interested students and the number of withdrawn application due to unavailability of financial aid during the past years

**Table 8. Number of Prospective Admission Inquiries Per Year**

| | 2011-2012 | 2012-2013 | 2013-2014 |
|---|---|---|---|
| Generic RN | 892 | 1035 | 1254 |
| LVN Placement | 428 | 198 | 329 |

**Recommendation 3-2**

**SECTION 1424(d)**
The program shall have sufficient resources, including

**IDENTIFIED NECESSARY IMRPOVEMENT AREAS:**

**1. Learning resource availability such as tutoring system to ensure students' success**

**2. Ensuring the adequate supplies for each student's efficient experience of skills**

1. **Systemized the Student Learning Resources Center policy applied from Fall 2014 (Appendix 14.Learning Resource Center Policy and Form)**
Expand services in Learning Resource center including nursing skills review and simulation with case studies. This Learning Resource Center will be utilized by students to aid their learning process and enhance their knowledge as needed.

| | | | |
|---|---|---|---|
| faculty, library, staff and support services, physical space and equipment including technology to achieve the program's objectives.<br>• ***Enhance tutoring/learning resources for students by providing structured tutoring resources to increase student success.***<br>• ***Ensure adequate supply for each student to have a realistic initial experience of skills, such as the use of sterile supplies, i.e., foley cath, sterile dressings*** | | 2. The program supplies used in skills lab will be provided<br><br>3. The program is in the process of acquiring information regarding the **sterile equipment pack** for each student. It will **be supplied to student**s starting fall semester, 2014. In addition, students will be asked to purchase individual supply packet before starting semester Fall2014.<br>• New students of Fall Semester 2014 will be asked to purchase own student bag with sterile supplies for them to be able to have an actual initial experience of aseptic technique.<br><br>• **Student tutorial support** will be available in the Learning Resource Center. The Skills Lab Coordinator will be the person responsible for providing the reviews or experience including simulation. The Skills Lab Coordinator will utilize the faculty content expert as needed to provide the necessary learning experience for the student.<br><br>• Lead faculty of each major subject will counsel and provide resources to help at risk students.<br><br>• Lead faculty of each major subject alert **advisors of at risk students** early so she could provide help and support.<br>a. Faculty advisor is assigned students each semester<br><br>• The educational materials in the Learning Resource Center will be reviewed annually<br><br>• **Current nursing books** being used by students either as classroom textbooks or references will be reviewed annually<br><br>• Lead faculty of each major subject will use the **PB works system** to give/share educational materials and information as a **24 /7 days a week** of learning support system to their students. | Fall 2014 |

| | | | |
|---|---|---|---|
| SECTION 1425.1(a):<br>Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content.<br>***Consider consultation from a curriculum expert to assist with faculty development and the curriculum revision under consideration, including a strategy for full integration of simulation in each course.*** | 1. Lack of external curriculum expert resource who can support faculty development<br>2. Curriculum objectives need to be clarified and more concise<br>3. Overlaps of topics across courses<br>4. Course objectives need to be more consistent with level of student<br>5. Theory objectives and clinical objectives need to be aligned<br>6. Simulation scenarios not based on theory and clinical objectives and do not reflect student level that are using them<br>7. All evaluation materials need to be assessed in relation to curriculum<br>8. Other potential factors<br>• The majority of students (78%) are Asian background (**Appendix 11. Analysis of the Student Demographics by Ethnicity& ESL)**<br>• Potential barriers include: language (English as a second language), differences in critical thinking process and problem solving process, and lack of financial (family) support | 1. The program has been supported by Dr. Rebecca Otten, Program Coordinator for Prelicensure in CSUF since the initiation of the program. Although each faculty member is responsible and accountable for their instruction, they are also involved in evaluating students, and planning/implementing curriculum contents in accordance with the program objectives, there are concerns about the effectiveness of the outcomes.<br><br>2. The program has contracted with new external curriculum expert with Ms. Margaret Sue Albert **as of April 9, 2014 (Appendix 15. Contract of Ms. Margaret Albert)**<br><br>3. All faculty, program director and the external Curriculum expert are going to set up the faculty development plans in test structuring, simulation workshops, curriculum revision, and teaching skills. (**Appendix 16. Schedules of on-site Faculty Development Plan)**<br><br>4. Curriculum is being reviewed course by course in relation to course description, SLOs, and PLOs<br>a. Clinical and skills lab experiences are evaluated in relation to the curriculum<br>b. Placement of various topics within the curriculum are being clarified<br>c. Swanson's nursing theory terminology will be operationalized to provide more structured framework to utilize nursing process<br><br>5. Evaluation instruments are being reviewed for reliability, validity, and consistency throughout the program<br><br>6. Simulation scenarios will be developed in spring 2015 based on the revised curriculum and after the simulation workshop. The learning principle of simple to complex concept will be applied on the scenario development. The simulation workshop is scheduled on July 10, 2014 and the workshop will be conducted by a simulation expert (Tina Waller) in our simulation lab.<br><br>7. Faculty development seminar will be scheduled to address potential cultural issues involved in teaching: Transcultural | April 2014<br><br>Fall2014<br><br>Fall 2014<br><br>Fall 2014<br><br>Spring 2015 |

expert will be invite d in fall of 2014

- To increase cultural sensitivity in the classroom and clinical settings
- To enhance understanding of diverse ethnic/cultural background students learning methods
- To develop strategies to approach and solve problems more effectively

Table 9. NCLEX-RN First Time Pass Rates Comparison by English as Second Language versus First Language (Native)

| Academic Year July 1 – June 30 | 2010-2011 | 2011-2012 | 2012-2013 | 2013-2014 | Average |
|---|---|---|---|---|---|
| **Native** | N/A | 6/40 (15%) | 6/40 (15%) | 3/11 (27.27%) | **16.49% (15/92)** |
| **LVN Adv** | N/A | 8.33% (3/36) | 11.76% (4/34) | 33.33% (2/6) | **11.84% (9/76)** |
| **30-Unit** | N/A | 75% (3/4) | 33.33% (2/6) | N/A | **50% (5/10)** |
| **Generic** | N/A | N/A | N/A | 20% (1/5) | **20% (1/5)** |
| **English as a second language** | 1/1 (100%) | 34/40 (85%) | 34/40 (85%) | 8/11 (72.73%) | **77/92 (83.7%)** |
| **LVN Adv** | 100% (1/1) | 91.67% (33/36) | 88.24% (30/34) | 66.67% (4/6) | **88.31% (68/77)** |
| **30-Unit** | N/A | 25% (1/4) | 66.67% (4/6) | N/A | **50% (5/10)** |
| **Generic** | **N/A** | **N/A** | **N/A** | **80% (4/5)** | **80% (4/5)** |

# Appendix 9. Revised Enrollment Projection Table

< Presented to the BRN on June 26, 2014>

| Enrollment /Graduation | Program Type | 2010 | 2011 | | 2012 | | 2013 | | 2014 | | 2015 | | 2016 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Fall | Spring | Fall | Spring | Fall | Spring | Fall | Spring | Fall[3] | Spring | Fall | Spring | Fall |
| **Enrollment (per semester)**<br>*** ( ) is semester cohort.** | Generic ADN | 22(1) | 11(1)<br>22(2) | 11(1)<br>11(2)<br>22(3) | *0 (1)<br>11(2)<br>11(3)<br>22(4) | 22(1)<br>0 (2)<br>11(3)<br>11(4)<br>22(5) | 22(1)<br>22(2)<br>0 (3)<br>11(4)<br>11(5)[1]<br>22(6) | 22(1)<br>22(2)<br>22(3)<br>0 (4)<br>11(5)<br>11(6) | 22(1)<br>22(2)<br>22(3)<br>22(4)<br>0 (5)<br>11(6) | GE requirement changed as prerequisites [4]<br>22(1)[3]<br>11(2)<br>17(3)[2]<br>0 (4) | 22(1)<br>22(2)<br>11(3)<br>17(4) | 22(1)<br>22(2)<br>22(3)<br>22(4) | 22(1)<br>22(2)<br>22(3)<br>22(4) | 22(1)<br>22(2)<br>22(3)<br>22(4) |
| | LVN Advanced Placement | 33(5) | 33(5)<br>33(6) | 33(5)<br>33(6) | 33(5)<br>33(6) | 11(5)<br>33(6) | 33(5)[1]<br>11(6) | 22(5)<br>33(6) | 22(5)<br>22(6) | 11(3)[2]<br>22(4) | 11(3)<br>11(4) | 11(3)<br>11(4) | 11(3)<br>11(4) | 11(3)<br>11(4) |
| **Graduation** (per semester) | Generic ADN | 0 | 0 | 0 | 0 | 0 | 22 | 11 | 11 | 0 | 17 | 22 | 22 | 22 |
| | LVN Advanced Placement | 0 | 33 | 33 | 33 | 33 | 11 | 33 | 22 | 22 | 11 | 11 | 11 | 11 |
| | **Total** | | **33** | **33** | **33** | **33** | **33** | **44[1]** | **33** | **22** | **28** | **33** | **33** | **33** |

1. In Spring 2013, "One-time event" applied in 33 admissions for LVN Advanced Placement approved by the BRN on May 2012.
2. Implemented the original approved program enrollment pattern from Fall 2014 as 22 students from generic RN and 11 students from LVN Advanced Placement as corrected noncompliance Section 1426 (a).
3. This enrollment project is re-designed to apply Admission Standard Change as two year program as a result, the admissions do not count the students entering GE courses as entering the nursing program. The Nursing admissions will have first semester for Generic ADN and third semester for the LVN-Advanced Placement admission, which in total will be 33 students per semester.
4. Admission policy changed to 2-year program in consequence of GE requirement change as prerequisites starting from fall 2014.
5. Fall 2014-Spring2015: actually enrolled numbers applied. LVN to RN students will not be admitted into generic program unless space available. Not to exceed 22 in generic program in each semester.

State of California Department of Consumer Affairs
Board of Registered Nursing

**NURSING CURRICULUM AND CLINICAL FACILITIES**

(916) 322-3350

| **NAME OF PROGRAM:** | **SIGNATURE *(Director of RN Program)*:** | **DATE:** |
|---|---|---|
| Shepherd University Associate Degree Nursing Program | Sprina Jeon, RN, MSN (Electronic) | **FA2014 (8.25-12.19.14)** |

Please list all nursing subjects offered during the quarter/semester of the approval visit.

| NURSING COURSE *(Name & Number)* | M/S | O | C | PMH | G | UNITS LEC | UNITS LAB | LEAD INSTRUCTOR *(Name)* | CLINICAL LAB INSTRUCTOR(S) *(Name)* | #STUDENTS/ SECTION | CLINICAL SITE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| NR101 Fundamentals of Nursing | ☒ | ☐ | ☐ | ☐ | ☐ | 2 | 2 | Roberta Forgan | Roberta Forgan<br>Rosita Quizon | 22 | SU Skills Lab |
| NR102 Pharmacology | ☒ | ☐ | ☐ | ☐ | ☐ | 2 | 0 | Jungeun Karen Kim | NA | 22 | NA |
| NR103 Medical/Surgical Nursing I | ☒ | ☐ | ☐ | ☐ | ☐ | 1.5 | 2 | Leah Buscho | Roberta<br>Leah Buscho | 11<br>11 | Hollywood Community Hosp.<br>Westlake Convalescent Hospt. |
| NR 310 Health Assessment | ☒ | ☐ | ☐ | ☐ | ☐ | 2.5 | 0.5 | JungeunKaren Kim | Karen Kim<br>Dominic Pacis | 22 | SU Skills Lab |
| NR201 MS II | ☒ | ☐ | ☐ | ☐ | ☐ | 2 | 2 | Roberta Forgan | Arlene Kidakarn | 9 | Norwalk Community Hospital |
| NR202 OB &Mat | ☐ | ☒ | ☐ | ☐ | ☐ | 1.5 | 1.5 | Christina Clignett | Christina Clignett | 11 | Glendale Memorial Hospital |
| NR203 Peds | ☐ | ☐ | ☒ | ☐ | ☐ | 1.5 | 1.5 | John Lazar | John Lazar | 9 | Totally Kids Specialty |
| NR301 MS III | ☒ | ☐ | ☐ | ☐ | ☐ | 2 | 2.5 | Rita Sypitkowski | Rita Sypitkowski<br>Thyssen castaneto<br>Dominic Pacis | 16+11<br>10<br>9<br>8 | Encino ospital<br>Vincent Medical Center<br>Olympia Medical Center |
| NR302 Psych//Mental Health Nursing | ☐ | ☐ | ☐ | ☒ | ☐ | 1.5 | 1.5 | Jaime Torres | Carmen Loya<br>Stephanie Ayo<br>Jaime Torres | 17+11<br>10<br>9<br>9 | Las Encinas<br>Las Encinas<br>Las Encinas |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| NR401 MS IV | ☒ | ☐ | ☐ | ☐ | ☐ | 2 | 3 | Jungeun Karen Kim | Josephina<br>Stephanie Ayo | 22<br>11<br>11 | Glendale Adventist M.C.<br>Glendale Adventist M.C. |
| NR402 Gero/Community Nursing | ☐ | ☐ | ☐ | ☐ | ☒ | 1.5 | 1.5 | Myungja Molly Hahm | Molly Hahm<br>Joungmi Lee | 20<br>10<br>10 | Montrose/Everlasting ADHC<br>Virgil Con./Everlasting ADHC |
| NR403 Professional Role Transition | ☒ | ☐ | ☐ | ☐ | ☐ | 1.5 | 0.5 | John Lazar | John Lazar<br>Dominic Pacis | 21 | SU Skills Lab |

State of California Department of Consumer Affairs
Board of Registered Nursing

**NURSING CURRICULUM AND CLINICAL FACILITIES**

(916) 322-3350

| **NAME OF PROGRAM:** | **SIGNATURE *(Director of RN Program)*:** | **DATE:** |
|---|---|---|
| Shepherd University Associate Degree Nursing Program | Sprina Jeon, RN, MSN (Electronic) | **SP2015 (1.19-5.15.15)** |

Please list all nursing subjects offered during the quarter/semester of the approval visit.

| NURSING COURSE *(Name & Number)* | M/S | O | C | PMH | G | UNITS LEC | UNITS LAB | LEAD INSTRUCTOR *(Name)* | CLINICAL LAB INSTRUCTOR(S) *(Name)* | #STUDENTS/ SECTION | CLINICAL SITE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| NR101 Fundamentals of Nursing | ☒ | ☐ | ☐ | ☐ | ☐ | 2 | 2 | Roberta Forgan | Roberta Forgan<br>Rosita Quizon | 22 | SU Skills Lab |
| NR102 Pharmacology | ☒ | ☐ | ☐ | ☐ | ☐ | 2 | 0 | Jungeun Karen Kim | NA | 22 | NA |
| NR103 Medical/Surgical Nursing I | ☒ | ☐ | ☐ | ☐ | ☐ | 1.5 | 2 | Leah Buscho | Roberta<br>Leah Buscho | 22<br>11<br>11 | Hollywood Community Hosp.<br>Westlake Convalescent Hosp.. |
| NR 310 Health Assessment | ☒ | ☐ | ☐ | ☐ | ☐ | 2.5 | 0.5 | JungeunKaren Kim | Karen Kim<br>Dominic Pacis | 22 | SU Skills Lab |
| NR201 MS II | ☒ | ☐ | ☐ | ☐ | ☐ | 2 | 2 | Roberta Forgan | Roberta Forgan<br>Arlene Kidakarn | 22<br>11<br>11 | Norwalk Community Hospital<br>Norwalk Community Hospital |
| NR202 OB &Mat | ☐ | ☒ | ☐ | ☐ | ☐ | 1.5 | 1.5 | Christina Clignett | Christina Clignett<br>Chisu Sung | 22<br>11<br>11 | Glendale Memorial Hospital<br>Glendale Adventist M.C. |
| NR203 Peds | ☐ | ☐ | ☒ | ☐ | ☐ | 1.5 | 1.5 | John Lazar | John Lazar<br>Leony Ancheta | 22<br>11<br>11 | Totally Kids<br>Totally Kids |
| NR301 MS III | ☒ | ☐ | ☐ | ☐ | ☐ | 2 | 2.5 | Rita Sypitkowski | Rita Sypitkowski<br>Thyssen castaneto<br>Dominic Pacis | 22(11+11)<br>8<br>7<br>7 | Encino Hospital<br>Vincent Medical Center<br>Olympia Medical Center |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Leah Buscho | 8 | Olympia Medical Center |
| NR302<br>Psych//Mental<br>Health Nursing | ☐ | ☐ | ☐ | ☒ | ☐ | 1.5 | 1.5 | Jaime Torres | <br>Stephanie Ayo<br>Jaime Torres | 22(11+11)<br>11<br>11 | <br>Las Encinas<br>Las Encinas |
| NR401 MS IV | ☒ | ☐ | ☐ | ☐ | ☐ | 2 | 3 | Jungeun Karen Kim | <br>Josephina Ihesiaba<br>Stephanie Ayo | 28 (17+11)<br>10<br>9<br>9 | <br>Glendale Adventist M.C.<br>Glendale Adventist M.C.<br>St Vincent Medical Center |
| NR402<br>Gero/Community<br>Nursing | ☐ | ☐ | ☐ | ☐ | ☒ | 1.5 | 1.5 | Myungja Molly Hahm | <br>Molly Hahm<br>Joungmi Lee<br>Nona Udani | 28 (17+11)<br>10<br>9<br>9 | <br>Montrose/Everlasting ADHC<br>Virgil Con./Everlasting ADHC<br>Westlake Convalescent/Everlasting |
| NR403 Professional<br>Role Transition | ☒ | ☐ | ☐ | ☐ | ☐ | 1.5 | 0.5 | John Lazar | John Lazar<br>Dominic Pacis | 28 | SU Skills Lab |

# ASSOCIATE DEGREE NURSING PROGRAM, SCHOOL OF NURSING
# SHEPHERD UNIVERSITY

## Enrollment/Graduation Patterns

| Category | ADN Program | FA 2010 | SP 2011 | FA 2011 | SP 2012 | FA 2012 | SP2013 (one time event applied) | FA 2013 | SP 2014 | FA 2014 |
|---|---|---|---|---|---|---|---|---|---|---|
| **# of New Enrollment** | Generic RN | 22 | 11 | 10 | 0 | 21 | 7 | 10 | 2 | |
| | LVN Advanced | 33 | 19 | 24 | 29 | 11 | 29 | 22 | 21 | |
| | 30-Unit | 0 | 14 | 7 | 4 | 0 | 4 | 0 | 0 | |
| | **Total** | **55** | **44** | **41** | **33** | **32** | **40** | **32** | **23** | |
| **# of Graduates** | Generic RN | | | | | | 18 | 10 | | |
| | LVN Advanced | 0 | 32 | 18 | 24 | 29 | 10 | 29 | | |
| | 30-Unit | 0 | 0 | 13 | 7 | 4 | 0 | 4 | | |
| | **Total** | **0** | **32** | **31** | **31** | **33** | **28** | **43** | | |
| **Attrition Rates** | **Total** | | **96.97%** | **93.94%** | **100%** | **100%** | **84.85%** | **97.72%** | | |
| | Generic RN | | | | | | 81.82% 18/22 | 90.91% | | |
| | LVN Advanced | | | 94.74% 18/19 | 100% 24/24 | 100% 29/29 | 90.91% 10/11 | 100% | | |
| | 30-Unit | | | 92.86% 13/14 | 100% 7/7 | 100% 4/4 | NA | 100% | | |
| | *Fail Remark* | | *1 LVN* | *1 LVN 1 30-unit* | | | *4 Generic RN 1 LVN* | *1Generic RN* | | |

| Category | ADN Program | FA 2010 | SP 2011 | FA 2011 | SP 2012 | FA 2012 | SP2013 (one time event applied) | FA 2013 | SP 2014 | FA 2014 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Passrate by Cohort** | **Total Passrate (%)**<br>**# of Pass/fail** | | **70.97%**<br>**22/9** | **70.00%**<br>**21/9** | **53.13%**<br>**17/15** | **65.63%**<br>**21/11** | **52.38%**<br>**11/10** | | | |
| | Generic RN | 0 | 0 | 0 | 0 | 0 | 5/7<br>41.67% | | | |
| | LVN Advanced | 0 | 22/9<br>75.86% | 15/3<br>83.33% | 14/10<br>58.33% | 20/8<br>71.43% | 6/3<br>66.67% | | | |
| | 30-Unit | 0 | 0/0 | 6/6<br>50% | 3/5<br>37.5% | 1/3<br>25% | Not taken yet | | | |

**BOARD OF REGISTERED NURSING**
**Education/Licensing Committee**
**Agenda Item Summary**

**AGENDA ITEM:** 7.6
**DATE:** September 18, 2014

**ACTION REQUESTED:** Vote on Whether to Grant Initial Approval to the Weimar Institute (previously known as Weimar College) Associate Degree Nursing Program

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

**BACKGROUND:** Shirley Wilson Anderson, RN, M.S.N., Ed.D. is the Program Director

This NEC conducted a site visit from July 7-10, 2014. The program was found to be in compliance with Board rules and regulations.

Weimar Institute is located in Weimar, which is approximately 30 miles northeast of Sacramento in Placer county. The campus is easily reached from the exit from I-80.

Weimar Institute is a private, non-profit, faith based institution and entity of the Weimar Center of Health and Education, which is affiliated with the Seventh-day Adventist Church.

The professionals who developed the Center were able to purchase an abandoned tuberculosis center in Weimar in the late 1970's. They began educating students for a life of Christian service in 1978. Three-hundred sixty-two students have received baccalaureate or associate degrees as of May 2014. Weimar Institute graduated seven students in June 2014: one in health sciences; one in natural science; two in pre-med, and three in theology. Weimar Institute expects to enroll fifty students in fall 2014, including pre-nursing students.

Weimar Institute has received approval from the Bureau for Private Postsecondary Education to award the following degrees: Associate of Science degrees in Health Sciences and General Studies; Bachelor of Arts degrees in English Language, Liberal Studies, and in Pastoral Ministry; Bachelor of Science degree in Health; a certificate program in Massage and Hydrotherapy; and a certificate program HEALTH (Health Evangelism and Leadership Training for Him). Weimar Institute informs the public that it does not hold regional accreditation. Credits earned at Weimar Institute will, in most cases, be transferable to other Seventh-day Adventist colleges and universities.

After the acceptance of its feasibility study, Weimar College changed its name to Weimar Institute. The Bureau for Private Postsecondary Education approved the name change effective June 13, 2014. Weimar Institute now requests that the Board, if it grants initial approval, does so for the Weimar Institute Associate Degree Nursing Program.

Weimar Institute is pursuing accreditation from the WASC Senior College and University Commission. The first phase is Eligibility. Without accreditation by any U.S. Department-approved accrediting body, education institutions do not meet the eligibility requirements so that students can receive federal or state loans or financial aid. Prospective students are informed of the accreditation status and what this can mean for transferring to other, non-Seventh-day Adventist institutions.

Weimar Institute currently offers a Pre-Nursing Program which consists of the behavioral and natural science, communication, math, and nutrition courses and religion courses to prepare the student for transfer to other Seventh-day Adventist institutes and universities.

If granted initial approval, Weimar Institute plans to enroll up to 20 students in January 2015. It will then integrate these students into the cohort for fall 2015 for a total enrollment of 20 students, and admit 20 students every fall thereafter. The first class would graduate in May 2017.

The Board accepted the Feasibility Study for the Weimar College Associate Degree Nursing Program at its June 15, 2011, meeting. Contributing to the delay in seeking Initial Approval was that the person who was initially approved as the director resigned and it took the program time to find a person whose qualifications met the regulation's requirements for appointment as Director.

Dr. Shirley Wilson was hired in June 2012 as the director of the ADN program. The title of that position was recently changed from Director to Chair. She has worked with the Weimar Institute Pre-Nursing Program's Director, Melanie Quion, M.S., RN, in developing the Self-Study, curriculum, and other aspects of the proposed registered nursing program. The plan provides a timeframe for hiring faculty and increasing their numbers as the program evolves. The program projects a need for 4 full-time faculty and 5 part-time faculty for the first year of the program. Eighty percent of the Assistant Chair's full time position will be devoted to teaching responsibilities.

The proposed curriculum will support Weimar Institute's intent that the Nursing Program will exist "to support the college's Seventh-day Adventist mission of service to those in need and alleviation of suffering through health promotion and assisting others to achieve physical, mental and spiritual optimal wellness." The philosophy for the Weimar Institute Nursing Department is based on three main constructs which are: The demonstration of the compassionate ministry of Jesus Christ toward all persons; Health promotion for the whole person (body, mind, and spirit); and Evidence-based nursing process approach (Assessment, Analysis, Planning, Implementation, and Evaluation). The concepts of Person (Humanity), Environment, Health-illness Continuum, Nursing Education, Student Individuality, and Support Systems are extensions of the three main constructs.

The curriculum extends over two years, four sixteen-week semesters, once the student has completed the pre-requisite science, religion, and liberal arts courses. The total curriculum is 80.5-86.5 semester units. Nursing units are 47.5 (29 theory, 18.5 clinical); communication courses are 6 units; sciences 21-27 units; and other degree requirements are 6 units. The

curriculum includes consideration for advanced placement of the LVN student and students with other previously completed health-care related coursework and provides the LVN 30-unit option.

Echo Hall has been remodeled to house the Nursing Department, the science laboratories that support the science courses, and contains an open area that will be used as a study area. In addition to the classrooms provided in this building, classrooms in the main college building will also be available as needed. The main building also contains a designated area available to students for quiet study. The nursing classrooms will be wired for LCD projector capability for use of audio/visual media. Echo Hall contains a six-bed skills lab with planned acquisition of the standard mannequins as well as adult, pediatric, obstetric, and infant simulation mannequins; a computer lab with ten stations; and the Nursing Department Chair and faculty offices. One of the full-time faculty members will be responsible for the skills/simulation lab. Materials and equipment will be purchased as the program develops and as recommended by the course faculty.

Computers will be purchased with ten stations already available in the computer lab. Twenty laptop computers will be available. Additional ones will be purchased with the admission of the fall 2016 cohort, and computers will be updated every three years. The campus is already equipped with a wireless network.

The library is located in a separate building. Texts have been purchased for the library that are the foundation for a collection related to the regulation-required and other clinical specialty areas. The following databases will be available to the program: CINAHL Plus, Pro-Quest Nursing digital subscription, Health Source, Medline and Alt HealthWatch and OVID Journals.

The Program will have one full-time administrative staff person dedicated to the Nursing Department. A campus Student Success Coordinator is available, and student tutors are available through the college. There is a medical clinic on campus to provide health care services. Confidential, no fee pastoral services are available to the students. There is a cafeteria onsite.

In addition to the clinical facilities originally identified in the feasibility study, Weimar Institute sought out and acquired additional clinical placements at Glendale Adventist Medical Center, Loma Linda University Children's Hospital, Pediatric Services of America, and Sierra Nevada Memorial Hospital. Sierra Nevada Memorial Hospital is located about 20 miles from Weimar, and does not have placements of students from any other prelicensure programs. Included in this packet is a chart identifying clinical placement for all four semesters and a key that provides information about the distance of these sites from the Weimar Institute campus. This NEC made site visits to the Pediatric Services of America office in Sacramento, Ukiah Valley Medical Center, St. Helena Hospital, Feather River Hospital in the town of Paradise, Sierra Nevada Memorial Hospital, Sonora Regional Medical Center, Placer County Action Council-Head Start, and Westview Healthcare Center. The facility representatives confirmed that the addition of clinical groups for this program would not displace students from other prelicensure programs, and that the students would be able to provide direct patient care. All of the necessary contracts have been signed. Those facilities within the Adventist Healthcare group may be able to provide housing for those placements that will require overnight stays due to the distance from campus.

Weimar Institute has committed to providing the transportation, housing, and meal arrangements for students for these sites at no additional expense to them.

The Program notes: "Some clinical sites will be geographically located a distance from the main campus. This will require intensive clinical sessions immediately following the theory classes during the same semester. Safe and adequate lodging will be arranged in close proximity to the clinical sites, where students will complete eight-twelve hours of clinical shifts per a twenty-four hour period."

Although the budget presented does show the program's financial resources cover its expenses, the budgets for the first and third year are based on a 100% student retention rate. The program was cautioned about basing the budget on 100% retention. The expenses incurred for faculty and students traveling to the distant clinical placements are not reflected in the budget.

Weimar Institute has identified ten students who have already completed the Pre-Nursing Program and who could start the program in spring 2015.

Recommendations: Grant initial approval to the Weimar Institute Associate Degree Nursing Program. Require that an NEC conduct a visit prior to admission of the first student cohort. An NEC is to conduct interim visits in spring 2016 and 2017 to evaluate implementation of the program.

**The Education/Licensing Committee met as a Sub-Committee (due to lack of Committee quorum) on August 7, 2014 and makes the following recommendations:**

- **Grant Initial Approval to the Weimar Institute Associate Degree Nursing Program for enrollment of 20 students per year beginning Fall 2015.**
- **NEC will conduct a visit prior to admission of the first student cohort.**

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

**PERSON(S) TO CONTACT:** Kay Weinkam, M.S., RN, CNS
Nursing Education Consultant
(916) 574-7600

# CONSULTANT APPROVAL REPORT
## INITIAL PRELICENSURE PROGRAM VISIT

EDP-S-05 (Rev. 09/13)

PROGRAM NAME: Weimar Institute
Associate Degree Nursing Program

DATES OF VISIT: July 7-10, 2014

| APPROVAL CRITERIA | EVIDENCE Use Code(s) listed below for location of evidence. | COMP | NON-COMP | COMMENTS |
|---|---|---|---|---|
| **I. ADMINISTRATION AND ORGANIZATION OF THE NURSING PROGRAM** | | | | |
| SECTION 1424(a) There shall be a written statement of philosophy and objectives that serves as a basis for curriculum structure. Such statement shall take into consideration the individual differences of students, including their cultural and ethnic background, learning styles, goals and support systems. It shall also take into consideration the concepts of nursing and man in terms of nursing activities, the environment, the health-illness continuum, and relevant knowledge from related disciplines. | SS: 12-21; 35 and Appendices (APPs) II: Student Handbook (SHB) and III: Faculty Handbook (FHB); Weimar Institute Academic Bulletin & Student Handbook (CAT): 5 | X | | As an institution of higher education supporting the Seventh-day Adventist Church, Weimar Institute develops leaders in comprehensive health evangelism through competent modeling, health-related research and education, both practical as well as theoretical.<br><br>By implementing a nursing program, Weimar Institute fulfills its commitment to the vision and mission of the Seventh-Day Adventist church. It has developed a vision statement and mission statement for the nursing program along with a philosophy.<br><br>The Program's philosophy is based on these three constructs:<br>1. The demonstration of the compassionate ministry of Jesus Christ toward all persons;<br>2. Health promotion for the whole person (body, mind, and spirit).<br>3. Evidence-based nursing process approach (Assessment, Analysis, Planning, Implementation, and Evaluation).<br><br>"The philosophy of the Nursing Program includes the beliefs of person (humanity) in terms of nursing activities, environment, health-illness continuum, art and science of nursing, and nursing education, which includes the |

| APPROVAL CRITERIA | EVIDENCE<br>Use Code(s) listed below for location of evidence. | COMP | NON-COMP | COMMENTS |
|---|---|---|---|---|
| | | | | individual differences among students, cultural milieu, ethnic background, different learning styles, and support systems." These components are considered extensions of the three constructs and are interwoven into the courses of the curriculum.<br><br>The program identifies eleven program outcomes. |
| SECTION 1424(b) The policies and procedures by which the program is administered shall be in writing, shall reflect the philosophy and objectives of the program, and shall be available to all students. | SS: 21-35;<br>CAT: 11-18, 52-61, and 104-125;<br>SHB: pp. 10, and 14-29;<br>FHB: 15-21, 25-34 | X | | The program has developed policies related to the Admission and Selection Procedure including public information sessions, admission and selection policies (prerequisite courses must be completed with a grade of C or better, and the GPA must equal or exceed 3.0), and admission health requirements. It has also developed policies for Progression and Retention (Passing grade is a "C" (76%) or higher); Procedure for Instituting Drug Screening; and Graduation Requirements, among others. |
| (1) The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedures, attrition and retention of students, and performance of graduates in meeting community needs. | SS: 35-37 and APP V: Systematic Evaluation Plan | X | | The components to be evaluated in the Systematic Evaluation Plan are: Mission and Governance (development of both the Weimar Institute Strategic Plan and the Nursing Program Strategic Plan); Faculty; Students; Curriculum; Resources; Educational Effectiveness; and Integrity. |
| (2) The program shall have a procedure for resolving student grievances. | SS: 37-38, 51;<br>CAT: 19-20;<br>FHB: 19-20;<br>SHB: 25-26 | X | | The nursing department chair, assistant chair, and two faculty, one from each year, will constitute the Student Appeals Committee within the Nursing Program. The student will select a representative of her or his own choice. Further appeals would then be according to the Problem Solving Procedure outlined in the Bulletin. |
| SECTION 1424 (c) There shall be an organizational chart which identifies the relationships, lines of authority and channels of communication with the program, between the program and other administrative segments of the institution with which it is affiliated, and between the program, the institution and clinical agencies. | SS: 38-41 including the Nursing Department Organization Chart and APP XII: Weimar Institute Organizational Chart. | X | | There is a twelve-member Board of Directors comprised of individuals from across the United States. The Chairs of academic departments such as Nursing report to the Dean of Academic Administration. The Dean reports to the Vice President of Academic Affairs (Chief |

| APPROVAL CRITERIA | EVIDENCE<br>Use Code(s) listed below for location of evidence. | COMP | NON-COMP | COMMENTS |
|---|---|---|---|---|
| | | | | Academic Officer) who, in turn, reports to the President (Chief Executive Officer). The Nursing Organizational Chart illustrates the relationships within the program and with the clinical agencies and the planned program advisory committee. |
| SECTION 1424(d) The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment, including technology to achieve the program's objectives. | SS: 42-48; 51-52; APPs XV: Architectural Floor Plan and XVI: Equipment and Supplies;<br>Site visit | X | | **Faculty:** Initially, the program plans to hire four full-time faculty positions. (which include the chair and assistant chair). Adjunct faculty will also be hired for clinical teaching. To date, eleven people have submitted their curriculum vitae to the program:<br>Geriatrics: 1<br>Med/Surg: 5<br>OB-3<br>Peds-1<br>Mental Health/Psychiatric Nursing-1<br><br>Job descriptions require that the candidates be members of the Seventh-day Adventist Church in good and regular standing.<br><br>**Library**: The library is increasing its collection related to those appropriate for a nursing program. Subscriptions will include those journals related to the regulation-required clinical specialties as well as for databases such as CINAHL Plus, ProQuest-Nursing, Medline and OVID Journals. The Librarian has committed to providing an 80-minute class period to assist students in the use of library materials and databases at the beginning of the year.<br><br>The existing space does not provide extensive space for carrels or group study rooms, but the Institute indicates the next campus project under consideration is either renovating the existing building or moving the library to Echo Hall. Also,the administrators at Weimar Institute plan to develop the library as a learning center rather than as a volumes-holding resource. |

| APPROVAL CRITERIA | EVIDENCE<br>Use Code(s) listed below for location of evidence. | COMP | NON-COMP | COMMENTS |
|---|---|---|---|---|
| SECTION 1424(e) The director and the assistant director shall dedicate sufficient time for the administration of the program. | SS: 39-40, 48-49 and APPs XIII and XIV: Job Descriptions | X | | The Nursing Department Chair position is an administrative position although there may be teaching responsibilities. It was originally accepted by the Board as a full-time position, but further revisions of the self-study indicate it's either part- or full-time.<br><br>Assistant Director: 20% minimum of a full-time faculty position will be devoted to administrative responsibilities. |
| SECTION 1424(f) The program shall have a board approved assistant director who is knowledgeable and current regarding the program and the policies and procedures by which it is administered and who is delegated the authority to perform the director's duties in the director's absence. | SS: 40, 49 and APP XIV: Job Description Assistant Director | X | | The program agrees to comply with this regulation. Twenty percent of a full-time faculty position will be devoted to these responsibilities. |
| SECTION 1424(g) Faculty members shall have the primary responsibility for developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program. | SS: 39, 49-51 and APP XVIII: Job Descriptions | X | | The program will establish the following committees through which faculty will conduct their work: (as listed on p. 39 of s/s)<br>Nursing Faculty Council<br>Nursing Program Advisory<br>Nursing Faculty Curriculum<br>Nursing Faculty Admission, Progression, and Graduation<br>Nursing Program Evaluation<br>Nursing Student Appeals Committee |
| SECTION 1424(h) The faculty shall be adequate in type and number to develop and implement the program approved by the board, and shall include at least one qualified instructor in each of the areas of nursing required by section 1426 (d) who will be the content expert in that area. Nursing faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned. | SS: 51-57 and APPs XIV and XVIII: Job descriptions; FHB: 18-19 | X | | Initially, four faculty will be hired full-time. One of the faculty positions will be for the Chair and 80% of the Assistant Chair's full-time position will be a teaching position. Adjunct and part-time faculty will also be hired as needed. It is projected that a faculty member will meet the requirements to be approved in more than one regulation- required nursing specialty areas.<br><br>One of the minimum qualifications stated in the job descriptions is that the person must be a "Member of the Seventh-day Adventist Church in good and regular standing."<br><br>The Institute is recruiting candidates through its |

| APPROVAL CRITERIA | EVIDENCE<br>Use Code(s) listed below for location of evidence. | COMP | NON-COMP | COMMENTS |
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| | | | | Web site and Seventh-Day-Adventist periodicals.<br><br>To date, 11 candidates have submitted curriculum vitae: 5 for med/surg, 3 for OB, 1 for pediatrics, one for psychiatric/mental health nursing, and one for geriatric nursing. |
| SECTION 1424(i) When a non-faculty individual participates in the instruction and supervision of students obtaining clinical experience, his or her responsibilities shall be described in writing and kept on file by the nursing program. | SS: 57 | | | N/A. The program will not offer a precepted clinical experience. |
| SECTION 1424(j) The assistant director shall function under the supervision of the director. Instructors shall function under the supervision of the director or the assistant director. Assistant instructors and clinical teaching assistants shall function under the supervision of an instructor. | SS: 57-58 and APP XIX: Nursing Department Organization Chart; APPs XIV and XVIII: Job Descriptions | X | | The program 's organization structure indicates compliance with this regulation. |
| SECTION 1424(k) The student/teacher ratio in the clinical setting shall be based on the following criteria:<br><br>1) Acuity of patient needs;<br>2) Objectives of the learning experience;<br>3) Class level of the students;<br>4) Geographic placement of students;<br>5) Teaching methods; and<br>6) Requirements established by the clinical agency. | SS: 58 | X | | The program plans for a ratio no greater than 10 to 1 in most clinical settings and labs. For the more complex settings of acute-care pediatrics and critical care, the ratio would be 8 to 1, or lower.<br><br>The program agrees to comply with this regulation |
| **II. FACULTY QUALIFICATIONS AND CHANGES**<br><br>SECTION 1425<br>All faculty, the director, and the assistant director shall be approved by the board pursuant to the document, "Faculty Qualifications and Changes Explanation of CCR 1425 (EDP-R-02 Rev 02/09), which is incorporated herein by reference. A program shall report to the board all changes in faculty, including changes in teaching areas, prior to employment of or within 30 days after termination of employment of a faculty member. Such changes shall be reported on forms provided by the board: Faculty Approval/Resignation Notification form (EDP-P-02, Rev 02/09) and Director or Assistant Director Approval form (EDP-P-03, Rev 02/09), which are herein incorporated by reference. | SS: 58-59 | X | | The Director has been approved. See 1425(a)(1)-(4), below.<br><br>The program agrees to comply with this regulation, including that related to having an active and clear license. |

| APPROVAL CRITERIA | EVIDENCE<br>Use Code(s) listed below for location of evidence. | COMP | NON-COMP | COMMENTS |
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| Each faculty member, director and assistant director shall hold a clear and active license issued by the board and shall possess the following qualifications: | | | | |
| SECTION 1425(a) The director of the program shall meet the following minimum qualifications: | SS: 59, APP XX: BRN Approval form and APP XIII: Job Description | | | Shirley Jean Wilson Anderson, RN, Ed.D.<br>Approved July 26, 2012<br>RN 237916, expires 2/28/15 |
| (1) A Master's or higher degree from an accredited college or university which includes course work in nursing, education or administration; | : | X | | B.S.N. Loma Linda University<br>M.S.N. University of Alabama<br>Ed.D. University of Virginia |
| (2) One (1) year's experience as an administrator with validated performance of administrative responsibilities consistent with section 1420 (h); | | X | | Washington Adventist University (formerly Columbia Union College), Chair and Director, Department of Nursing (1992-1999) |
| (3) Two (2) years' experience teaching in pre-or post-licensure registered nursing programs; and; | | X | | Currently Professor of Health Science, Walla Walla University, College Place, Washington (1999-present). Previously taught nursing at University of Iowa and Columbia Union College. |
| (4) One (1) year's continuous, full time or its equivalent experience providing direct patient care as a registered nurse; or | | X | | |
| (5) Equivalent experience and/or education as determined by the board. | | | | n/a |
| (b) The assistant director shall meet the education requirements set forth in subsections (a)(1) above and the experience requirements set forth in subsections (a)(3) and (a) (4) above, or such experience as the board determines to be equivalent. | SS: 59-60 and APP XIV: Job Description | X | | The program will submit the request for approval for the assistant director once the Board grants initial approval. It agrees to comply with this requirement. |
| SECTION 1425(c) An instructor shall meet the following minimum qualifications:<br>(1) The education requirements set forth in subsection (a)(1); and<br>(2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she is assigned, which can be met by: | SS: 60-61 and APP XVIII: Job Descriptions | X | | The program will submit requests for faculty approvals once the Board grants initial approval. It agrees to comply with this requirement. |
| (A) One (1) year's continuous, full time or its equivalent experience providing direct patient care as a registered | | | | |

| APPROVAL CRITERIA | EVIDENCE<br>Use Code(s) listed below for location of evidence. | COMP | NON-COMP | COMMENTS |
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| nurse in the designated nursing area; or<br>(B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency; and<br>(3) Completion of at least one (1) year's experience teaching courses related to registered nursing or completion of a post-baccalaureate course which includes practice in teaching registered nursing. | | | | |
| SECTION 1425(d) An assistant instructor shall meet the following minimum qualifications: | SS: 61 and APP XVIII: Job Descriptions | X | | The program will submit requests for faculty approvals once the Board grants initial approval. It agrees to comply with this requirement |
| (1) A baccalaureate degree from an accredited college which shall include courses in nursing, or in natural, behavioral or social sciences relevant to nursing practice; | | | | |
| (2)Direct patient care experience within the previous five (5) years in the nursing area to which he or she will be assigned, which can be met by:<br>(A) One (1) year's continuous, full time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or<br>(B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency. | | | | |
| SECTION 1425(e) A clinical teaching assistant shall have at least one (1) year's continuous full time or its equivalent experience in the designated nursing area within the previous five (5) years as a registered nurse providing direct patient care. | SS: 61 and APP XVIII: Job Descriptions | X | | The program will submit requests for faculty approvals once the Board grants initial approval. It agrees to comply with this requirement. |
| SECTION 1425 (f) A content expert shall be an instructor and shall possess the following minimum qualifications:<br>(1) A master's degree in the designated nursing area; or<br>(2) A master's degree that is not in the designated nursing area and shall:<br>(A) Have completed thirty (30) hours of continuing education or two (2) semester units or three (3 quarter units of nursing education related to the designated nursing area; or have national certification in the designated nursing area from an accrediting organization, such as a the American Nurses Credentialing Center (ANCC); and | SS: 61-62 | X | | The program verbalizes an understanding of this regulation and agrees to comply with its requirements. |

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| (B) Have a minimum of two hundred forty (240) hours of clinical experience within the previous three (3) years in the designated nursing area; or have a minimum of one (1) academic year of registered nurse level clinical teaching experience in the designated nursing area within the previous five (5) years. | | | | |
| **II. a. FACULTY RESPONSIBILITIES** | | | | |
| SECTION 1425.1(a) Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content. | SS: 62-64 and APP XVIII: Job Descriptions;<br>FHB: 12-13 | X | | The program agrees to comply with the components of 1425.1 (a)-(d).<br><br>Faculty will conduct its work through these committees:<br>The Nursing Faculty Council, to which all other committees report, will be the decision making body. It will meet a minimum of two times a month.<br>Nursing Program Advisory<br>Nursing Faculty Curriculum<br>Nursing Faculty Admission, Progression, and Graduation<br>Nursing Program Evaluation<br>Nursing Student Appeals<br><br>Because this is a new program, the curriculum has been developed by the director based on a version provided by a previously appointed director. It's expected that the curriculum will be revised and refined as faculty are hired, the Curriculum Committee convenes, and evaluations from students become available. |
| SECTION 1425.1(b) Each faculty member shall participate in an orientation program, including, but not limited to, the program's curriculum, policies and procedures, strategies for teaching, and student supervision and evaluation. | SS: 54, 65, and APP XVII: Faculty Orientation Guide;<br>NFH: 17 and its APP III.XI | X | | New faculty will be oriented to the Campus by Human Resources and to the Nursing Program by the Nursing Department Chair. |
| SECTION 1425.1(c) A registered nurse faculty member shall be responsible for clinical supervision only of those students enrolled in the registered nursing program. | SS: 65 | X | | The program agrees to comply with this regulation. |
| SECTION 1425.1 (d) Each faculty member shall be clinically competent in the nursing area in which he or she teaches. | SS: 65 | X | | Faculty approval requests will be submitted to the Board for evaluation of qualifications and |

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| | | | | approval. |
| **III. REQUIRED CURRICULUM**<br><br>SECTION 1426(a) The curriculum of a nursing program shall be that set forth in this section and shall be approved by the board. Any revised curriculum shall be approved by the board prior to its implementation. | SS: 65-745, including Table X, Curriculum Plan; Table XI, Sequence of Pre-Nursing Courses; and Table XII, Sequence of Associate Degree Nursing Courses; the BRN curriculum forms are contained in APPS Appendices XXII and XXIII. | X | | The program has presented an outline of its proposed program, the Board's curriculum forms, and the syllabi for the first year of nursing courses, and agrees to comply with the regulations of Section III., Required Curriculum.<br><br>The program will be offered over four, sixteen - week semesters. |
| SECTION 1426(b) The curriculum shall reflect a unifying theme, which includes the nursing process as defined by the faculty, and shall be designed so that a student who completes the program will have the knowledge, skills and abilities necessary to function in accordance with the registered nurse scope of practice as defined in code section 2725, and to meet minimum competency standards of a registered nurse. | SS: 75-76<br><br>. | X | | The three constructs of the philosophy described in 1424(a), above, also serve as the conceptual framework, and are represented by the overlapping rings in the center of the Conceptual Model. These constructs are themes within each course. The center is then surrounded by a ring that contains what the Program identifies as Nursing Philosophy Concepts: Humanity (Person), Environment, Health-illness continuum, Nursing, Nursing education, Student individuality, and Support systems. The outermost ring represents Faith, Hope and Love and includes reference to a biblical verse.<br><br>The Program states that one of the works of Ellen G. White, the *Ministry of Healing*, will be one source for the theoretical framework.<br><br>The syllabus for each course will be updated each semester, and is to be available at least one week prior to the start of instruction. The Nursing Department will provide a template for the syllabus: course description, student learning outcomes, course content, course schedule/outline, statement for students with disabilities, grading policy, assignments, clinical evaluation tool as appropriate, and the instructor's contact information. |
| SECTION 1426(c) The curriculum shall consist of not less than fifty-eight (58) semester units, or eighty-seven (87) | SS: 66, Table X, Curriculum Plan; 72, Table XI, | X | | Total units for licensure: 74.5-80.5 semester units |

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| quarter units, which shall include at least the following number at least the following number of units in the specified course areas: | Sequence of Pre-Nursing Courses); 73, Table XII, Sequence of Associate Degree Nursing Courses; and 77;<br>BRN curriculum forms contained in APPs XXII (Total Curriculum Plan, or TCP) and XXIII (Required Curriculum: Content Required for Licensure, or CRL) | | | Total units for graduation with an Associate of Science degree in Nursing: 80.5-86.5 semester units. |
| (1) Art and science of nursing, thirty-six (36) semester units or fifty-four (54) quarter units, of which eighteen (18) semester or twenty-seven (27) quarter units will be in theory and eighteen (18) semester or twenty-seven (27) quarter units will be in clinical practice. | As above | X | | Theory 29 semester units<br>Clinical 18.5 semester units<br><br>Total: 47.5 semester units |
| (2) Communication skills, six (6) semester or nine (9) quarter units. Communication skills shall include principles of oral, written, and group communication. | As above | X | | ENGL 101 College English I-3 units<br>COMM 202 Speech Communication-3 units |
| (3) Related natural sciences, (anatomy, physiology, and microbiology courses with labs) behavioral and social sciences, sixteen (16) semester or twenty-four (24) quarter units. | As above | X | | These courses are already available on the Weimar Institute campus:<br>BIOL 121, 121a, 122, 122a: Anatomy and Physiology with labs; BIOL 221 Microbiology with lab; FDNT 214 Nutrition; PSYC 215 General Psychology; SOCI 215 Intro to Sociology for a total of 21 units.<br><br>The math and chemistry requirements can be met through either successful completion of high school courses or through MATH 121 (3 units) or CHEM 111 (3 units). |
| SECTION 1426(d) Theory and clinical practice shall be concurrent in the following nursing areas: geriatrics, medical-surgical, mental health/psychiatric nursing, obstetrics, and pediatrics. Instructional outcomes will focus on delivering safe, therapeutic, effective, patient-centered care; practicing evidence-based practice; working as part of interdisciplinary teams; focusing on quality improvement; and using information technology. Instructional content shall include, | SS: 77-78 and APP XXIV: Course Syllabi for the first year of the program;<br>SHB: 21 | X | | Clinical experience related to the theory content will be provided concurrently or immediately after the presentation of theoretical content in a given specialty area.<br><br>It is the policy that both the classroom and clinical sections of a nursing course must be successfully completed in order to pass the |

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| but is not limited to, the following: critical thinking, personal hygiene, patient protection and safety, pain management, human sexuality, client abuse, cultural diversity, nutrition (including therapeutic aspects), pharmacology, patient advocacy, legal, social and ethical aspects of nursing, and nursing leadership and management. | | | | course. |
| SECTION 1426(e) The following shall be integrated throughout the entire nursing curriculum. | SS: 79 and APP XXIV: Course Syllabi | X | | |
| (1) The nursing process; | As above | X | | |
| (2) basic intervention skills in preventive, remedial, supportive and rehabilitative nursing; | As above | X | | |
| (3) physical, behavioral and social aspects of human development from birth through all age levels; | As above | X | | |
| (4) the knowledge and skills required to develop collegial relationships with health care providers from other disciplines; | As above | X | | |
| (5) communication skills including principles of oral, written and group communications; | As above | X | | |
| (6) natural sciences including human anatomy, physiology and microbiology; and | As above | X | | |
| (7) related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and behavior relevant to health-illness. | As above | X | | |
| (f) The program shall have tools to evaluate a student's academic progress, performance, and clinical learning experiences that are directly related to course objectives. | SS: 79-80 and APPS VI.A. and VI.B.; Clinical Evaluation Form and Skills Checklist;<br>SHB: 14 | X | | Critical elements are identified that apply to all courses and are described in the Nursing Student Handbook. The clinical evaluative criteria also include these elements and are congruent with the program's Student Learning Outcomes. |
| SECTION 1426(g) The course of instruction shall be presented in semester or quarter units or the equivalent under the following formula: | SS: 81; BRN form TCP | | | The semester consists of 15 weeks of educational activities. One additional week is for final exams. |

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| (1) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit. | | X | | |
| (2)Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit.<br><br>With the exception of an initial nursing course that teaches basic nursing skills in a skills lab, 75% of clinical hours in a course must be in direct patient care in an area specified in section 1426(d) in a board-approved clinical setting. | SS: 81;<br>Supplementary materials | X<br><br>X | | NURS 220 Fundamentals of Nursing may have more laboratory hours due to the introduction to nursing skills. Twenty percent of clinical time will be devoted to faculty-developed scenarios that supplement the clinical learning experiences during the pediatrics course. It's expected that no more than 25% of clinical time will be provided by simulation/observation in the other nursing clinical courses. |
| SECTION 1426.1 PRECEPTORSHIP<br>A preceptorship is a course, or component of a course, presented at the end of a board-approved curriculum, that provides students with a faculty-planned and supervised experience comparable to that of an entry-level registered nurse position. | SS: 81 | | | n/a. The program does not plan to offer a preceptorship. Accordingly, regulations 1426.1 (a)-(c) have been deleted from this report. |
| **IV. CLINICAL FACILITIES**<br><br>SECTION 1427(a) A nursing program shall not utilize agencies and/or community facilities for clinical experience without prior approval by the board. Each program must submit evidence that it has complied with the requirements of subdivisions (b) and (c) of this section and the policies outlined by the board. | SS: 81-83 including Table XIV: Clinical Site with Contact Information;<br>APP XXV: BRN Clinical Approval Form; APP XXVI: Facility Verification form; and APP XXVII: Nursing Curriculum and Clinical Facilities. | X | | Facility names that appear in boldface were presented in the feasibility study.<br><br>The Verification Forms were reviewed and updated if they had been completed prior to 2013. The Program has provided Clinical Facility Verification Forms and the BRN-approval request forms for:<br><br>1. **Feather River Hospital** [Acute care;can accommodate 5-10 students for med/surg depending on census and up to 2 students in the ICU and OB per shift.]<br>2. Glendale Adventist Medical Center: proposed for med/surg and psychiatric/mental health clinical experiences.<br>3. Loma Linda University Medical Center-Children's Hospital: proposed for acute-care pediatrics. |

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| | | | | 4. Pediatric Services of America- Home Care Pediatics [home care/med-surg, community pediatrics.. 29 children and 5 adults in Sacramento area who require skilled daily nursing care, but the agency serves locations within a 4-hr drive of Sacramento]<br>5. **Placer County Action Council**: Head Start/Early Head Start (also, Truckee site for High Risk Teen Pregnancy). [Community facilities for children; An RN manages health services. Provides services to approximately 626 children with sites in Auburn, Lincoln, Foresthill, Loomis, Nevada City, Roseville, Grass Valley, Truckee, among others.]<br>6. Sierra Nevada Memorial Hospital [Acute care. Med/surg: average daily census of 49 patients in med/surg, ICU, telemetry, Could accommodate up to 10 students]<br>7. **Sonora Regional Medical Center** [Acute care and geriatrics. Average daily census 39 patients on m/s and 8 in ICU. Can accommodate up to 10 students.]<br>8. **St. Helena Hospital** [Acute care and psychiatric/mental health. Will use only P/MH unit: up to five students per shift.]<br>9. **Ukiah Valley Medical Center** [Acute care. Med/surg unit can accommodate up to five students on the unit; ER, no more than two; ICU, 1, possibly 2; OB has 1-2 patients per shift.]<br>10. **Weimar Institute**-**Beautiful Minds**, NEWSTART Lifestyle Program and Complete Health Improvement Program and the Depression Recovery Program [Outpatient medical, geriatric, and psych/mental health. Can accommodate between 4 to 8 students in the various programs]<br>11. **Westview Healthcare**-[LTC/Rehabilitation/Geriatrics. Avaerage Daily Census 150-160 patients. Can accommodate 10 students a day.]<br><br>The cost for lodging, travel, and meals will be included in the students' regular tuition for |

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| | | | | clinical experiences at: Feather River Hospital, Glendale Adventist Medical Center, Sonora Regional Medical Center, Ukiah Medical Center, St. Helena Hospital, and Loma Linda University Medical Center Children's Hospital. |
| SECTION 1427(b) A program that utilizes an agency or facility for clinical experience shall maintain written objectives for student learning in such facilities, and shall assign students only to facilities that can provide the experience necessary to meet those objectives. | SS: 84 | X | | Program agrees to comply with this regulation. |
| SECTION 1427(c) Each such program shall maintain written agreements with such facilities and such agreements shall include the following: | SS: 84-89 and Appendix XXI: Affiliation Agreement template and Clinical Affiliation Agreements | X | | Both the Weimar Institute representative and the facility representatives for all eleven of the proposed sites have signed the agreements. |
| (1) Assurance of the availability and appropriateness of the learning environment in relation to the program's written objectives; | | X | | |
| (2) Provision for orientation of faculty and students; | | X | | Covered in the addendum if not addressed within the agreement itself. |
| (3) A specification of the responsibilities and authority of the facility's staff as related to the program and to the educational experience of the students; | | X | | |
| (4) Assurance that staff is adequate in number and quality to ensure safe and continuous health care services to patients; | | X | | Covered in the addendum if not addressed in the agreement itself. |
| (5) Provisions for continuing communication between the facility and the program; and | | X | | |
| (6) A description of the responsibilities of faculty assigned to the facility utilized by the program. | FHB: 26-27 | X | | FHB contains additional faculty responsibilities for conducting pre- and post-clinical meetings with the agency's representative and orientation to the facility. |
| (d) In selecting a new clinical agency or facility for student placement, the program shall take into consideration the impact that an additional group of students would have on students of other nursing programs already assigned to the agency or facility. | S/S: 90-91<br>Site visits | X | | Site visits were conducted to Pediatric Services of America, Ukiah Medical Center, St. Helena Hospital, Feather River Hospital, Sierra Nevada Memorial Hospital, Sonora Regional Medical Center, Placer County Action Council: Head Start/Early Head Start, and Westview Healthcare Center. The facilities confirmed |

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| | | | | that students from other nursing programs would not be displaced by students from this proposed program. Loma Linda University Medical Center and Glendale Adventist Medical Center were contacted by phone to discuss this regulation. |
| **V. STUDENT PARTICIPATION** | | | | |
| SECTION 1428 Students shall be provided the opportunity to participate with the faculty in the identification of policies and procedures related to students including but not limited to: | SS: 90-91 and APPs VII: Clinical Agency Evaluation; IX: Nursing Course and Instructor Evaluation; X: Nursing Clinical Evaluation Lab and Instructor Evaluation; and XI: Graduate Exit Evaluation<br>SHB<br>FHB | X | | The program agrees to comply with this regulation.<br><br>One student representative from each class will be a member of the Nursing Faculty Council which will meet a minimum of twice a month.<br><br>Students will be invited to attend and participate in the three subcommittees: Program Advisory; Nursing Faculty Curriculum (one student from the first year, and one from the second); and Nursing Faculty Admission, Progression and Graduation. For the latter, students will be excused from any discussion of confidential matters. |
| ( a) Philosophy and objectives; | As above | X | | |
| ( b) Learning experience; and | As above | X | | |
| (c) Curriculum, instruction, and evaluation of the various aspects of the program, including clinical facilities. | As above | X | | |
| SECTION 1429(b) The school shall offer objective counseling of this option and evaluate each licensed vocational nurse applicant for admission to its registered nursing program on an individual basis. A school's determination of the prerequisite courses required of a licensed vocational nurse applicant shall be based on an analysis of each applicants academic deficiencies, irrespective of the time such courses were taken. | SS: 92 and APP IV, pp. 13-14<br><br>SHB, pp. 21-22 | X | | The program agrees to comply with this regulation. |
| SECTION 1429(c) The additional education required of licensed vocational nurse applicants shall not exceed a maximum of thirty (30) semester or forty-five (45) quarter units. Courses required for vocational nurse licensure do not fulfill the additional education requirement. However, other | SS: 29, 93 and APPs IV and XXIII CRLform, p. 4.4.4. | X | | Science courses:<br>Physiology: a course can be taken elsewhere, or the student can take a challenge exam. (3-4 units) |

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| courses comparable to those required for licensure as a registered nurse, as specified in section 1426, may fulfill the additional education requirement. | | | | BIOL 221 Microbiology/lab (4 units)<br>Total 7-8 units.<br><br>Nursing Courses:<br><br>NURS 225 Mental Health/Psychiatric Nursing (3.5 units)<br>NURS 302 Health Promotion/Disease Prevention Nursing I (includes geriatrics) (4 units)<br>NURS 303 Advanced Med/Surg (5 units)<br>NURS 305 Health Promotion/Disease Prevention Nursing II (includes geriatrics) (4 units)<br><br>Total 16.5 units<br><br>30-unit option program: 23.5-24.5 units |
| Nursing courses shall be taken in an approved nursing program and shall be beyond courses equivalent to the first year of professional nursing courses. The nursing content shall include nursing intervention in acute, preventive, remedial, supportive, rehabilitative and teaching aspects of nursing. Theory and courses with concurrent clinical practice shall include advanced medical-surgical, mental health, psychiatric nursing and geriatric nursing.<br><br>The nursing content shall include the basic standards for competent performance prescribed in section 1443.5 of these regulations. | | X<br><br>X | | |
| **VII. PREVIOUS EDUCATION CREDIT** | | | | |
| Section 1430 An approved nursing program shall have a process for a student to obtain credit for previous education or for other acquired knowledge in the field of nursing through equivalence, challenge examinations, or other methods of evaluation. The program shall make the information available in published documents, such as college catalog or student handbook, and online. | SS: 95-96 and APP IV: Admission Information and Application<br><br>SHB: 22-23 | X | | The student may request credit for postsecondary non-nursing courses successfully completed at another institution by submitting a written request to the Weimar Institute registrar. Those seeking advanced placement will meet with the Nursing Program Chair to discuss acceptance of previously completed nursing courses. |

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| **VIII. LICENSING EXAMINATION PASS RATE STANDARD** | | | | |
| Section 1431 The nursing program shall maintain a minimum pass rate of seventy-five percent (75%) for first time licensing examination candidates.<br><br>Section 1431(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.<br><br>Section 1431(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.<br><br>Section 1431 (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. | SS: 96-97 | | | N/A at this time. However, Weimar Institute commits to making student success on passing the licensure exam a priority.<br><br>In addition to administering the Kaplan topical course examinations, it will also administer the Kaplan Predictor Exit Exam as a component of passing the final nursing course, Nursing 303. Students will be provided with feedback and remediation resources in the event an exam is not passed.<br><br>The program's evaluation plan incorporates use of the NCLEX pass rate for first-time test takers as one of the measures for program evaluation. |

Business, Consumer Services and Housing Agency – Governor Edmund G. Brown Jr.

**Bureau for Private Postsecondary Education**
2535 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833
P.O. Box 980818, West Sacramento, CA 95798-0818
P (916) 431-6959 F (916) 263-1897 www.bppe.ca.gov

June 13, 2014

Mayra Lindberg
Weimar College
P.O. Box 486
Weimar, CA 95736

RE: Request for Change of School Name– Approval Granted

Dear Ms. Lindberg:

The Bureau for Private Postsecondary Education has completed the review of your application for change of school name as required by California Education Code §94894.

Approval to change the institution's name from Weimar College to Weimar Institute has been granted, and is effective as of June 13, 2014.

Please note that your Institution code will remain the same 3100131.

Ownership information- Bureau records will reflect the following ownership:

Weimar Institute
20601 West Paoli Lane
Weimar, CA 95736
100%

If you require additional information or have questions please contact Brenda Cartwright at (916) 576-2394 or by email at brenda.cartwright@dca.ca.gov.

Sincerely,

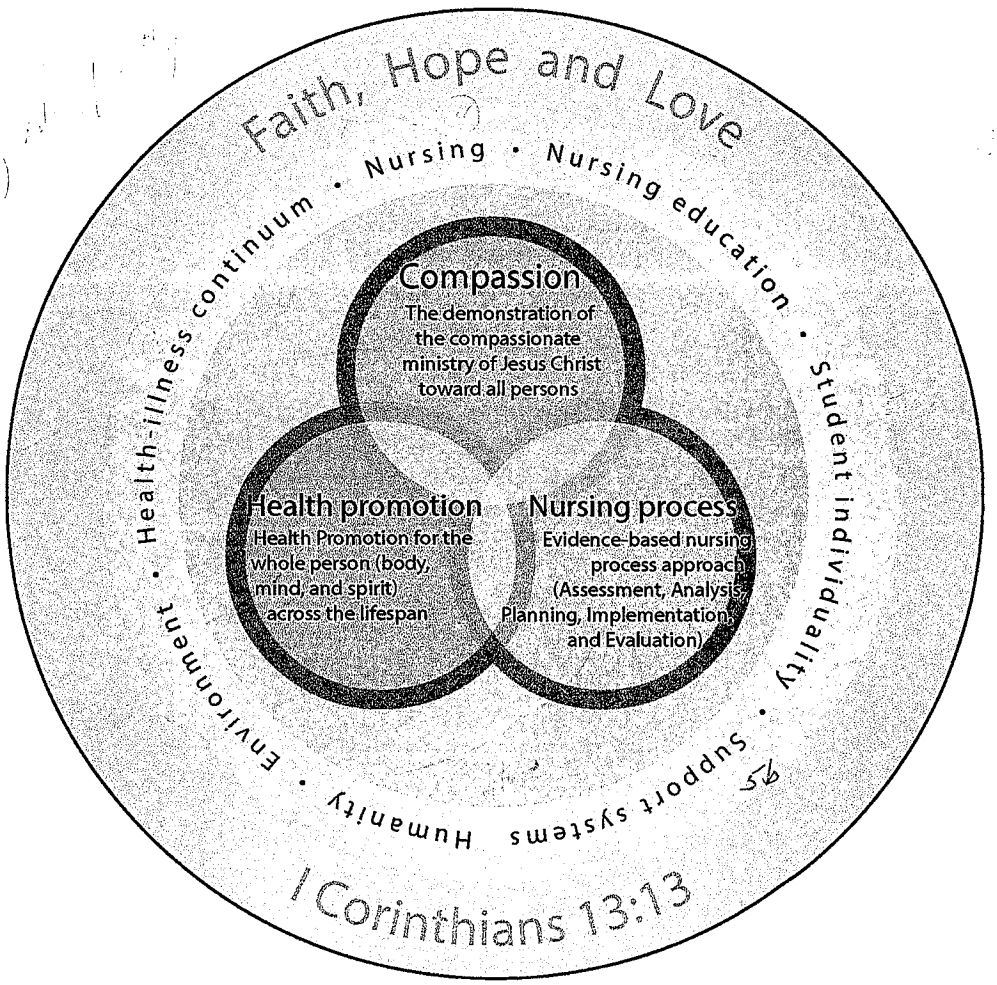
Maryanne Reed

MARY-ANNE REED
Manager, Licensing Unit

**WEIMAR INSTITUTE ASSOCIATE DEGREE NURSING PROGRAM**
**CONCEPTUAL MODEL**

WEIMAR INSTITUTE

# Nursing Program
# Philosophy of Education




Last edited: Apr. 11, 2014

## STUDENT LEARNING OUTCOMES/OBJECTIVES

The Associate Degree Nursing Program will prepare students for the role of a nurse generalist in entry-level positions for a variety of health care settings. Student learning outcomes will categorized into two distinct levels based on the complexity of care. Students will be expected to meet the basic "Level One Outcomes" during the first year of nursing courses. Students will be expected to meet the more complex "Level Two Outcomes" during the second year of nursing courses. The second year's expectancies will include more complex skills, settings, and all client age groups.

Level One will include the application of foundational principles of the nursing process, acquiring a theoretical and technical knowledge base to provide evidence-based nursing care for clients and families, and implementation of competent basic technical skills.

Level Two will include analysis, utilization, integration, and synthesis of: the nursing process, a theoretical and technical knowledge base to provide evidence-based nursing care for more complex clients, families, and communities; and implementation of competent complex technical skills.

**Upon satisfactory completion of the Weimar Institute Associate Degree Nursing Program, the graduate will be able to:**

I. Utilize the nursing process of assessment, analysis, planning, intervention, and evaluation in providing education regarding health-promotion lifestyle activities of individuals and families, in a culturally sensitive and compassionate manner, with a focus on quality improvement.
   A. Level I: Apply the nursing process related to health promotion education for selected problems of adult individuals.
   B. Level II: Incorporate the nursing process related to health promotion education for individuals, families, and communities with the increased ability to focus on quality improvement.

II. Engage in effective critical thinking and clinical judgment by synthesizing the knowledge and principles from the humanities, sciences, and nursing.
   A. Level I: Apply knowledge and principles from the humanities, sciences, and nursing to form purposeful judgment.
   B. Level II: Integrate and synthesize advanced knowledge and principles from the humanities, sciences, and nursing to form purposeful judgment.

III. Apply the nursing process in diverse settings to provide evidence-based physical, mental, and spiritual care for individuals and families.
   A. Level I: Apply the nursing process for selected problems of adult individuals.
   B. Level II: Incorporate the nursing process in diverse settings for individuals, families, and communities.

IV. Engage in therapeutic nursing interventions that support healthful behaviors, disease prevention, illness recovery, and acceptance of the dying process.
   A. Level I: Perform basic therapeutic nursing interventions with frequent directive cues.
   B. Level II: Perform intermediate and advanced nursing interventions with occasional support cues.

V. Initiate collaborative behaviors, demonstrating effective communication skills including utilizing various current information technology, in a variety of settings.

A. Level I: Practice beginning collaborative behaviors, using basic communication and information technology skills—for example, email, computer, Internet, EMR, teleconference, and text/phone.

B. Level II: Demonstrate and initiate collaborative behaviors using effective communication skills in a variety of settings.

VI. Demonstrate professional accountability, responsibility, and integrity—both levels.

A. Level I: Recognize own strengths and weaknesses in the area of accountability, responsibility, and integrity in the nursing student role.

B. Level II: Demonstrate professional accountability, responsibility, and integrity in a variety of clinical nursing settings.

VII. Integrate ethical and legal principles in nursing practice.

A. Level I: Identify common ethical and legal principles that affect nursing practice.

B. Level II: Integrate ethical and legal principles in nursing practice.

VIII. Assume responsibility for continuing professional development through self-directed learning, improvement, and evidence-based nursing practice.

A. Level I: Recognize self-directed learning and quality improvement as vital aspects of professional nursing.

B. Level II: Demonstrate consistent commitment to self-directed learning, and quality improvement, resulting in attainment of professional nursing practice.

IX. Utilize knowledge to demonstrate leadership, resource management, delegation and supervision.

A. Level I: Manage self in providing basic nursing care for selected adult clients.

B. Level II: Manage nursing care for individuals and families.

X. As applicable and appropriate, asses clients' spiritual needs and plan for meeting these needs through direct intervention and/or referral, displaying sensitivity to and respect for spiritual values and beliefs of individuals.

A. Level I: Assess for and identify clients in spiritual distress, demonstrating sensitivity and respect.

B. Level II: With client consent, implements interventions for spiritual distress demonstrating sensitivity and respect.

XI. Exemplify the caring ministry of Jesus Christ in providing health care services for patients and families—both levels.

A. Describe the caring ministry of Jesus Christ during His time on earth.

B. Demonstrate consistent care that exemplifies Jesus Christ's ministry in diverse settings.

**SECTION 1424 (b) the policies and procedures by which the program is administered shall be in writing, shall reflect the philosophy and objectives of the program, and shall be available to all students.**

## WEIMAR INSTITUTE PRE-NURSING COURSES (Listed in alphabetical order)

**BIOLOGY 121/ 121A ANATOMY AND PHYSIOLOGY AND LAB** 4 semester units

This course is the first semester of a two-semester sequence dealing with the structure and function of the human body and mechanisms for maintaining homeostasis. It includes the study of cells, tissues, and the integumentary, skeletal, muscular and nervous systems.

**BIOLOGY 122/122A ANATOMY AND PHYSIOLOGY AND LAB** 4 semester units

This course is a continuation of the study of the structure and function of the human body and the mechanisms for maintaining homeostasis. The neurological (including sensory organs), endocrine, cardiovascular, lymphatic, respiratory, digestive, urinary and reproductive systems, as well as the concepts of growth and development, metabolism, fluid and electrolyte balance, acid-base balance, and genetics are included. Pre-requisite: BIOL 121

**BIOLOGY 221/223A INTRODUCTORY MICROBIOLOGY AND LAB** 4 semester units

This course covers the history of microbiology, pathogenic and nonpathogenic organisms, and the gram method of staining, bacilli and cocci. Other organisms, such as spirochetes and spirilla, acid-fast bacteria, submicroscopic bacteria, viruses, including HIV and Rickettsiae, mycoplasms, and Chlamydia are also reviewed. Mycology, including systemic and superficial mycoses, and other fungi of medical significance are included. An introduction to parasitology is provided, including protozoa, trematodes, nematodes, and cestodes along with malaria and other insect-borne parasites.

**CHEMISTRY 111 SURVEY OF CHEMISTRY** 3 semester units

This is a survey of chemistry course that covers the basic principles of general chemistry. The primary topics presented are measurement, dimensional analysis, general principles of atomic structure, states of matter, nomenclature, bonding, reactions, properties of solutions, acids, bases, pH, and equilibria as required for a basic understanding of physiological applications. Pre-requisite: Math 121 or proficiency in algebra.

**COMMUNICATION 202 SPEECH COMMUNICATION** 3 semester units

This course is a study and practice of oral communication as it is commonly experienced in our society in both interpersonal and public settings. A variety of practical experiences in public speaking are provided including interpersonal, small group, and public speech exercises. The course explores Biblical principles in communication.

**ENGLISH 101 COLLEGE ENGLISH I** 3 semester units

This course is an introduction to written composition where the students explore the writing process from experience and reflection to drafting and revision. Emphasis is on short-essay writing based on memory, observation, and reading. Learning how to integrate sources is also a primary focus of the class. Pre-requisites: For those whose native language is English: A score of 16 or higher on the ACT English Assessment (or above 400 on the SAT verbal). Pre-requisite for students whose native language is not English: An overall average of 550 on TOEFL (paper-based test); computer-based test 213; Internet-based test (iBT) 79.

**NUTRITION 214 HUMAN NUTRITION** 3 semester units

This course provides a study of the physiological requirements and functions of the basic components of food: carbohydrates, fats, and proteins. The various systems of the body, and how digestion and nutrition influence these systems, are covered. The role of nutrition in growth and health throughout the life cycle is reviewed as well as the role of diet in the development of chronic diseases, such as cardiovascular disease, cancer, diabetes, etc.

**MATH 121 COLLEGE ALGEBRA** 3 semester units

This course covers equations and inequalities; functions and graphs; polynomial, rational, exponential, and logarithmic functions; systems of equations and inequalities. Pre-requisite: Math 100 or equivalent.

**PSYCHOLOGY 215 GENERAL PSYCHOLOGY** 3 semester units

This course is a survey of the major scientific fields of psychology, including neurobiology, social psychology, perception and sensation, human development, psychology of personality, emotion, memory, learning, and psychological disorders and therapies. The course touches upon the cognitive, moral, physical, social, and emotional changes that are typical at each stage of development

**RELIGION 101 LIFE AND TEACHINGS OF JESUS** 3 semester units

This course includes a study of the four Gospels: Matthew, Mark, Luke, and John, which contain the story of Jesus, His ministry, and His teachings.

**SOCIOLOGY 215 INTRODUCTION TO SOCIOLOGY** 3 semester units

This course provides an overview of sociology as a social science, some concepts and ideas associated with the study of human behavior, and an overview of the principles, terms, and concepts in the discipline.

## WEIMAR INSTITUTE DEPARTMENT OF NURSING ASSOCIATE DEGREE PROGRAM COURSE DESCRIPTIONS

**NURSING 220 FUNDAMENTALS OF NURSING**

Course Unit: 4.5 Units (2.5 units theory/ 2.0 units clinical)

Course Pre-requisite: Acceptance in the Associate Degree Nursing Program, co-requisite NURS 221

This course introduces the concepts of the professional nurse, nursing skills within a nursing process context, beginning leadership, health care environment, growth and development, basic physiologic and human needs in health and illness, and the providing of a safe environment. Beginning critical thinking skills are emphasized, within the framework of the nursing process. Clinical experiences are provided with adult patients who have uncomplicated health problems with predictable clinical outcomes.

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**NURSING 221 BEGINNING MEDICAL-SURGICAL NURSING**

Course Unit: 4.5 Units (2.5 units theory/2.0 units clinical)

Course Pre-requisite: Acceptance in the Associate Degree Nursing Program, co-requisite NURS 220

This course is an introduction to the medical surgical nursing concepts, including the nursing process in the care of adult patients. Skills in physical, spiritual, and psychosocial assessment of adult clients will be presented. History-taking and physical examination techniques will help students develop strong assessment skills upon which further knowledge and practice can be built.

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**NURSING 222 PHARMACOLOGY**

Course Unit: 3.0 Units

Course Pre-requisite: BIOL 121, 122

This course provides the foundational knowledge base related to pharmacology in nursing. Students learn to make clinical decisions pertaining to drugs, using current, reliable sources of information. Fundamental principles of pharmacokinetics, pharmacodynamics, developmental physiologic considerations, evaluation of the effectiveness of drug therapy, patient education, and interventions to increase therapeutic benefits and reduce potential adverse effects are covered. The drug classifications most commonly used in acute care clinical practice are presented. Basic mathematical calculations related to medication administration are introduced.

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**NURSING 223 INTERMEDIATE MEDICAL-SURGICAL NURSING I**

Course Unit: 4.5 Units (2.5 units theory/ 2.0 units clinical)

Course Pre-requisites: NURS 220, 221, 222; co-requisite NURS 224 & 225

This course focuses on the development of the knowledge base and skills, within a nursing process framework, to care for adult medical-surgical patients, in a variety of settings, who have higher acuity and more complex nursing needs. Concepts related to physical, emotional, spiritual, social, and cultural needs are covered. Ethical issues related to advocacy, self-determination, and autonomy are explored. Clinical experiences focus on clinical decision-making and patient care management, including prioritization of care and the development of psychomotor nursing skills.

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**NURSING 224 GERIATRIC-COMMUNITY NURSING**

Course Unit: 2 Units (1.0 unit theory/1.0 unit clinical)

Course Pre-requisites: NURS 220, 221, 222; co-requisite NURS 223 & 225

This course integrates previous medical-surgical knowledge and nursing leadership skills as it applies to the aging adult. A nursing process framework is applied in the assessment of physiological changes that occur with aging, facilitation of access to community health resources and referrals, and the development of outcome criteria for evaluating the aging adult's response to teaching/learning. Clinical experiences will provide a forum for application of interventions that optimize the older adult's functional ability. Evidence-based nursing care is focused on health promotion and maintenance of health status, restoration of optimal health, and/or promoting a dignified death. The specialized needs of the elderly in maintaining optimal health are examined.

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**RELB 271 RELIGION & HEALTH**

Course Unit: 3.0 Units (3.0 units theory)

Course Co-requisite: NURS 223, 224 & 225

This course provides an overview of the basic principles of healthful lifestyle practices, which foster total health (physical, mental, and spiritual) promotion and the prevention of alterations in health and disease processes. An evidence-based approach is used providing scientific rationale for healthful lifestyle practices.

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**NURSING 225 MENTAL HEALTH / PSYCHIATRIC NURSING**

Course Unit: 3.5 Units (2.0 units theory/1.5 units clinical)

Course Pre-requisites: NURS 220, 221, 222; co-requisite NURS 223 & 224

This course provides an introduction to Psychiatric Mental Health Nursing, using the nursing process as a framework. Topics include the promotion of psychosocial integrity within the context of the health illness continuum for individuals and families. Emphasis is on nursing therapeutic interactions and communication. Clinical experiences will provide opportunities for students to participate in therapeutic activities in a variety of mental health settings.

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**NURSING 301 PEDIATRIC NURSING**

Course Unit: 3.5 Units (2.0 units theory/1.5 units clinical)

Course Pre-requisites: NURS 223

This course focuses on nursing management of infants, children, and adolescents with acute, chronic and/or life-threatening conditions and the impact on the family. Nursing care based on a developmental perspective is outlined. Socio-cultural influences on the family, childrearing, and care of chronically or acutely ill infants, children, and adolescents are incorporated. Clinical experience in the nursing management of childrearing families, infants, children, and adolescents across the continuum of health and illness is provided.

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**NURSING 300 INTERMEDIATE MEDICAL-SURGICAL NURSING II**

Course Unit: 5.5 Units (2.5 units theory/3.0 units clinical)

Course Pre-requisites: NURS 223, 224, 225

This course focuses on the application of previous foundational knowledge and acquiring more in-depth knowledge for adult clients who have more complex disease states. Topics such as evidence-based practice, leadership, critical thinking, and safety are presented within a nursing process context. Clinical experiences are provided with adult patients who have increasingly complex conditions.

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**NURSING 302 HEALTH PROMOTION / DISEASE PREVENTION I**

Course Unit: 4.0 Units (3.0 units theory/ 1.0 unit clinical)

Course Pre-requisites: NURS 223

This first course of a two-part sequence will introduce the philosophical differences between the treatment modalities found in modern, western healthcare in comparison to other belief systems and cultures accepted throughout the world. A variety of evidence-based complementary and alternative nursing interventions are discussed with a focus on lifestyle practices, spiritual care, massage therapy, hydrotherapy, herbology and nutraceuticals. Clinical practicum will occur in the NEWSTART Lifestyle Program.

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**NURSING 303 ADVANCED MEDICAL-SURGICAL NURSING**

Course Unit: 5 Units (3.0 units theory/2.0 units clinical)

Course Pre-requisites: NURS 300, 301, 302; co-requisite NURS 304

This capstone course focuses on the integration, analysis, and synthesis of the knowledge, skills and principles of evidence-based nursing practice. The nursing process is used as the framework in the care of adult patients with complex and diverse critical and acute conditions, clinical outcomes, and nursing diagnoses. Clinical experiences emphasize refinement of clinical judgment, formulating and revising of priorities of care, refinement of psychomotor skills, and refinement of patient care management. Advanced topics in leadership, management principles and quality improvement are covered with relation to the roles of the professional nurse as manager and coordinator of care and member of the profession.

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**NURSING 304 OBSTETRICS / MATERNITY NURSING**

Course Unit: 3.5 (units 2.0 units theory/1.5 units clinical)

Course Pre-requisites: NURS 300, 301, 302; co-requisite NURS 305

This course provides a foundation for theoretical and technical knowledge in the nursing care of family-centered childbirth. Parent/newborn health care needs are addressed from a nursing process framework for the antepartum, intrapartum, postpartum, and neonatal client. Additionally women's health topics are covered. Clinical experiences in the nursing management of women, childbearing families, and newborns across the continuum of wellness and illness emphasize clinical judgment, patient care management, prioritization of care, and the development of psychomotor skills.

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**NURSING 305 HEALTH PROMOTION / DISEASE PREVENTION II**

Course Unit: 4.0 Units (3.0 units theory/1.0 unit clinical)

Course Pre-requisites: NURS 302

Current research which supports the rationale for health promotion strategies and alternative and complementary nursing interventions will be examined. Further exploration of evidence-based complementary and alternative nursing interventions are examined with a focus on lifestyle practices, spiritual care, massage therapy, hydrotherapy, herbology and nutraceuticals. Clinical practicum will occur in the NEWSTART Lifestyle Program.

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WEIMAR INSTITUTE DEPARTMENT OF NURSING: ADN January 2015 EARLY START DATE Course and Clinical Plan

| SEMESTER 1 | SEMESTER 2 | SEMESTER 3 | SEMESTER 4 |
|---|---|---|---|
| SPRING 2015<br>NURS 220 Fundamentals<br>(Weimar Skills Lab & Westview)<br><br>Fall 2015 **(FIRST 8 WEEKS)**<br><br>NURS 222<br>Pharmacology<br><br>**FALL (SECOND 8 WEEKS)**<br>NURS 221<br>Beginning Med. Surg.<br>(Westview & NEWSTART)<br><br>NURS 222<br>Pharmacology | SPRING (16 WEEKS)<br>NURS 223<br>Intermediate Med. Surg. I<br>(Sierra Nevada)<br><br>NURS 224<br>Geriatrics<br>(Westview)<br><br>NURS 225<br>Psych/Mental Health<br>(St. Helena)<br><br>RELB 271<br>Religion<br>(Weimar Campus) | **SUMMER (4 WEEKS)**<br>NURS 301<br>Pediatric Nursing<br>(Loma Linda Univ.)<br><br>**FALL (16 WEEKS)**<br>NURS 300<br>Intermediate Med. Surg. II<br>(Sonora)<br><br>NURS 302<br>Health Promo/Disease Prev<br>(Weimar & Community) | SPRING (16 WEEKS)<br>NURS 303<br>Advanced Med. Surg.<br>(Feather River)<br><br>NURS 304<br>Obstetrics/Maternity<br>(Feather River)<br><br>NURS 305<br>Health Promo/Disease Prev.<br>(Weimar & Community) |

KEY

| Clinical Site | Official Clinical Site Name | Distance from Weimar Institute |
|---|---|---|
| Westview | Westview Healthcare Center | 11.8 miles |
| NEWSTART | NEWSTART Lifestyle Center | On campus |

| | | |
|---|---|---|
| Sierra Nevada | Sierra Nevada Medical Center | 18 miles |
| St. Helena | St. Helena Hospital | 130 miles (overnight stay) |
| Loma Linda Univ. | Loma Linda Univ. Medical Center | 487.5 miles (multiple night stay) |
| Sonora | Sonora Regional Medical Center | 112.9 miles (overnight stay) |
| Feather River | Feather River Hospital | 89.3 miles (overnight stay) |
| Weimar | Weimar Institute & Community | On Campus and within a 15 mile radius |

WEIMAR INSTITUTE DEPARTMENT OF NURSING: Associate Degree Nursing Program Course and Clinical Plan

| SEMESTER 1 | SEMESTER 2 | SEMESTER 3 | SEMESTER 4 |
|---|---|---|---|
| **FALL (FIRST 8 WEEKS)**<br>NURS 220<br>Fund. of Nursing<br>(Weimar Lab & Westview)<br><br>NURS 222<br>Pharmacology | **SPRING (16 WEEKS)**<br>NURS 223<br>Intermediate Med. Surg. I<br>(Sierra Nevada)<br><br>NURS 224<br>Geriatrics<br>(Westview)<br><br>NURS 225<br>Psych/Mental Health<br>(St. Helena)<br><br>RELB 271<br>Religion<br>(Weimar Campus) | **SUMMER (4 WEEKS)**<br>NURS 301<br>Pediatric Nursing<br>(Loma Linda Univ.) | **SPRING (16 WEEKS)**<br>NURS 303<br>Advanced Med. Surg.<br>(Feather River)<br><br>NURS 304<br>Obstetrics/Maternity<br>(Feather River)<br><br>NURS 305<br>Health Promo/Disease Prev.<br>(Weimar & Community) |
| **FALL (SECOND 8 WEEKS)**<br>NURS 221<br>Beginning Med. Surg.<br>(Westview & NEWSTART)<br><br>NURS 222<br>Pharmacology | | **FALL (16 WEEKS)**<br>NURS 300<br>Intermediate Med. Surg. II<br>(Sonora)<br><br>NURS 302<br>Health Promo/Disease Prev<br>(Weimar & Community) | |

KEY

| Clinical Site | Official Clinical Site Name | Distance from Weimar Institute |
|---|---|---|
| Westview | Westview Healthcare Center | 11.8 miles |
| NEWSTART | NEWSTART Lifestyle Center | On campus |
| Sierra Nevada | Sierra Nevada Medical Center | 18 miles |

| | | |
|---|---|---|
| St. Helena | St. Helena Hospital | 130 miles (overnight stay) |
| Loma Linda Univ. | Loma Linda Univ. Medical Center | 487.5 miles (multiple night stay) |
| Sonora | Sonora Regional Medical Center | 112.9 miles (overnight stay) |
| Feather River | Feather River Hospital | 89.3 miles (overnight stay) |
| Weimar | Weimar Institute & Community | On Campus and within a 15 mile radius |

**TABLE VIII**

| Projected Faculty Needed for Proposed Associate Degree Nursing Program | | | |
|---|---|---|---|
| **Nursing Program Faculty/Personnel** | **Spring/Fall 2015-Spring 2016** | **Summer 2016-Spring 2017** | **Summer 2017-Spring 2018** |
| Nursing Chair (NC) | 1 FTE | 1 FTE | 1 FTE |
| Assistant Chair (AC) | 1 FTE | 1 FTE | 1 FTE |
| Faculty (Fac 1) | 1 FTE | 1 FTE | 1 FTE |
| Faculty (Fac 2) | 1 FTE | 1 FTE | 1 FTE |
| Nursing Faculty<br>Medical Surgical<br>Pharmacology<br>Geriatrics<br>Psychiatric—Mental Health<br>Pediatric<br>OB/GYN<br>Advanced Med-Surg | AC / 3 PT<br>Fac 1<br>AC / 1 PT<br>Fac 1 / 1 PT | AC / 3 PT<br>Fac 1<br>AC / 1 PT<br>Fac 1 / 1 PT<br>NC / 1 PT<br>2 PT<br>Fac 2 /1 PT | AC / 3 PT<br>Fac 1<br>AC / 1 PT<br>Fac 1 / 1 PT<br>NC/ 1 PT<br>2 PT<br>Fac 2 / 1 PT |
| Total Faculty | 4 full time<br>5 part time/contract | 4 full time<br>9 part time/contract | 4 full time<br>9 part time/contract |
| Administrative Support | 1 FT | 1FT | 1 FT |

As of March 20, 2014 we have had 10 candidates submit CV in the following areas:

Geriatrics: 1
Medical Surgical: 5
OB: 3
Peds: 1
Psychiatric—Mental Health: 1

# TABLE XII: SEQUENCE OF ASSOCIATE DEGREE NURSING COURSES

| | |
|---|---|
| **1st FALL SEMESTER** | |
| NURS 220 – Fundamentals of Nursing | **4.5 Units** |
| 2.5 Units Theory / 2.0 Units Clinical | |
| NURS 221 – Beginning Medical-Surgical Nursing I | **4.5 Units** |
| 2.5 Units Theory / 2.0 Units Clinical | |
| NURS 222 – Pharmacology | **3.0 Units** |
| 3.0 Units Theory | |
| **2nd SPRING SEMESTER** | |
| NURS 223 – Intermediate Medical-Surgical Nursing I | **4.5 Units** |
| 2.5 Units Theory / 2.0 Units Clinical | |
| NURS 224- Geriatrics / Community Nursing | **2.0 Units** |
| 1.0 Units Theory / 1.0 Units Clinical | |
| NURS 225-Mental Health – Psychiatric Nursing | **3.5 Units** |
| 2.0 Units Theory / 1.5 Units Clinical | |
| RELB 271- Religion and Health | **3.0 Units** |
| **3rd FALL SEMESTER *SUMMER (part of 3rd semester)** | |
| *NURS 301 Pediatric Nursing | **3.5 Units** |
| 2.0 Units Theory / 1.5 Units Clinical | |
| NURS 300 Intermediate Medical-Surgical Nursing II | **5.5 Units** |
| 2.5 Units Theory / 3.0 Units Clinical | |
| NURS 302 Health Promotion / Disease Prevention Nursing I | **4.0 Units** |
| 3.0 Units Theory / 1.0 Unit Clinical | |
| **4th SPRING SEMESTER** | |
| NURS 303 Advanced Medical-Surgical Nursing | **5.0 Units** |
| 3.0 Units Theory / 2.0 Units Clinical | |
| NURS 304 Obstetrics / Maternity Nursing | **3.5 Units** |
| 2.0 Unit Theory / 1.5 Units Clinical | |
| NURS 305 Health Promotion / Disease Prevention Nursing II | **4.0 Units** |
| 3.0 Units Theory / 1.0 Unit Clinical | |
| **TOTAL NURS THEORY SEMESTER UNITS** | **32 Units** |
| **TOTAL NURS CLINICAL SEMESTER UNITS** | **18.5 Units** |
| **TOTAL NURS SEMESTER UNITS** | **50.5 Units** |

6State of California

Department of Consumer Affairs
Board of Registered Nursing

# REQUIRED CURRICULUM:
# CONTENT REQUIRED FOR LICENSURE

(916) 322-3350

**Submit in DUPLICATE.**

| Program Name: Weimar Institute | For Board Use Only |
|---|---|
| Type of Program: ☐Entry Level Master ☐Baccalaureate X Associate | Approved by:_____, NEC |
| Requesting new Curriculum Approval: Initial Approval<br>Date of Implementation: January 2015 | Date:_____<br>☐ BRN Copy ☐ Program Copy |
| Academic System: X Semester 15 weeks/semester<br>☐Quarter _____ weeks/quarter | |

**REQUIRED FOR LICENSURE AS STATED IN CCR SECTION 1426**

| | Semester Units | Quarter Units | Initial Approval | Proposed Curriculum Revision *Place asterisk next to proposed change |
|---|---|---|---|---|
| Nursing | **36** | **54** | 47.5 | |
| Theory | (18) | (27) | (29) | |
| Clinical | (18) | (27) | (18.5) | |
| Communication Units | 6 | 9 | 6 | |
| Science Units | 16 | 24 | 21-27 | |
| TOTAL UNITS FOR LICENSURE | **58** | **87** | 74.5-80.5 | |
| Other Degree Requirements **(RELB 101, RELB 271)** | | | **6** | |
| TOTAL UNITS FOR GRADUATION | | | 80.5-86.5 | |

List the course number(s) and titles(s) in which content may be found for the following required content areas:

| REQUIRED CONTENT | Course Number | Course Titles |
|---|---|---|
| Alcohol & chemical Dependency | NURS 225 | Mental Health – Psychiatric Nursing |
| Personal Hygiene | NURS 220, 301,304 | Fundamentals of Nursing, Obstetrics – Maternity, Pediatric Nursing |
| Human Sexuality | NURS 220, 224, 225, 301, 304 | Fundamentals, Obstetrics – Maternity, Mental Health – Psychiatric, Pediatric Nursing Geriatric - Community |
| Client Abuse | NURS 220, 221, 223, 225, 301, 300, 303, 304 | Fundamentals, Obstetrics – Maternity, Mental Health – Psychiatric, Geriatric-Community, Pediatric Nursing, Medical Surgical (Beginning, Intermediate I & II, Advanced) |
| Cultural Diversity | NURS 220, 221, 223, 225, 301, 300, 303, 304 | Fundamentals, Obstetrics – Maternity, Mental Health – Psychiatric, Geriatric, Pediatric Nursing, Medical Surgical (Beginning, Intermediate I & II, Advanced) |
| Nutrition | FDNT 214, NURS 220, 221, 223, 224, 225, 300, 301, 302, 303, 304, 305 | Human Nutrition Fundamentals, Obstetrics – Maternity, Mental Health – Psychiatric, Geriatric, Pediatric Nursing, Medical Surgical (Beginning, Intermediate I & II, Advanced), Geriatric –Community, Health Promotion/ Complementary and Alternative Nursing I and II |
| Pharmacology | NURS 220, 221, 222, 223, 224, 225, 300, 301, 302, 303, 304, 305 | Pharmacology, Fundamentals, Obstetrics – Maternity, Mental Health – Psychiatric, Geriatric, Pediatric Nursing, Medical Surgical (Beginning, Intermediate I & II, Advanced), Geriatric –Community, Health Promotion/ Complementary and Alternative Nursing I and II |
| Legal Aspects | NURS 220, 221, 222, 223, 224, 225, 300, 301, 303,304 | Pharmacology, Fundamentals, Obstetrics – Maternity, Mental Health – Psychiatric, Geriatrics - Community, Pediatric Nursing, Medical Surgical (Beginning, Intermediate I & II, Advanced) |
| Social/Ethical Aspects | NURS 220, 221, 222, 223, 224, 225, 300, 301, 303,304 | Pharmacology, Fundamentals, Obstetrics – Maternity, Mental Health – Psychiatric, Geriatrics - Community, Pediatric Nursing, Medical Surgical (Beginning, Intermediate I & II, Advanced) |
| Management/Leadership | NURS 222, 223, 224, 225, 300, 301, 302 303,304, 305 | Pharmacology, Obstetrics – Maternity, Mental Health – Psychiatric, Geriatrics - Community, Pediatric Nursing, Medical Surgical (Beginning, Intermediate I & II, Advanced) Health Promotion/Disease Prevention I & II. |

Information needed to evaluate transcripts of applicants for licensure (Section 1426, Chapter 14, Title 16 of the California Code of Regulations) is listed in the left column below. Indicate the name(s) and the number(s) of the course(s) which include this content.

| REQUIRED CONTENT | Course Number | Course Title | Units |
|---|---|---|---|
| **NURSING** | | | |
| Medical-Surgical | NURS 220, 221, 222, 223, 300, 302, 303, 305 | Fundamentals of Nursing (2.5, 2.0), Beginning Medical Surgical Nursing (2.5, 2.0), Pharmacology (3.0), Intermediate Medical Surgical Nursing I (2.5, 2.0), Intermediate Medical Surgical Nursing II (2.5, 3.0), Advanced Medical Surgical Nursing (3.0, 2.0) | 27 |
| Obstetrical | NURS 304 | Obstetrics-Maternity Nursing (2.0,1.5) | 3.5 |
| Pediatric | NURS 301 | Pediatric Nursing (2.0, 1.5) | 3.5 |
| Psych/Mental Health | NURS 225, 302, 305 | Mental Health-Psychiatric Nursing (2.0,1.5) | 3.5 |
| Geriatrics | NURS 224, 220, 302, 305 | Geriatric-Community Nursing (1.0, 1.0) Fundamentals of Nursing (2.5, 2.0) | 2 |
| OTHER: Medical, Psych | NURS 302, 305 | Health Promotion/ Disease Prevention Nursing I (3.0, 1.0) and II (3.0, 1.0) | 8 |
| | | TOTAL | 47.5 |
| **BASIC SCIENCES: Pre-req.** | | | |
| Anatomy/Physiology | BIOL 121, 121a | Anatomy and Physiology and Lab I | 4 |
| Anatomy/Physiology | BIOL 122, 122a | Anatomy and Physiology and Lab II | 4 |
| Microbiology | BIOL 221 | Microbiology and Lab | 4 |
| Societal/Cultural Pattern | SOC 215 | Introduction to Sociology | 3 |
| Psychology | PSYC 101 | General Psychology | 3 |
| Other required | FDNT 214 | Human Nutrition | 3 |
| | | TOTAL | 21 |
| Other | MATH 121 | Pre-Calculus I (High School Math accepted) | (0-3) |
| | CHEM 111 | Survey of Chemistry (High School Chemistry accepted) | (0-3) |
| | | TOTAL | (0-6) |
| **COMMUNICATION: Pre-req** | | | |
| Group | COMM 202 | Speech Communication | |
| Verbal | COMM 202 | Speech Communication | 3 |
| Written | ENGL 101 | College English | 3 |
| | | * TOTAL UNITS | 74.5– 80.5 |

* The "TOTAL UNITS" should match "TOTAL UNITS FOR LICENSURE" on page 1.

## LVN 30 UNIT OPTION

| REQUIRED CONTENT | Course Number | Course Title | Units |
|---|---|---|---|
| **NURSING** | | | |
| Advanced Medical-Surgical | NURS 303 | Advanced Medical Surgical Nursing (3.0, 2.0) | 5.0 |
| Psych/Mental Health | NURS 225 | Mental-Health Psychiatric Nursing (2.0,1.5) | 3.5 |
| Management/Leadership | 225, 302, 303, 305 | Integrated into all content courses – Medical Surgical Nursing (Advanced-3.0, 2.0), Mental-Health/Psychiatric Nursing (2.0,1.5), Health Promotion/ Disease Prevention Nursing I (3.0,1.0)& II (3.0,1.0) | |
| Geriatrics | NURS 302, 305 | Health Promotion/ Disease Prevention Nursing I (3.0,1.0)& & II (3.0,1.0) | 8.0 |
| | | | |
| **BASIC SCIENCES** | | | |
| Physiology | | This course may be challenged or taken elsewhere | 3-4 |
| Microbiology | BIOL 221 | Microbiology | 4 |
| | | **TOTAL UNITS** | 23.5-24.5 |

| Signature Program Director/Designee: | Date: |
|---|---|
| Dr. Shirley Wilson Anderson | July 4, 2014 |

State of California

Department of Consumer Affairs
Board of Registered Nursing

# TOTAL CURRICULUM PLAN

(916) 322-3350

**Submit in duplicate**

| | |
|---|---|
| Name of School: **Weimar Institute Nursing Program** | Date Submitted: 4/7/2014 |
| Type of Program: ☐ Entry Level Master ☐ Baccalaureate ☑ Associate Degree | **For BRN Office Use Only** |
| Revision: ☐ Major ☐ Minor Initial Approv Effective Date: Spring/Fall 201 | ☐ Approved ☐ Not Approved |
| List name and number of all courses of the program in sequence, beginning with the first academic term. Include general education courses. | By: Date: |

Check appropriate year: ☑ 1 ☐ 2 ☐ 3 ☐ 4

Check: ☑ Semester ☐ Quarter *Wk: 15

| Prerequisites | M | S | O | C | P | G | **Wk: | Total Units | Theory Units | Theory Hr/Wk | Lab Units | Lab Hr/Wk | Total Hours Theory | Total Hours Lab |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Algebra | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | 15 | 0-3 | | | | | | |
| Survey of Chemistry | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | 15 | 0-3 | | | | | | |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | 15 | | | | | | | |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | 1 | | | 0 | | 0 | 0 | 0 |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | 1 | | | 0 | | 0 | 0 | 0 |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | 1 | | | 0 | | 0 | 0 | 0 |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | 1 | | | 0 | | 0 | 0 | 0 |
| | | | | | | | **Total** | 0-6 | 0 | 0 | 0 | 0 | 0 | 0 |

| Fall Semester | M | S | O | C | P | G | **Wk: | | | | | | Total Hours | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BIOL121- A&P I | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | 15 | 4 | 3 | 3 | 1 | 3 | 45 | 45 |
| ENGL101- Institute English | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | 15 | 3 | 3 | 3 | 0 | 0 | 45 | 0 |
| RELB101 Life/Teachings of Jesus | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | 15 | 3 | 3 | 3 | 0 | 0 | 45 | 0 |
| PSYC 215- General Psychology | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | 15 | 3 | 3 | 3 | 0 | 0 | 45 | 0 |
| FDNT 214- Human Nutrition | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | 15 | 3 | 3 | 3 | 0 | 0 | 45 | 0 |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | 1 | | | 0 | | 0 | 0 | 0 |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | 1 | | | 0 | | 0 | 0 | 0 |
| | | | | | | | **Total** | 16 | 15 | 15 | 1 | 3 | 225 | 45 |

| Spring Semester | M | S | O | C | P | G | **Wk: | | | | | | Total Hours | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BIOL 122 A&P II | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | 15 | 4 | 3 | 3 | 1 | 3 | 45 | 45 |
| COMM 202 Speech Communication | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | 15 | 3 | 3 | 3 | 0 | 0 | 45 | 0 |
| SOCI 215 Intro to Sociology | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | 15 | 3 | 3 | 3 | 0 | 0 | 45 | 0 |
| BIOL 221 Microbiology | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | 15 | 4 | 3 | 3 | 1 | 3 | 45 | 45 |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | 1 | | | 0 | | 0 | 0 | 0 |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | 1 | | | 0 | | 0 | 0 | 0 |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | 1 | | | 0 | | 0 | 0 | 0 |
| | | | | | | | **Total** | 14 | 12 | 12 | 2 | 6 | 180 | 90 |

* Number of weeks per semester / quarter
** Type in number weeks for each course, replacing "1"; do not type over "1" if there are extra lines and course is blank
Fill in for each course: number for total units, lecture units, lab units / Do not type in where "0" appears

State of California

Department of Consumer Affairs
Board of Registered Nursing

# TOTAL CURRICULUM PLAN

(916) 322-3350

**Submit in duplicate**

Name of School:
**Weimar Institute Nursing Program**

Date Submitted: 4/7/2014

Type of Program: ☐ Entry Level Master ☐ Baccalaureate ☑ Associate Degree

Revision: ☐ Major ☐ Minor Initial Approv Effective Date: Spring/Fall 2015

**For BRN Office Use Only**
☐ Approved ☐ Not Approved
By:
Date:

List name and number of all courses of the program in sequence, beginning with the first academic term. Include general education courses.

Check appropriate year: ☐ 1 ☐ 2 ☑ 3 ☐ 4

Check: ☑ Semester ☐ Quarter *Wk: 15

| 3, Fall Semester *Summer (Part of 3rd semester) | M | S | O | C | P | G | **Wk: | Total Units | Theory Units | Theory Hr/Wk | Lab Units | Lab Hr/Wk | Total Hours Theory | Total Hours Lab |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *NURS 301 Pediatrics | ☐ | ☐ | ☐ | ☑ | ☐ | ☐ | 4 | 3.5 | 2 | 7.5 | 1.5 | 16.9 | 30 | 67.6 |
| NURS 300 Inter M/S II | ☑ | ☑ | ☐ | ☐ | ☐ | ☐ | 15 | 5.5 | 2.5 | 2.5 | 3 | 9 | 37.5 | 135 |
| NURS 302 HP/DPrev I | ☑ | ☐ | ☐ | ☐ | ☑ | ☑ | 15 | 4 | 3 | 3 | 1 | 3 | 45 | 45 |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | 1 | | | 0 | | 0 | 0 | 0 |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | 1 | | | 0 | | 0 | 0 | 0 |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | 1 | | | 0 | | 0 | 0 | 0 |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | 1 | | | 0 | | 0 | 0 | 0 |
| | | | | | | | Total | 13 | 7.5 | 13 | 5.5 | 28.9 | 112.5 | 247.6 |

| 4 ,Spring Semester | M | S | O | C | P | G | **Wk: | | | | | | Total Hours | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | 1 | | | | | | | 0 |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | 1 | | | | | | 0 | |
| NURS 303 Adv M/S | ☑ | ☑ | ☐ | ☐ | ☐ | ☐ | 15 | 5 | 3 | 3 | 2 | 6 | 45 | 90 |
| NURS 304 OB | ☐ | ☐ | ☑ | ☐ | ☐ | ☐ | 15 | 3.5 | 2 | 2 | 1.5 | 4.5 | 30 | 67.5 |
| NURS 305 HP/DPrevII | ☑ | ☐ | ☐ | ☐ | ☑ | ☑ | 15 | 4 | 3 | 3 | 1 | 3 | 45 | 45 |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | 1 | | | 0 | | 0 | 0 | 0 |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | 1 | | | 0 | | 0 | 0 | 0 |
| | | | | | | | Total | 12.5 | 8 | 8 | 4.5 | 13.5 | 120 | 202.5 |

| Semester | M | S | O | C | P | G | **Wk: | | | | | | Total Hours | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | 1 | | | 0 | | 0 | 0 | 0 |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | 1 | | | 0 | | 0 | 0 | 0 |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | 1 | | | 0 | | 0 | 0 | 0 |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | 1 | | | 0 | | 0 | 0 | 0 |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | 1 | | | 0 | | 0 | 0 | 0 |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | 1 | | | 0 | | 0 | 0 | 0 |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | 1 | | | 0 | | 0 | 0 | 0 |
| | | | | | | | Total | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

* Number of weeks per semester / quarter
** Type in number weeks for each course, replacing "1"; do not type over "1" if there are extra lines and course is blank
Fill in for each course: number for total units, lecture units, lab units / Do not type in where "0" appears

Paradise (Feather River Hospital) [89 miles]

Reno

Ukiah [186 miles]

Grass Valley (Sierra Nevada Memorial Hospital) [18 miles]

**Weimar**

Auburn [Placer County Action Council: Head Start; Westview Healthcare] [12 miles]

Sacramento (Pediatric Services of America) [39 miles]

St. Helena [130 miles]

Sonora [113 miles]

Southern California

Glendale [425 miles]

Loma Linda [488 miles]

**BOARD OF REGISTERED NURSING**
**Education/Licensing Committee**
**Agenda Item Summary**

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**AGENDA ITEM:** 7.7
**DATE:** September 18, 2014

**ACTION REQUESTED:** 2013-14 ELC Goals and Objectives Achievement Report

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

**BACKGROUND:** The Education/Licensing Committee annually reviews and reports the achievements of the previous fiscal year relative to the ELC goals and objectives.
The attached report presents achievements during the period of July 1, 2013 – June 30, 2014 relative to the ELC Goals and Objectives 2013-2015 which were Board approved on 02/06/2013.

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

**BOARD OF REGISTERED NURSING**
**EDUCATION/LICENSING COMMITTEE**

# 2013-2015 GOALS AND OBJECTIVES

## GOAL ACHIEVEMENT REPORT July 1, 2013 – June 30, 2014

### GOAL 1

**Ensure that programs of nursing education meet regulatory requirements and that the curriculum integrates content to address recent political, technical, economic, healthcare and nursing practice developments.**

1.1 Review prelicensure and advanced practice program content, including public health nurse content, to determine compliance with regulatory requirements and Board policy, and if they reflect current trends in healthcare and nursing practice.
1.2 Maintain BRN policy statements that reflect current statute, regulation and policy.
1.3 Ensure that nursing education programs include the Scope of Practice of Registered Nurses in California (BPC 2725) and the Standards for Competent Performance (CCR 1443.5) in their curriculum, and that advanced practice education program curriculum additionally includes Article 7 Standardized Procedure Guidelines.
1.4 Maintain awareness of current political, technical, economic, healthcare and nursing practice trends through attending and participating in educational conferences, committees and other events within California and nationally, for development of regulation and policy.
1.5 Monitor legislation affecting nursing education and convene advisory committees when appropriate.
1.6 Monitor nursing program curriculum structure and content for application of recommendations from the 2010 Institute of Medicine's - Future of Nursing, Carnegie Study on the Transformation of Nursing Education, the Quality and Safety Education for Nurses (QSEN) Competencies, The Essentials of Baccalaureate Education in Nursing, The Essentials of Master's Education in Nursing and other such works from established sources that present generally accepted standards.
1.7 Evaluate proposed new programs to ensure regulatory compliance and ability to secure necessary resources with timely program implementation adhering to the application process and timeline identified in regulations and policy.

**ACHIEVEMENTS:**

- Prelicensure and advanced practice nursing education program curriculum was evaluated regularly as part of scheduled continuing approval visits and as needed relative to curriculum revision proposal, special focus issue or a request for consultation, for application of contemporary standards including IOM recommendations, QSEN Competencies, Essentials of Baccalaureate Education and Master's Education, and inclusion of BPC 2725 and CCR 1443.5 content.
- Scheduled continuing approval visits are conducted for prelicensure and advanced practice nursing programs every five years. Nursing Education Consultant (NEC) continuing approval visit reports were reviewed by Education/Licensing Committee (ELC) for 22 ADN programs, 9 BSN programs, 1 ELM program and 1 NP program, with approval status recommendations made to the Board.
- Four letters of intent (LOI) for new prelicensure programs were received. Four feasibility studies were reviewed and accepted by ELC. One new prelicensure ADN nursing

program was granted initial program approval and will begin admitting students Fall 2014.

- ELC reviewed and made recommendations regarding 17 major curriculum revision proposals.
- BRN policy statements "Guidelines for Alternative/Secondary Program Location", 'Incomplete New Prelicensure Program Applications", and "Licensing Examination Pass Rate Standard" were revised to ensure compliance with current regulations and clarity, and approved revisions were distributed to nursing program directors and other stakeholders. Other BRN policy statements and practice advisories were addressed as part of the Board's Nursing Practice Committee agendas.
- BRN NEC staff regularly participated in regional and statewide nursing program deans/directors meetings and conferences, NCSBN education and practice workgroup telemeetings, CINHC meetings, Health Professions Education Foundation meetings, CA Interagency Council on Veterans telemeetings, and other events as appropriate or requested to maintain awareness and provide input.
- Legislation affecting nursing education was addressed as part of the BRN Legislative Committee agendas.

## GOAL 2

**Provide leadership in the development of new approaches to nursing education.**

2.1 Support creative approaches to curriculum and instructional delivery, and strategic partnerships between nursing education programs, healthcare industry and the community, such as transition to practice and post-licensure residency programs, to prepare registered nurses to meet current nursing and community needs.

2.2 Review Nursing Practice Act regulations for congruence with current nursing education, practice standards and trends, and recommend or promulgate proposals for revisions to regulation that will ensure the high quality of nursing education.

2.3 Sponsor and/or co-sponsor educational opportunities for professional development of nursing educators and directors in service and academia.

2.4 Evaluate the use of technology in teaching activities, such as on-line research, distance learning, Web-based instruction and high-fidelity simulation laboratory experiences.

2.5 Encourage and support programs' development of articulation agreements and other practices that facilitate seamless transition between programs for transfer and admission into higher degree programs.

2.6 Encourage and support graduate nursing education programs to prepare nurse educators and other nursing specialists to support implementation of the Health Care Reform Act of 2009.

2.7 Collaborate with the BRN Nursing Practice Committee to review, evaluate and recommend revision as needed of regulations pertinent to advanced practice nursing education.

2.8 Contribute to the NCSBN's Transition to Practice Study, ensuring a voice for California stakeholders.

**ACHIEVEMENTS:**

- An Education Issues Workgroup meeting was held. BRN participants included: Board Member, Executive Officer, Supervising Nursing Education Consultant, and Research Program Specialist, and external partner stakeholder participants included CINHC leadership, California Community Colleges Chancellor's Office representative, and representatives from multiple colleges and universities. Agenda items included:

ADN/RN to BSN education pathways, use of clinical simulation in nursing education, and review/revision recommendations for the 2012-2013 BRN Annual Survey instrument.

- The BRN website and Winter 2013 BRN Report presented information regarding registered nursing scholarship and loan repayment programs available through The Health Professions Education Foundation, and included an article (Implementing the Future of Nursing Recommendations in California) which examined the work of the California Action Coalition in response to the IOM's report on The Future of Nursing.
- Regulations regarding nursing program compliance with addition of campus locations, new program applications, and licensing examination pass rate were reviewed and BRN policies were revised to ensure clarity and consistency with regulatory requirements.
- Programs visited for continuing approval and proposed new programs were evaluated for the use of technology including simulation lab. The BRN Annual Survey includes questions which capture data regarding prelicensure programs' use of simulation.
- Numerous minor and major curriculum revision proposals were submitted by programs with the goal of revising/reorganizing the curriculum to facilitate program graduates' seamless transition into BSN or higher degree programs. These proposals were reviewed by NECs and then brought forward for review by ELC for ratification (minor revisions) or recommendation to the Board regarding approval (major revision).
- NECs attended CCMNE regional meetings where national perspective on academic progression, progress of the California Collaborative Model of Nursing Education (ADN-BSN seamless progression, articulation) and the CSULA Academic Progression In Nursing regional project were discussed.
- A BRN staff workgroup was formed in October 2013 as a joint project of ELC and Practice Committee to review the regulations pertaining to advance practice nurse education and practice in order to formulate a proposal for regulatory revision. This year has been spent gathering and reviewing relevant materials and input from external stakeholders to develop a preliminary basis, framework and language for regulatory revision. The workgroup has met regularly and presented reports on their work at meetings of the BRN Board Practice Committee where stakeholders have had an opportunity to give input.

## GOAL 3

**Ensure that reports and data sources related to nursing education in California are made available to nurse educators, the public, and others, and are utilized in nursing program design.**

3.1 Collaborate with the contracted provider retained to conduct the consolidated online annual school survey of the prelicensure nursing education programs in California, and publish survey results on the BRN Website.

3.2 Maintain and analyze systematic data sources related to prelicensure and advanced nursing education, including the use of simulation, reporting findings annually.

3.3 Provide information about nursing programs to the public.

3.4 Maintain information related to each prelicensure program and update periodically.

3.5 Provide data to assist nursing programs in making grant or funding applications.

3.6 Encourage prelicensure programs to utilize NCSBN data and analysis of entry level RN practice to evaluate the effectiveness of their nursing education programs in preparing graduates for practice.

**ACHIEVEMENTS:**

- Staff worked with the contracted vendor to prepare surveys and reports which were then presented at meetings of ELC and the Board, published on the BRN website, provided to the California Community Colleges Chancellor's Office, and provided to schools and other stakeholders as requested. Surveys conducted in collaboration with UCSF and other organizations included: 2012-13 Annual School Survey of prelicensure nursing programs producing the 2012-2013 Regional Annual School Reports published on the BRN website and individual reports available to each school; The Diversity of California's Registered Nursing Workforce - Update; 2012-2013 Post Licensure Program survey; Forecast of the Registered Nurse Workforce in California; Survey of Registered Nurses in California; and Survey of Nurses' Educational Experiences, 2013 to assess RNs experiences pursuing education after licensure.
- The Prelicensure Interactive Database which allows the public to select and review data by variables such as region, degree type and program type has been updated on the website to include data for 2012-2013.
- Evaluation of the use of instructional technology including simulation was conducted prior to approval of new programs and during scheduled continuing approval visits. Data regarding prelicensure nursing programs' use of simulation is captured as part of the Annual School Survey.
- Nursing program information has been maintained on the BRN website and includes lists of approved prelicensure and advanced practice nursing programs by type of program with hyperlink to school website, address and phone contact information. The information was updated annually and as changes were reported by programs.
- NECs and other BRN staff have responded to phone (via BRN call center and direct calls) and e-mail (via DCA webmaster and direct) inquiries from general public, legislators and other stakeholders regarding nursing education.
- The Winter 2013 BRN Report (distributed via e-mail per mailing list and posted to the BRN website, with print copies made available at November 2013 BRN Board meeting) included information regarding number of approved programs, the role of BRN Nursing Education Consultants related to oversight of approved programs, BRN website information available regarding California nursing programs, and encouragement to report with instructions on how/where to report fraudulent nursing programs.
- The BRN website has been updated to improve visitors' access to information regarding prelicensure and advanced practice programs.
- BRN staff created a survey (Title 16, Code of Regulations (CCR) Sec. 1430 Previous Education Credit Survey of Prelicensure RN Education and Military Veterans) which was distributed to existing prelicensure nursing programs to gather information on educational options available to military veterans with prior education and/or experience in health care occupations and determine what methods are used by nursing schools to assess and evaluate veteran's prior education in offering academic credits. Program directors were asked to respond by June 20, 2014. Data will be collated, analyzed, reported to ELC and the Board, and made available to stakeholders as soon as possible.

- NECs encouraged prelicensure programs to utilize the NCSBN NCLEX-RN Test Plan and other related resources when evaluating a program's curriculum/instruction as part of continuing approval visits, problem focused visits, and when consultation was requested by a program.

## GOAL 4

**Facilitate and maintain an environment of collegial relationships with deans and directors of prelicensure and advanced practice nursing education programs.**

4.1 Conduct an annual orientation for new directors and an annual update for both new and continuing directors of prelicensure programs.

4.2 Maintain open communication and provide consultation and support services to prelicensure and advanced practice nursing programs in California.

4.3 Present BRN updates at COADN Directors' Meetings, annual CACN/ADN Meeting, and other venues as appropriate.

4.4 Conduct biennial meetings with advanced practice program directors to seek input, provide updates and foster discussions regarding current issues, regulatory reform and other topics pertinent to advanced practice in California, such as the implications of the Health Care Reform Act of 2009.

**ACHIEVEMENTS:**

- The Annual BRN Update for nursing education program deans and directors was presented October 2, 2013 to provide orientation for new directors, process instruction for both new and continuing directors regarding prelicensure program administration, continuing approval visit preparation of self-study, instruction regarding licensure application, and interactive question/answer opportunity. An updated 2013 Directors Handbook on CD was distributed to all prelicensure program program directors prior to the Annual BRN Update. The ELC Chairperson attended the meeting.
- Each BRN approved prelicensure and advanced practice nursing program had an assigned Nursing Education Consultant who provided guidance to the program through written correspondence, phone contact, and visits to the nursing program sites.
- NECs in the Northern area presented a Spring 2013 inservice to program directors and others titled "Tips for Successful Continuing Approval Self Study Reports and Visit Arrangements."
- The Winter 2013 BRN Report presented an article that described the role of BRN Nursing Education Consultant and included an introduction to each of the current NECs.
- Nursing Education Consultants have attended meetings of CACN, COADN, CINHC, ICV, NCSBN and other groups to provide input regarding BRN updates and clarification of BRN regulations, policy and procedure.

## GOAL 5

**Provide ongoing monitoring of the Continuing Education (CE) Program, and verify compliance with BRN requirements by licensees and providers.**

5.1 Review and consider for approval CE provider applications to ensure regulatory compliance.

5.2 Conduct systematic random audits of registered nurses to monitor compliance with renewal requirements and appropriateness of CE courses completed.

5.3 Conduct systematic random reviews of CE providers to monitor compliance with CE regulations.

**ACHIEVEMENTS:**

- The BRN received 237 Continuing Education Provider (CEP) applications and issued 160 CEP certificates. Approximately 78% of the applications required review by the NEC liaison to the Continuing Education Program to ensure that content is postlicensure and appropriate for nursing continuing education, or for review of instructor qualifications.
- The online tracking system application implemented in October 2013 does not capture information related to the number of renewals processed during this period, nor has it been able to provide the number of BRN-approved CEPs. The BRN is working with the Department to develop a better report that will capture this data.
- Random auditing activity of registered nurses and the CEPs related to their compliance with the continuing education regulations has been conducted on a minimal and infrequent basis due to ongoing staff shortages in the Renewals Unit. The BRN has requested additional staff in its budget request in order to fulfill its mandate to conduct these audits.
- Staff responded to phone and written inquiries from the public regarding continuing education, such as appropriateness of content for which contact hours have been awarded by CEPs and other issues. Staff then worked with Providers to reinforce the BRN's expectations related to appropriate course content, use of the CEP number in advertising or marketing materials, and other issues or concerns.
- The NEC liaison to the program received and addressed four complaints related to CEPs, with none requiring forwarding to Enforcement.
- NECs and staff responded to phone and e-mail inquiries from RNs requesting information about continuing education requirements for licensure renewal.

## GOAL 6

**Continue the assessment and review of the NCLEX-RN examination process, and maintain a collaborative relationship with the National Council of State Boards of Nursing.**

6.1 Participate in periodic review of the NCLEX-RN examination process to ensure established security, test administration procedures and other testing standards are met.

6.2 Encourage nurse educators and working RNs to participate in NCLEX-RN examination panels to ensure consistent representation from California.

6.3 Participate in NCSBN committees and conferences to maintain representation from California.

6.4 Monitor and report California and national NCLEX-RN first time pass rates of California candidates, including results for internationally educated candidates.

6.5 Provide input into the NCSBN Practice Analysis, Test Plan revision and passing standard as requested or appropriate.

**ACHIEVEMENTS:**

- The Winter 2013 BRN Report included an article encouraging California RNs to serve as item writers, item reviewers, or members of the Standard Setting Panel of Judges for the NCLEX item and examination development process.
- The BRN Executive Officer attended the National Council of State Boards of Nursing (NCSBN) annual meeting. Nursing Education Consultants regularly participated in

NCSBN education committee and practice committee tele-meetings which were held several times during the year.

- Quarterly and annual NCLEX-RN exam results were reported as part of the ELC report segment of Board meeting agendas.
- NECs monitored NCLEX-RN exam outcomes for their assigned nursing programs and took action as required by regulation for any program performing below threshold.
- BRN licensing unit staff and NECs have participated in NCSBN/Pearson VUE information conference calls and webinars throughout the year on topics including NCLEX- RN examination processes, security and administration, revisions of exam test plan and passing standard, exam candidate security.
- NCLEX related NCSBN and CA BRN electronic interfaces and reporting processes in the new BrEZe system were made fully operational, and CA BRN NCLEX Test Accommodation processes have been refined to interface with the new BreEze system.
- NEC NCLEX liaison and licensing unit staff have evaluated and monitored NCLEX Exam policy/procedure, and interacted with NCSBN Examination staff including the Chief Officer of Exams to facilitate effective exam reporting processes and procedures, validate national pass rate trends, and provide input related to NCSBN NCLEX subscription reports and reports revision.
- NECs and BRN administrative staff have been notified of updates to the NCSBN NCLEX administrative manual, exam information and website.
- NEC assignment of designated liaison for NCLEX matters has been maintained. The NEC NCLEX liaison worked with BRN licensing unit and other BRN staff, and NCSBN staff to ensure timely distribution of quarterly program reports and completion of related follow up, and accuracy of NCSBN and CA NCLEX databases and published statistics.

**BOARD OF REGISTERED NURSING**
**Education/Licensing Committee**
**Agenda Item Summary**

**AGENDA ITEM:** 7.8
**DATE:** September 18, 2014

**ACTION REQUESTED:** ***Information Only:*** NCLEX Pass Rate Update

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

**BACKGROUND:** 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**
**July 1, 2013-June 30, 2014***

| JURISDICTION | TOTAL TAKING TEST | PERCENT PASSED % |
|---|---|---|
| California* | 10,370 | 82.41 |
| United States and Territories | 155,335 | 82.56 |

**CALIFORNIA NCLEX RESULTS – FIRST TIME CANDIDATES**
**By Quarters and Year July 1, 2013-June 30, 2014***

| 7/01/13-9/30/13 | | 10/01/13-12/31/13 | | 1/01/14-3/31/14 | | 4/01/14-6/30/14 | | 7/01/13-6/30/14 | |
|---|---|---|---|---|---|---|---|---|---|
| # cand. | % pass | # cand. | % pass | # cand. | % pass | # cand. | % pass | # cand. | % pass |
| 4,057 | 81.69 | 946 | 69.45 | 2,130 | 88.08 | 3,237 | 83.38 | 10,370 | 82.41 |

**Includes (4), (5), (2) and (3) "re-entry" candidates.* ***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 a unit of measurement to report relative differences between candidate ability estimates and exam item difficulties.***

- ***August 1, 2014 NCSBN released the 2014 NCLEX Candidate Frequently Asked Questions (FAQs) as attached.***
- ***August 6, 2014 NCSBN issued a Press Release with a Revised Definition of Entry-Level Nurse as attached.***

Nursing Education Consultants (NECs) monitor the NCLEX results of their assigned programs. If a program's first time pass rate is below 75% pass rate for an academic year (July 1-June 30), the NEC sends the program written notification of non-compliance (CCR 1431) and requests the program submit a written assessment and corrective action plan to improve results. The NEC will summarize the program's report for NCLEX improvement for the ELC/Board meetings per the Licensing Examination Passing Standard EDP-I-29 document approved 11/6/13. If a second consecutive year of substandard performance occurs, a continuing approval visit will be scheduled within six months, and the NEC's continuing approval visit findings reported to ELC with program representatives in attendance.

**NEXT STEP:** Continue to monitor results

**PERSON TO CONTACT:** Katie Daugherty, MN, RN
(916) 574-7685

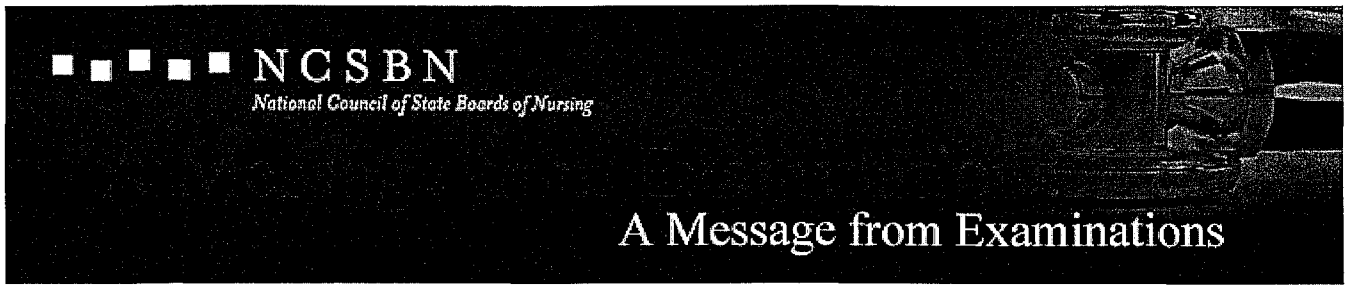
**California Board of Registered Nursing**

**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**

| Academic Year July 1-June 30^ | July-Sept #Tested | July-Sept % Pass | Oct-Dec #Tested | Oct-Dec % Pass | Jan-Mar #Tested | Jan-Mar % Pass | April-June #Tested | April-June %Pass | 2013-2014 Cumulative Totals | 2013-2014 Cumulative Totals |
|---|---|---|---|---|---|---|---|---|---|---|
| National US Educated- All degree types * | 53,734 | (80.7) | 12,565 | (69.0) | 38,275 | (84.6) | 50,758 | (86.1) | 155,335 | (82.5) |
| CA Educated- All degree types* | 4,057 | (81.6) | 946 | (69.4) | 2,129 | (88.1) | 3,237 | (83.3) | 10,370 | (82.4) |
| | | | | | | | | | | |
| National-Associate Degree rates** | 28,656 | (79.5) | 7,406 | (64.8) | 21,304 | (82.1) | 28,355 | (83.8) | 85,721 | (80.3) |
| CA-Associate Degree rates** | 2,327 | (83.3) | 434 | (67.0) | 1,039 | (90.4) | 1,698 | (82.3) | 5,498 | (83.0) |
| | | | | | | | | | | |
| National-BSN+ELM rates**/*** | 23,710 | (82.0) | 4,880 | (75.3) | 16,371 | (87.9) | 21,976 | (89.3) | 66,937 | (85.3) |
| CA-BSN+ELM rates**/*** | 1,724 | (79.4) | 507 | (71.4) | 1,088 | (85.8) | 1,536 | (84.6) | 4,855 | (81.6) |

*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: Cumulative totals in this report may vary from quarterly totals for the number tested by 0 to +/-3 due to NCSBN corrections. These NCSBN corrections do not significantly change previously reported quarterly or cumulative pass rates. 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*




Aug. 1, 2014

## NCLEX Candidate Frequently Asked Questions (FAQs)

NCSBN provides as much information and as many resources as possible online to NCLEX candidates. The NCLEX Frequently Asked Questions (FAQs) pages are designed to help candidates better understand the development and administration of the NCLEX-RN and NCLEX-PN. These pages are up-to-date with all of the most current NCLEX policies and procedures.

Candidates can save time and get their questions answered by reading the FAQ pages to learn more about registering for the exam, accessing results, international scheduling, exam development and alternate item formats. There is also a page dedicated to computerized adaptive testing (CAT) to address questions related to how and why CAT is used to administer the exam.

For a smoother NCLEX experience before, during and after the exam, we encourage candidates to read these pages and check back often for updates.

To access all of the FAQ pages, please visit our website.

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# NCLEX Candidate Frequently Asked Questions

## NCLEX Candidate FAQs

**What are the eligibility requirements for taking the NCLEX?**

NCSBN does not maintain a list of eligibility requirements to take the NCLEX. Contact the board of nursing/regulatory body (BON/RB) where you are seeking licensure/registration for their requirements.

Links to all BONs/RBs websites and contact information are available on the Contact a BON/RB (contactbon.htm) page.

**How do I register for the NCLEX?**

To take the NCLEX, you will first need to complete two separate processes:

1. Contact your board of nursing/regulatory body (BON/RB) and request a licensure/registration application.

   You will pay a licensing/registration fee to the BON/RB along with the submission of your application materials.

   Licensure/registration applications must be obtained from the BON/RB in the state/province/territory where you are seeking licensure/registration, as requirements vary.

2. Register with Pearson VUE (the testing vendor) using one of the following methods:

   Online - Visit http://www.pearsonvue.com/nclex (http://www.pearsonvue.com/nclex) and pay with a credit, debit or prepaid card.

   Phone - Call Pearson VUE NCLEX Candidate Services at 866.496.2539 and pay the exam fee (1203.htm) by credit, debit or prepaid card.

Contact your BON/RB about applying for licensure/registration. (https://www.ncsbn.org/contactbon.htm?the_url=&rdePwdDays=9223372036854775807)

Find out more about the NCLEX registration process (1202.htm).

**What are the requirements for taking the NCLEX as an internationally educated nurse?**

As an internationally educated candidate, you will need to complete the two processes listed in the above question.

Additionally, regulations and requirements regarding internationally educated nurses vary for each board of nursing/regulatory body (BON/RB).

NCSBN does not maintain a list of requirements for internationally educated nurses.

Links to all BONs/RBs websites and contact information are available on the Contact a BON/RB (contactbon.htm) page.

**Can a school/agency/employer pay for my NCLEX?**

Yes, nursing schools, agencies or employers may register and pay for the NCLEX on behalf of the candidate. This is considered a Third Party Payment.

Third parties are required to register and pay for exam registrations through the Pearson VUE website (http://www.pearsonvue.com/nclex) or over the phone (866-496-2539) with a credit, debit or prepaid card. Money order, certified check, and cashier's check payments are no longer accepted.

For more information on these types of payments, visit the title="Third-Party Payments page" target="_blank">Third-Party Payments page.

**I have registered for the NCLEX, when will I get my Authorization to Test (ATT) email?**

Once you have been made eligible by your board of nursing/regulatory body (BON/RB), you will receive an Authorization to Test (ATT) via the email address you provided when registering. You must have your ATT email to schedule an appointment to take the NCLEX. To gain access to the NCLEX, you will be required to present one form of acceptable identification (1221.htm). The first and last name on your identification must match exactly the name you provided when registering. For further details, visit Authorization to Test (1212.htm).

After you register with Pearson VUE and your BON/RB declares you eligible, you will receive your Authorization to Test (ATT). All application materials and fees must be submitted to the BON/RB before they can deem you eligible to test.

Once the BON/RB declares you eligible to test and your ATT is issued, you must test within the validity dates of your ATT (varies from 60 days to 365 days; however, the average is 90 days). These validity dates cannot be extended for any reason. If you do not test within these dates you will have to reregister and pay another exam fee. The ATT contains your authorization number, candidate identification number and an expiration date. You need the ATT to schedule an appointment to take the NCLEX.

Call Pearson VUE NCLEX Candidate Services at 866.496.2539 or at one of the international telephone numbers in the NCLEX Candidate Bulletin (1213.htm) to report a lost ATT or if it has been two weeks since you registered and have not received your ATT.

Links to all BONs/RBs websites and contact information are available on the Contact a BON/RB (contactbon.htm) page.

**When a candidate calls to schedule an exam, how soon can they expect to get an appointment?**

Video answer

First-time test takers will be offered an appointment within 30 days of the call, or online attempt, to schedule an appointment; repeat candidates will be offered an appointment within 45 days. If you wish, you may decline the appointment offered and schedule later than the 30 or 45 days.

**Where can I take the NCLEX?**

The NCLEX is given year round and is administered by Pearson VUE. For candidates seeking licensure in the U.S., domestic test centers are those within the U.S. and American Samoa, Guam, Northern Mariana Islands and the U.S. Virgin Islands. For candidates seeking licensure/registration in Canada starting in 2015, domestic test centers are those within Canadian provinces/territories and the mainland U.S. (not including territories). International locations where the NCLEX is offered include Australia, Canada, England, (Germany - temporarily not testing at this location), Hong Kong, India, Japan, Mexico, Philippines, Puerto Rico and Taiwan.

Candidates are able to take the NCLEX at any Pearson Professional Testing location, regardless of the board they are applying for licensure.

Candidates can test center locations by going to the Pearson VUE website at www.pearsonvue.com/nclex (http://www.pearsonvue.com/nclex) .

For more information on where the NCLEX is offered, visit the Test Center Locations (1267.htm) page.

**How does a candidate with special needs request testing accommodations?**

A candidate must contact their board of nursing /regulatory body for instructions on how to apply for accommodations and what documentation is required. A candidate may receive testing accommodations if they provide documentation from an appropriate medical professional to support their request. This documentation must include a diagnosis included in the *Diagnostic and Statistical Manual of Mental Disorders (DSM).* Among the accommodations available are additional testing time, separate room and/or assistive personnel (i.e., reader).

**What forms of identification are accepted at the test center?**

**The only acceptable forms of identification for domestic test centers are:**
- Passport books and cards
- Driver's license
- Provincial/Territorial or state identification card
- Permanent residence card
- Military identification card

**The only acceptable forms of identifications for international test centers are:**
- Passport books and cards

Definitions of Domestic and International Test Centers (1267.htm)

Temporary identification (examples include limited term IDs and any ID reading "temp" or "temporary") is only acceptable if it meets the required elements stated below.
All forms of identification listed above must be valid (non-expired) government-issued identification containing the following information:
- Name (in Roman characters)
- Photograph
- Signature.

Candidates with identification from a country on the U.S. government's sanctioned countries (https://www.ncsbn.org/1221.htm) will have to follow the requirements listed in order to sit for the exam.

For more information on identification, visit the Acceptable Identification (1221.htm) page.

**Does the middle name need to match the ID and the ATT?**

Video answer

Only the first and last names need to match between the candidate's ID and ATT.

**When will I get my results?**

Candidates whose board of nursing participates in the Quick Results Service* can receive their 'unofficial' results 48 hours after their exam date and time (a fee is required). Official exam results are available **only** from the boards of nursing/regulatory bodies (BONs/RBs) and will be mailed to candidates approximately six weeks after taking the exam. Pearson VUE and NCSBN do not provide exam results. *only applies to candidates seeking licensure in the U.S.

Links to all BON/RB websites and contact information are available on the Contact a BON/RB (contactbon.htm) page.

For more information about getting NCLEX results, visit the Results Reporting (1222.htm) section.

**If I fail the NCLEX, when can I take it again?**

Candidates must wait a minimum of 45 days between each exam. This length of time is determined by the board of nursing/regulatory body (BON/RB)s validity dates. The NCSBN retake policy allows candidates to retake their exam 45 days after administration of their exam. Candidates who have applied for licensure/registration with a participating BON/RBday period, unless limited to fewer retakes by the desired jurisdiction of licensure/registration. Candidates are encouraged to contact the BONs/RBs (http://www.ncsbn.org/contactbon) for their policy on NCLEX retakes..

Once you reregister for the NCLEX, the length of time determined by the BON/RB will be reflected in the new ATT's validity dates.

Please Note – If you missed an exam appointment or your ATT expired, you do NOT have to wait the 45 day period before you can retest. Questions regarding testing limits, resubmitting materials, background checks, or licensing/registration fees should be directed to your BON/RB.

To retake the NCLEX:

Contact your BON/RB and notify them that you plan to retake the exam. Determine what materials or fees you need to resubmit to the BON/RB.

Reregister with Pearson VUE and pay the fee (1203.htm).

Once the BON/RB makes you eligible you will receive a new Authorization to Test (ATT) and be able to schedule an exam date.

For more information on retaking the NCLEX, visit the Retake Policy (http://www.ncsbn.org/1224.htm) page.

**Have any studies been done on how long a candidate waits after completing a nursing program and the chances of passing/failing the exam?**

Video answer

See the research study on NCLEX Pass Rates: An Investigation Into the Effect of Lag Time and Retake Attempts (1233.htm).

**Do candidates have an option to challenge items on the exam that they do not believe were valid?**

Video answer

Candidates who applied for licensure in jurisdictions where boards of nursing authorized the Review and Challenge* may participate in the process. The Review and Challenge process allows candidates to review the items in question with a representative from their state board. Once a Review and Challenge is initiated, NCSBN staff will conduct content review of the items in question and determine validity of the candidate's assertion. *Canadian regulatory bodies do not participate in the Review and Challenge process.

**Can you recommend review courses and/or study materials to help me prepare for the NCLEX?**

NCSBN does not recommend or endorse any review courses or study materials. If you are interested in participating in a review course or purchasing review materials, please consult a nursing education professional for suggestions.

Links to all boards of nursing/regulatory body (BON/RB) websites and contact information are available on the Contact a BON/RB (contactbon.htm) page.

## Average Exam Statistics

**What is the average number of items tested per candidate?**

In 2012, the average number of items (questions) administered per candidate was around 119 on the NCLEX-RN and 117 on the NCLEX-PN.

**What is the average length of candidate exam?**

Currently, an average RN exam lasts for 2.5 hours and an average PN exam lasts for 2.3 hours.

**How many candidates run out of time?**

Currently, about 2% of NCLEX candidates run out of time on their exams. This percentage has been consistent since 2005. The run out of time rates are similar for the NCLEX-RN and NCLEX-PN.

Find more information about how CAT determines a pass or fail result when a candidate runs out of time (1216.htm).

**What are the current statistics of the likelihood to pass the NCLEX on 2nd, 3rd and 4th attempts?**

A research study addressing the relationship between retake attempts and NCLEX performance was published in JONA: Healthcare, Law, Ethnics and Regulations. Bibliography of this study is as follows:

Woo, A., Wendt, A., & Liu, W. (2009). NCLEX® pass rates: An investigation into effect of lag time and retake attempts. Journal of Nursing

Administration: Healthcare, Law, Ethics, and Regulation, 11(1), 23-26 (1233.htm).

**Are you tracking candidates from accelerated programs separately?**

No. NCSBN tracks performance by individual programs and then groups them as Diploma, Associate Degree, or Baccalaureate Degree (and higher).

## Advice for Candidates

**If a candidate has no idea how to answer an item should they guess?**

The NCLEX item selection algorithm is designed for maximum efficiency. Items are chosen based on candidate's ability estimate, so candidates have about a 50% chance of answering each item correctly. Therefore, a candidate should not take the NCLEX with the expectation that they will be able to answer every item correctly. When candidates see an item they do not know, they should consider the item carefully and answer the best they can. The computer will not allow a candidate to proceed to the next item without answering the previous one.

**Should a student answer an item in a certain time frame?**

Candidates should maintain a reasonable pace when answering items, perhaps one item every minute or two. As mentioned above, only about 2% of candidates who have taken the NCLEX ran out of time. Candidates should take time to read each item carefully before answering.

**Why do some candidates receive a certain amount of items while other candidates receive another amount?**

As a candidate takes the exam, items are selected based on the candidate's response to previous items. The exam ends when it can be determined that a candidate's performance is either above or below the passing standard, regardless of the number of items answered or the amount of testing time elapsed.

Tags: NCSBN



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# NCSBN Revises Definition of Entry-level Nurse

**8/6/2014**

**NCSBN Revises Definition of Entry-level Nurse**

FOR IMMEDIATE RELEASE

Media Contact: Dawn M. Kappel
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Chicago – The National Council of State Boards of Nursing (NCSBN) Board of Directors has approved a revised definition of the entry-level nurse in the NCLEX environment, which was the result of analysis leading to the question of what constitutes the length of the entry-level period. The designation of entry-level will now be defined as a nurse having no more than 12 months of experience; previously it was defined as a nurse having no more than six months of experience.

NCLEX examinations are developed to measure the minimum knowledge, skills and abilities required to deliver safe, effective nursing care at the entry level. Part of the development process is to periodically review and define the examinee profile, the practice environment for entry-level nurses and the environment's effect on the length of the entry-level period.

NCSBN conducts the NCLEX practice analyses every three years to examine entry-level practice. Using the data collected from these studies, NCSBN develops the NCLEX Test Plans. Analysis of data from a nine-year span indicates that the health care environment has become increasingly complex and what defines entry-level nursing should be reevaluated. NCSBN then researched practices used in other professions to identify the entry-level period, the current entry-level practice environment, today's client population and the results of a nurse focus group and arrived at the new definition that will be used from this point forward.

Read more details on the research (https://www.ncsbn.org/Review_EntryLevel_Characteristics_and_NCLEX.pdf) behind the change in the entry-level definition.

Founded March 15, 1978, as an independent not-for-profit organization, NCSBN was created to lessen the burdens of state governments and bring together boards of nursing (BONs) to act and counsel together on matters of common interest. NCSBN's membership is comprised of the BONs in the 50 states, the District of Columbia, and four U.S. territories — American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are also 16 associate members that are either nursing regulatory bodies or empowered regulatory authorities from other countries or territories.

NCSBN Member Boards protect the public by ensuring that safe and competent nursing care is provided by licensed nurses. These BONs regulate more than 3 million licensed nurses, the second largest group of licensed professionals in the U.S.

Mission: NCSBN provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

The statements and opinions expressed are those of NCSBN and not the individual member state or territorial boards of nursing.

(http://www.pinterest.com/pin/create/extension/)

Tags: News Release,NCSBN

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**A Review of Entry-Level Nurse Characteristics and the NCLEX®**
Examinations Department

The NCLEX® is developed to measure the minimum knowledge, skills and abilities required to deliver safe, effective nursing care at the entry level. Part of the development process is to periodically review and define the examinee profile, the practice environment for entry-level nurses and the environment's effect on the length of the entry-level period. National Council of State Boards of Nursing (NCSBN®) conducts the NCLEX practice analysis every three years to analyze entry-level practice. Using the data collected in the practice analysis, NCSBN then moves to develop the NCLEX Test Plan. Analysis of data from a nine-year span indicated that the environment had become more complex; thus, the question arose about the current length of the entry-level period.

The entry-level nurse exhibits characteristics such as limited confidence, critical thinking and clinical judgment with the need for additional skill acquisition, (Cockerham, 2011; Martin, 2011; Weilding, 2011). Additionally, the newly licensed nurse delivers client care in today's fast-paced healthcare environment. The current practice setting of the entry-level nurse reflects delivery of complex care coupled with the need for rapid, appropriate clinical decision making, (Dyess, 2012).

Each profession sets out to define parameters focused on how long a newly licensed incumbent practices with entry-level characteristics. No one profession has identified a methodology to uncover the length of time entry-level characteristics exists, (Williams et al., 2014). Given the profile of entry-level characteristics, the literature has established that newly-licensed nurses are more likely to commit practice errors and therefore require structured transitional support during the entry-level period, (Cockerham et al., 2011; Martin & Wilson, 2011; Saintsing, Gibson, & Pennington, 2011; Zhong & Thomas, 2012;).

Given these circumstances, the length of time an entry-level nurse practices in the current healthcare environment with the identified characteristics remains an unknown. As a result, NCSBN conducted an analysis to evaluate the effects of the current practice environment and client population on the length of time entry-level nurse characteristics remain. Before the analysis, the entry-level period for the NCLEX examinee profile was considered to be six months (Williams et al., 2014).

NCSBN analyzed practices used in other professions to identify the entry-level period, the current entry-level practice environment, today's client population and the results of a nurse focus group. A group of 35 registered nurse (RN) and licensed practical/vocational nurse

(LPN/VN) volunteers experienced with entry-level RN or LPN/VN practice were divided into four groups. Each group participated in a facilitated discussion surrounding entry-level nurse practice, the practice environment and the current client population. After 15 minutes, the participants were asked to respond to the question of *how long must a newly licensed nurse practice before entry-level characteristics begin to dissipate*? Each nurse wrote the response on paper; individual responses were not revealed to the group. The RN panel responses ranged from 6 weeks to 24 months with a mean of 12.19 months and a standard deviation of 6.43. The LPN panel responses ranged from 6 -24 months with a mean of 13.40 months and a standard deviation of 6.88.

As a result of the findings, the NCSBN Board of Directors (BOD) has approved a revised definition of the entry-level nurse in the NCLEX environment. With the start of the next NCLEX practice analysis cycle and subsequent NCLEX test plan development and item generation, the NCLEX entry-level nurse will be defined as a nurse having no more than 12 months of experience. The revised definition may result in an amended list of entry-level nursing activities. If new entry-level nursing activities are discovered and applicable, they will appear on the NCLEX represented by examination items across varying difficulty strata. Uncovering a vastly different list of activities is unlikely, but a few additional activities may be discovered, (Williams et al., 2014).

**References**

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**BOARD OF REGISTERED NURSING**
**Education/Licensing**
**Agenda Item Summary**

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**AGENDA ITEM:** 7.9
**DATE:** September 18, 2014

**ACTION REQUESTED:** Licensing Program Report

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

**PROGRAM UPDATE:**

The Licensing unit evaluators are currently processing the initial review of exam and endorsement applications cashiered in late June/early July. The Board is actively recruiting for the five approved limited term positions; one being a supervisor. I expect to have these filled by the end of September. These positions will be dedicated to the evaluation of California and United States graduate applications and the supervision of support staff.

We continue to improve processes within the licensing unit and with the addition of the limited term staff will have even more oversight to implement additional changes that will assist with the workflow within the unit. This will also allow management the opportunity to: review the processes already in place to ensure that they are effective, update applicant letters for clarity and ensure that processing timeframes are being maintained within our statutory timeframes.

In early October, I will be speaking at the annual Deans and Directors meeting and will be encouraging the use of our online application. This allows students to track their application and will eliminate mailing and cashiering time.

Dana Cordova, senior international associate analyst will be retired from the Board as of October 1st. Dana was very well liked and has been with the Board since 1994. She held several positions within the Board as an analyst then associate and has been serving the state since 1982. Her expertise in the evaluation of international applications and vast knowledge of the international requirements for many countries will be greatly missed. We are currently recruiting for her position.

**Advanced Practice**

The Board is experiencing a trend of complaints from individuals regarding their Nurse Practitioner Furnishing number and their prescribing privileges. The DEA originally gave prescriptive authority for Schedule 2 and 2N however the individuals were only approved by the Board for Schedule 3, 3N, 4 and 5. Upon renewal of their certificate, the DEA is now verifying via the Board website and referring the individuals back to the Board to obtain Schedule 2 and 2N.

At that time our Advance Practice analysts will pull the original application for verification purposes then, if necessary, refer the applicant to take the three hour course through Contemporary Forums and California Association of Nurse Practitioners.

**Public Health Nurse**

Recently the Board has been receiving applications from students for Public Health Nurse from Grand Canyon University in Arizona and Touro University in Nevada. Both have only online programs and the Board has not received any documentation or correspondence from either school regarding the required ninety (90) hours of supervised public health nursing clinical.

**STATISTICS:**

Board management and staff have been diligently working on statistics with the Department of Consumer Affairs BreEZe Reports Team. This will be reflected in the final Sunset Report.

In accordance with Business and Professions Code section 115.5, the Board is required 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. Since the implementation of this code effective January 1, 2013 through September 1, 2014 the Board has received two hundred thirty (230) applications requesting expedited service. One hundred sixty-five (165) applicants have been permanently licensed as California Registered Nurses. The remaining sixty-five (65) have incomplete applications; thirteen (13) of those have been issued a temporary license as we await additional documents. The cycle time from Board receipt is forty-one days ranging from fifteen days to over one hundred days. The longer processing times are due to an applicant not residing in California thus being required to submit a completed fingerprint card rather than completing the Live Scan process and waiting for transcript or military documents to complete the applicants file.

**NEXT STEPS:** None

**PERSON TO CONTACT:** Gina Sanchez, Staff Services Manager I
Licensing Standards and Evaluations
(916) 515-5258

**BOARD OF REGISTERED NURSING**
**Legislative Committee**
**Agenda Item Summary**

**AGENDA ITEM:** 8.1
**DATE:** September 18, 2014

**ACTION REQUESTED:** Adopt/Modify Positions on Bills of Interest to the Board introduced during the 2013-2014 Legislative Session.

**REQUESTED BY:** Kay Weinkam, M.S., RN, CNS
Nursing Education Consultant

**BACKGROUND:**

| Assembly Bills | | | Senate Bills |
|---|---|---|---|
| AB 186 | AB 2062 | AB 2346 | SB 430 |
| AB 548 | AB 2102 | AB 2396 | SB 723 |
| AB 790 | AB 2144 | AB 2484 | SB 850 |
| AB 809 | AB 2165 | AB 2514 | SB 911 |
| AB 1677 | AB 2183 | AB 2598 | SB 1159 |
| AB 1841 | AB 2198 | AB 2720 | SB 1239 |
| AB 2058 | AB 2247 | AB 2736 | SB 1299 |

**PERSON(S) TO CONTACT:**

Kay Weinkam, NEC
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E-mail: kay.weinkam@dca.ca.gov

# BOARD OF REGISTERED NURSING
# ASSEMBLY BILLS 2013-2014
# September 18, 2014

| BILL # | AUTHOR | SUBJECT | COMM POSITION (date) | BOARD POSITION (date) | BILL STATUS |
|---|---|---|---|---|---|
| **AB 186** | **Maienschein** | **Professions and vocations: military spouses: temporary licenses** | **Watch (8/7/13)** | **Watch (9/11/13)** | **Enrolled** |
| **AB 548** | **Salas** | **Public postsecondary education: community college registered nursing programs** | | **Watch (6/12/14)** | **Chapter 203, Statutes of 2014** |
| AB 790 | Gomez | Child abuse: reporting | Support (8/7/13) | Support (9/11/13) | Senate APPR |
| **AB 809** | **Logue** | **Healing arts: telehealth** | | **Watch (6/12/14)** | **Enrolled** |
| AB 1677 | Gomez | Nursing education: service in public hospitals and veterans' facilities | | Watch (4/3/14) | APPR |
| **AB 1841** | **Mullin** | **Medical assistants** | **Watch (5/7/14)** | **Watch (6/12/14)** | **Enrolled** |
| **AB 2058** | **Wilk** | **Open meetings** | **Oppose (5/7/14)** | **Watch (6/12/14)** | **Enrolled** |
| **AB 2062** | **Hernández** | **Health facilities: surgical technologists** | **Watch (8/7/14)** | **Watch (6/12/14)** | **Enrolled** |
| **AB 2102** | **Ting** | **Licensees: data collection** | **Watch (5/7/14)** | **Watch (6/12/14)** | **Enrolled** |
| AB 2144 | Yamada | Staff- to- patient ratios | Support (5/7/14) | Support (6/12/14) | APPR |
| AB 2165 | Patterson | Professions and vocations: licenses | Oppose (5/7/14) | Oppose (4/3/14) | BP&CP |
| AB 2183 | Bocanegra | Nursing | Oppose (5/7/14) | | APPR |
| AB 2198 | Levine | Mental health professionals: suicide prevention training<br><br>Note: as amended, no longer applicable to the Board. | Watch (5/7/14) | Watch (4/3/14) | |
| **AB 2247** | **Williams** | **Postsecondary education: accreditation documents** | **Watch (8/7/14)** | **Watch (6/12/14)** | **Enrolled** |
| AB 2346 | Gonzalez | Physician and surgeon assistance program [originally: Nurse practitioners, certified nurse-midwives, and physician assistants: supervision]<br><br>Note: as amended, no longer applicable to the Board. | Watch (5/7/14) | Watch (4/3/14) | |

**Bold** denotes a bill that is a new bill for Board consideration, one that has been amended since last Board consideration, or has been Chaptered.

# BOARD OF REGISTERED NURSING
# ASSEMBLY BILLS 2013-2014
# September 18, 2014

| BILL # | AUTHOR | SUBJECT | COMM POSITION (date) | BOARD POSITION (date) | BILL STATUS |
|---|---|---|---|---|---|
| **AB 2396** | **Bonta** | **Convictions: expungement: licenses** | **Watch (5/7/14)** | **Watch (6/12/14)** | **Enrolled** |
| AB 2484 | Gordon | Healing arts: telehealth | | Watch (4/3/14) | BP&CP |
| AB 2514 | Pan | Income taxes: credits: rural health care professionals | Watch (5/7/14) | | APPR |
| AB 2598 | Hagman | Department of Consumer Affairs: administrative expenses | | Oppose (4/3/14) | BP&CP |
| **AB 2720** | **Ting** | **State agencies: meetings: record of action taken** | **Watch (5/7/14)** | **Watch (6/12/14)** | **Enrolled** |
| **AB 2736** | **Committee on Higher Education** | **Postsecondary education: California State University** | | **Neutral (4/3/14)** | **Enrolled** |

**Bold** denotes a bill that is a new bill for Board consideration, one that has been amended since last Board consideration, or has been Chaptered.

# BOARD OF REGISTERED NURSING
# SENATE BILLS 2013-2014
# September 18, 2014

| BILL # | AUTHOR | SUBJECT | COMM POSITION (date) | BOARD POSITION (date) | BILL STATUS |
|---|---|---|---|---|---|
| SB 430 | Wright | Pupil health: vision examination: binocular function | Watch (8/7/13) | Watch (9/11/13) | Assembly Health |
| SB 723 | Correa | Veterans | Watch (5/8/13) | Watch (9/11/13) | Vetoed 10/10/13 |
| **SB 850** | **Block** | **Public postsecondary education: community college districts: baccalaureate degree pilot program** | **Watch (8/7/14)** | | **Enrolled** |
| **SB 911** | **Block** | **Residential care facilities for the elderly** | **Watch (8/7/14)** | **Watch (6/12/14)** | **Enrolled** |
| **SB 1159** | **Lara** | **Professions and vocations: license applicants: individual tax identification number** | **Watch (8/7/14)** | **Watch (6/12/14)** | **Engrossment and Enrollment** |
| SB 1239 | Wolk | Pupil health care services: school nurses | Support (5/7/14) | | APPR |
| **SB 1299** | **Padilla** | **Workplace violence prevention plans: hospitals** | **Support (8/7/14)** | **Support (6/12/14)** | **Enrolled** |

**Bold** denotes a bill that is a new bill for Board consideration, one that has been amended since last Board consideration, or has been Chaptered.

**BOARD OF REGISTERED NURSING**
**LEGISLATIVE COMMITTEE**
**September 18, 2014**

**BILL ANALYSIS**

| | | | |
|---|---|---|---|
| **AUTHOR:** | Maienschein | **BILL NUMBER:** | AB 186 |
| **SPONSOR:** | Maienschein | **BILL STATUS:** | Enrolled |
| **SUBJECT:** | Professions and vocations: military spouses: temporary licenses | **DATE LAST AMENDED:** | 8/20/14 |

**SUMMARY:**
Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law provides for the issuance of reciprocal licenses in certain fields where the applicant, among other requirements, has a license to practice within that field in another jurisdiction, as specified. Under existing law, licensing fees imposed by certain boards within the department are deposited in funds that are continuously appropriated. Existing law requires a board within the department to expedite the licensure process for an applicant who holds a current license in another jurisdiction in the same profession or vocation and who supplies satisfactory evidence of being married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders.

**ANALYSIS:**
This bill would authorize a board within the department to issue a provisional license to an applicant who qualifies for an expedited license pursuant to the above-described provision. The bill would require the provisional license to expire after 18 months.

**Amended analysis as of 4/1:**
The bill would prohibit a provisional license from being provided to any applicant who has committed an act in any jurisdiction that would have constituted grounds for denial, suspension, or revocation of the license at the time the act was committed, or has been disciplined by a licensing entity in another jurisdiction, or is the subject of an unresolved complaint, review procedure, or disciplinary proceeding conducted by a licensing entity in another jurisdiction. The bill would require the board to approve a provisional license based on an application that includes an affidavit that the information submitted in the application is accurate and that verification documentation from the other jurisdiction has been requested. The bill would require the provisional license to expire after 18 months or at the issuance of the expedited license.

**Amended analysis as of 4/22:**
This bill would require a board within the department to issue a temporary license to an applicant who qualifies for, and requests, expedited licensure pursuant to the above-described provision if he or she meets specified requirements. The bill would require the temporary license to expire 12 months after issuance, upon issuance of the expedited license, or upon denial of the application for

expedited licensure by the board, whichever occurs first. The bill would authorize a board to conduct an investigation of an applicant for purposes of denying or revoking a temporary license, and would authorize a criminal background check as part of that investigation. The bill would require an applicant seeking a temporary license to submit an application to the board that includes a signed affidavit attesting to the fact that he or she meets all of the requirements for the temporary license and that the information submitted in the application is accurate, as specified. The bill would also require the application to include written verification from the applicant's original licensing jurisdiction stating that the applicant's license is in good standing.
This bill would prohibit a provisional temporary license from being provided to any applicant who has committed an act in any jurisdiction that would have constituted grounds for denial, suspension, or revocation of the license at the time the act was committed, or committed. The bill would provide that a violation of the above-described provision may be grounds for the denial or revocation of a temporary license. The bill would further prohibit a temporary license from being provided to any applicant who has been disciplined by a licensing entity in another jurisdiction, or is the subject of an unresolved complaint, review procedure, or disciplinary proceeding conducted by a licensing entity in another jurisdiction. The bill would require an applicant, upon request by a board, to furnish a full set of fingerprints for purposes of conducting a criminal background check.

**Amended analysis as of 5/24:**
This bill was amended to read:
*(d) This section shall not apply to a board that has established a temporary licensing process before January 1, 2014.*

**Amended analysis as of 6/24:**
The bill as amended 5/24 is still in effect so the bill no longer applies to the Board. This bill adds additional provisions for those boards to whom the bill still applies.

**Amended analysis as of 5/29/14 and 6/25/14:**
The bill as amended 5/24/13 still no longer applies to the Board.

**Amended analysis as of 8/20/14:**
This bill returns the registered nurse license to the list of temporary licensure for the specified professions to which this bill applies. A temporary license issued shall expire 12 months after issuance, upon issuance of an expedited license, or upon denial of the application for expedited licensure by the board, whichever occurs first.

**BOARD POSITION:** Watch (9/11/13)

**LEGISLATIVE COMMITTEE RECOMMENDED POSITION:** Oppose (5/8/13); Watch (8/7/13)

**SUPPORT:**
American Legion- Department of California
AMVETS-Department of California

California Association for Health Services at Home
California State Commanders Veterans Council

Department of Defense
Easter Seals Disability Service
Marine Corps Installations West
Medical Board of California
National Military Family Association
San Diego Military Advisory Council
Veterans Caucus of the California Democratic Party
VFW-Department of California
Vietnam Veterans of America-California State Council

**Assembly Bill No. 186**

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Passed the Assembly August 26, 2014

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*Chief Clerk of the Assembly*

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Passed the Senate August 25, 2014

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*Secretary of the Senate*

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This bill was received by the Governor this _____ day of _____, 2014, at _____ o'clock ____M.

_____

*Private Secretary of the Governor*

CHAPTER _____

An act to add Section 115.6 to the Business and Professions Code, relating to professions and vocations, and making an appropriation therefor.

LEGISLATIVE COUNSEL'S DIGEST

AB 186, Maienschein. Professions and vocations: military spouses: temporary licenses.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law provides for the issuance of reciprocal licenses in certain fields where the applicant, among other requirements, has a license to practice within that field in another jurisdiction, as specified. Existing law requires that the licensing fees imposed by certain boards within the department be deposited in funds that are continuously appropriated. Existing law requires a board within the department to expedite the licensure process for an applicant who holds a current license in another jurisdiction in the same profession or vocation and who supplies satisfactory evidence of being married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders.

This bill would, in addition to the expedited licensure provisions described above, establish a temporary licensure process for specified licensed professions for an applicant who holds a current, active, and unrestricted license in another jurisdiction, as specified, and who supplies satisfactory evidence of being married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders. The bill would require a temporary license issued pursuant to these provisions to expire 12 months after issuance, upon issuance of an expedited license, or upon denial of the application for expedited licensure by the board, whichever occurs first.

This bill would also require an applicant seeking a temporary license as a civil engineer, geotechnical engineer, structural

engineer, land surveyor, professional geologist, professional geophysicist, certified engineering geologist, or certified hydrogeologist to successfully pass the appropriate California-specific examination or examinations required for licensure in those respective professions by the Board for Professional Engineers, Land Surveyors, and Geologists.

Because the bill would authorize the expenditure of continuously appropriated funds for a new purpose, the bill would make an appropriation.

Appropriation: yes.

*The people of the State of California do enact as follows:*

SECTION 1. Section 115.6 is added to the Business and Professions Code, to read:

115.6. (a) A board within the department shall, after appropriate investigation, issue the following eligible temporary licenses to an applicant if he or she meets the requirements set forth in subdivision (c):

(1) Registered nurse license by the Board of Registered Nursing.

(2) Vocational nurse license issued by the Board of Vocational Nursing and Psychiatric Technicians of the State of California.

(3) Psychiatric technician license issued by the Board of Vocational Nursing and Psychiatric Technicians of the State of California.

(4) Speech-language pathologist license issued by the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board.

(5) Audiologist license issued by the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board.

(6) Veterinarian license issued by the Veterinary Medical Board.

(7) All licenses issued by the Board for Professional Engineers, Land Surveyors, and Geologists.

(8) All licenses issued by the Medical Board of California.

(b) The board may conduct an investigation of an applicant for purposes of denying or revoking a temporary license issued pursuant to this section. This investigation may include a criminal background check.

(c) An applicant seeking a temporary license pursuant to this section shall meet the following requirements:

(1) The applicant shall supply evidence satisfactory to the board that the applicant is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders.

(2) The applicant shall hold a current, active, and unrestricted license that confers upon him or her the authority to practice, in another state, district, or territory of the United States, the profession or vocation for which he or she seeks a temporary license from the board.

(3) The applicant shall submit an application to the board that shall include a signed affidavit attesting to the fact that he or she meets all of the requirements for the temporary license and that the information submitted in the application is accurate, to the best of his or her knowledge. The application shall also include written verification from the applicant's original licensing jurisdiction stating that the applicant's license is in good standing in that jurisdiction.

(4) The applicant shall not have committed an act in any jurisdiction that would have constituted grounds for denial, suspension, or revocation of the license under this code at the time the act was committed. A violation of this paragraph may be grounds for the denial or revocation of a temporary license issued by the board.

(5) The applicant shall not have been disciplined by a licensing entity in another jurisdiction and shall not be the subject of an unresolved complaint, review procedure, or disciplinary proceeding conducted by a licensing entity in another jurisdiction.

(6) The applicant shall, upon request by a board, furnish a full set of fingerprints for purposes of conducting a criminal background check.

(d) A board may adopt regulations necessary to administer this section.

(e) A temporary license issued pursuant to this section may be immediately terminated upon a finding that the temporary licenseholder failed to meet any of the requirements described in subdivision (c) or provided substantively inaccurate information that would affect his or her eligibility for temporary licensure. Upon termination of the temporary license, the board shall issue a notice of termination that shall require the temporary

licenseholder to immediately cease the practice of the licensed profession upon receipt.

(f) An applicant seeking a temporary license as a civil engineer, geotechnical engineer, structural engineer, land surveyor, professional geologist, professional geophysicist, certified engineering geologist, or certified hydrogeologist pursuant to this section shall successfully pass the appropriate California-specific examination or examinations required for licensure in those respective professions by the Board for Professional Engineers, Land Surveyors, and Geologists.

(g) A temporary license issued pursuant to this section shall expire 12 months after issuance, upon issuance of an expedited license pursuant to Section 115.5, or upon denial of the application for expedited licensure by the board, whichever occurs first.

Approved _____, 2014

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*Governor*

**BOARD OF REGISTERED NURSING**
**LEGISLATIVE COMMITTEE**
**September 18, 2014**

# BILL ANALYSIS

| | | | |
|---|---|---|---|
| **AUTHOR:** | Salas | **BILL NUMBER:** | AB 548 |
| **SPONSOR:** | Salas | **BILL STATUS:** | Chapter 203, Statutes of 2014 |
| **SUBJECT:** | Public postsecondary education: community college registered nursing programs | **DATE LAST AMENDED:** | May 21, 2014 |

**SUMMARY:**
This bill was originally introduced on February 20, 2013, to apply to the California Workforce Investment Board. It was amended January 7, 2014, to the current subject.

Existing law establishes the California Community Colleges under the administration of the Board of Governors of the California Community Colleges. Existing law establishes community college districts throughout the state, under the administration of community college district governing boards, and authorizes these districts to provide instruction at the community college campuses operated by the districts.

Existing law requires a community college registered nursing program that elects to use a multicriteria screening process to evaluate applicants for admission to nursing programs to include specified criteria. Existing law authorizes a program using a multicriteria screening process to use an approved diagnostic assessment tool before, during, or after the multicriteria screening process. Existing law also requires a district that uses multicriteria screening measures to report its nursing program admissions policies to the chancellor annually, in writing. Existing law repeals these provisions on January 1, 2016.

**ANALYSIS:**
This bill would delete the repeal date, thus continuing the operation of these provisions indefinitely.

**Amended analysis as of 5/21:**
This bill would extend the operation of these provisions related to community college nursing programs until January 1, 2020, and would require the Chancellor of the California Community Colleges to submit a report on or before March 1, 2015, and annually thereafter, to the Legislature and the Governor that examines and includes, but is not necessarily limited to, specified information on nursing students admitted through the multicriteria screening process.

**BOARD POSITION:** Watch (April 3, 2014; June 12, 2014)

**LEGISLATIVE COMMITTEE RECOMMENDED POSITION:** Not previously considered. Presented directly to the Board.

**SUPPORT:**
California Hospital Association
California Workforce Association
Coast Community College District
Community College League of California
Kern Community College District
Los Angeles Community College District
Los Rios Community College District
Mt. San Jacinto Community College District
Rio Hondo Community College District
South Orange County Community College District
United Nurses Associations of California / Union of Health Care Professionals
Yosemite Community College District

**OPPOSE:**
None on file.

## Assembly Bill No. 548

CHAPTER 203

An act to amend and repeal Section 78261.5 of the Education Code, relating to public postsecondary education.

[Approved by Governor August 15, 2014. Filed with Secretary of State August 15, 2014.]

LEGISLATIVE COUNSEL'S DIGEST

AB 548, Salas. Public postsecondary education: community college registered nursing programs.

Existing law establishes the California Community Colleges under the administration of the Board of Governors of the California Community Colleges. Existing law establishes community college districts throughout the state, under the administration of community college district governing boards, and authorizes these districts to provide instruction at the community college campuses operated by the districts.

Existing law requires a community college registered nursing program that elects to use a multicriteria screening process to evaluate applicants for admission to nursing programs to include specified criteria. Existing law authorizes a program using a multicriteria screening process to use an approved diagnostic assessment tool before, during, or after the multicriteria screening process. Existing law also requires a district that uses multicriteria screening measures to report its nursing program admissions policies to the chancellor annually, in writing. Existing law repeals these provisions on January 1, 2016.

This bill would extend the operation of these provisions related to community college nursing programs until January 1, 2020, and would require the Chancellor of the California Community Colleges to submit a report on or before March 1, 2015, and annually thereafter to the Legislature and the Governor that examines and includes, but is not necessarily limited to, specified information on nursing students admitted through the multicriteria screening process.

*The people of the State of California do enact as follows:*

SECTION 1. Section 78261.5 of the Education Code is amended to read:

78261.5. (a) A community college registered nursing program that determines that the number of applicants to that program exceeds its capacity may admit students in accordance with any of the following procedures:

(1) Administration of a multicriteria screening process, as authorized by Section 78261.3, in a manner that is consistent with the standards set forth in subdivision (b).

(2) A random selection process.

(3) A blended combination of random selection and a multicriteria screening process.

(b) A community college registered nursing program that elects, on or after January 1, 2008, to use a multicriteria screening process to evaluate applicants pursuant to this article shall apply those measures in accordance with all of the following:

(1) The criteria applied in a multicriteria screening process under this article shall include, but shall not necessarily be limited to, all of the following:

(A) Academic degrees or diplomas, or relevant certificates, held by an applicant.

(B) Grade-point average in relevant coursework.

(C) Any relevant work or volunteer experience.

(D) Life experiences or special circumstances of an applicant, including, but not necessarily limited to, the following experiences or circumstances:

(i) Disabilities.

(ii) Low family income.

(iii) First generation of family to attend college.

(iv) Need to work.

(v) Disadvantaged social or educational environment.

(vi) Difficult personal and family situations or circumstances.

(vii) Refugee or veteran status.

(E) Proficiency or advanced level coursework in languages other than English. Credit for languages other than English shall be received for languages that are identified by the chancellor as high-frequency languages, as based on census data. These languages may include, but are not necessarily limited to, any of the following:

(i) American Sign Language.

(ii) Arabic.

(iii) Chinese, including its various dialects.

(iv) Farsi.

(v) Russian.

(vi) Spanish.

(vii) Tagalog.

(viii) The various languages of the Indian subcontinent and Southeast Asia.

(2) Additional criteria, such as a personal interview, a personal statement, letter of recommendation, or the number of repetitions of prerequisite classes, or other criteria, as approved by the chancellor, may be used, but are not required.

(3) A community college registered nursing program using a multicriteria screening process under this article may use an approved diagnostic

assessment tool, in accordance with Section 78261.3, before, during, or after the multicriteria screening process.

(4) As used in this section:

(A) "Disabilities" has the same meaning as used in Section 2626 of the Unemployment Insurance Code.

(B) "Disadvantaged social or educational environment" includes, but is not necessarily limited to, the status of a student who has participated in Extended Opportunity Programs and Services (EOPS).

(C) "Grade-point average" refers to the same fixed set of required prerequisite courses that all applicants to the nursing program administering the multicriteria screening process are required to complete.

(D) "Low family income" shall be measured by a community college registered nursing program in terms of a student's eligibility for, or receipt of, financial aid under a program that may include, but is not necessarily limited to, a fee waiver from the board of governors under Section 76300, the Cal Grant Program under Chapter 1.7 (commencing with Section 69430) of Part 42 of Division 5, the federal Pell Grant program, or CalWORKs.

(E) "Need to work" means that the student is working at least part time while completing academic work that is a prerequisite for admission to the nursing program.

(5) A community college registered nursing program that uses a multicriteria screening process pursuant to this article shall report its nursing program admissions policies to the chancellor annually, in writing. The admissions policies reported under this paragraph shall include the weight given to any criteria used by the program, and shall include demographic information relating to both the persons admitted to the program and the persons of that group who successfully completed that program.

(c) The chancellor is encouraged to develop, and make available to community college registered nursing programs by July 1, 2008, a model admissions process based on this section.

(d) (1) The chancellor shall submit a report on or before March 1, 2015, and on or before each March 1 thereafter, to the Legislature and the Governor that examines and includes, but is not necessarily limited to, both of the following:

(A) The participation, retention, and completion rates in community college registered nursing programs of students admitted through a multicriteria screening process, as described in Section 78261.5, disaggregated by the age, gender, ethnicity, and the language spoken at the home of those students.

(B) Information on the annual impact, if any, the Seymour-Campbell Student Success Act had on the matriculation services for students admitted through the multicriteria screening process, as described in Section 78261.5.

(2) The chancellor shall submit the annual report required in paragraph (1) in conjunction with its annual report on associate degree nursing programs required by subdivision (h) of Section 78261.

(e) This section shall remain in effect only until January 1, 2020, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2020, deletes or extends that date.

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**BOARD OF REGISTERED NURSING**
**LEGISLATIVE COMMITTEE**
**September 18, 2014**

# BILL ANALYSIS

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|---|---|---|---|
| **AUTHOR:** | Logue | **BILL NUMBER:** | AB 809 |
| **SPONSOR:** | Logue | **BILL STATUS:** | Enrolled |
| **SUBJECT:** | Healing arts: telehealth | **DATE LAST AMENDED:** | August 7, 2014 |

**SUMMARY:**
Existing law requires a health care provider, as defined, prior to the delivery of health care services via telehealth, as defined, to verbally inform the patient that telehealth may be used and obtain verbal consent from the patient for this use. Existing law also provides that failure to comply with this requirement constitutes unprofessional conduct.

**ANALYSIS:**
Reflecting amendments of 4/3, 4/29, and 6/25/2013, this bill would require the health care provider initiating the use of telehealth at the originating site to obtain verbal or written consent from the patient for the use of telehealth during a specified course of health care and treatment. The bill would require the health care provider to document the consent in the patient's medical record and to transmit that documentation with the initiation of any telehealth to any distant-site health care provider from whom telehealth is requested or obtained. The bill would require a distant-site health care provider to either obtain confirmation of the patient's consent from the operating site provider or separately obtain and document consent from the patient about the use of telehealth as an acceptable mode of delivering health care services and public health during a specified course of health care and treatment.

**Amended analysis as of 5/19:**
This bill retains the provision regarding documentation of the verbal or written consent in the patient's medical record and deletes those provisions related to transmission of such documentation by the provider or activities expected of the distant-site provider.

**Amended analysis as of 8/4:**
This bill would delete "in the patient's medical record" from the requirement related to consent.

**Amended analysis as of 8/7:**
This bill would delete "at the originating site".

**BOARD POSITION:** Watch (April 3, 2014; June 12, 2014)

**LEGISLATIVE COMMITTEE RECOMMENDED POSITION:** Not previously considered. The bill was amended after the most recent Committee meeting.

**SUPPORT:**
Association of California Healthcare Districts
Board of Behavioral Sciences

California Association of Physician Groups
Medical Board of California
National Multiple Sclerosis Society
Occupational Therapy Association of California
Planned Parenthood Affiliates of California

**OPPOSE:** None on file.

**Assembly Bill No. 809**

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Passed the Assembly August 20, 2014

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*Chief Clerk of the Assembly*

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Passed the Senate August 19, 2014

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*Secretary of the Senate*

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This bill was received by the Governor this _____ day of _____, 2014, at _____ o'clock ____M.

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*Private Secretary of the Governor*

CHAPTER _____

An act to amend Section 2290.5 of the Business and Professions Code, relating to telehealth, and declaring the urgency thereof, to take effect immediately.

LEGISLATIVE COUNSEL'S DIGEST

AB 809, Logue. Healing arts: telehealth.

Existing law requires a health care provider, as defined, prior to the delivery of health care services via telehealth, as defined, to verbally inform the patient that telehealth may be used and obtain verbal consent from the patient for this use. Existing law also provides that failure to comply with this requirement constitutes unprofessional conduct.

This bill would require the health care provider initiating the use of telehealth to obtain verbal or written consent from the patient for the use of telehealth, as specified. The bill would require that health care provider to document the consent.

This bill would declare that it is to take effect immediately as an urgency statute.

*The people of the State of California do enact as follows:*

SECTION 1. Section 2290.5 of the Business and Professions Code is amended to read:

2290.5. (a) For purposes of this division, the following definitions shall apply:

(1) "Asynchronous store and forward" means the transmission of a patient's medical information from an originating site to the health care provider at a distant site without the presence of the patient.

(2) "Distant site" means a site where a health care provider who provides health care services is located while providing these services via a telecommunications system.

(3) "Health care provider" means a person who is licensed under this division.

(4) "Originating site" means a site where a patient is located at the time health care services are provided via a telecommunications

system or where the asynchronous store and forward service originates.

(5) "Synchronous interaction" means a real-time interaction between a patient and a health care provider located at a distant site.

(6) "Telehealth" means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while the patient is at the originating site and the health care provider is at a distant site. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers.

(b) Prior to the delivery of health care via telehealth, the health care provider initiating the use of telehealth shall inform the patient about the use of telehealth and obtain verbal or written consent from the patient for the use of telehealth as an acceptable mode of delivering health care services and public health. The consent shall be documented.

(c) Nothing in this section shall preclude a patient from receiving in-person health care delivery services during a specified course of health care and treatment after agreeing to receive services via telehealth.

(d) The failure of a health care provider to comply with this section shall constitute unprofessional conduct. Section 2314 shall not apply to this section.

(e) This section shall not be construed to alter the scope of practice of any health care provider or authorize the delivery of health care services in a setting, or in a manner, not otherwise authorized by law.

(f) All laws regarding the confidentiality of health care information and a patient's rights to his or her medical information shall apply to telehealth interactions.

(g) This section shall not apply to a patient under the jurisdiction of the Department of Corrections and Rehabilitation or any other correctional facility.

(h) (1) Notwithstanding any other provision of law and for purposes of this section, the governing body of the hospital whose patients are receiving the telehealth services may grant privileges

to, and verify and approve credentials for, providers of telehealth services based on its medical staff recommendations that rely on information provided by the distant-site hospital or telehealth entity, as described in Sections 482.12, 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.

(2) By enacting this subdivision, it is the intent of the Legislature to authorize a hospital to grant privileges to, and verify and approve credentials for, providers of telehealth services as described in paragraph (1).

(3) For the purposes of this subdivision, "telehealth" shall include "telemedicine" as the term is referenced in Sections 482.12, 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.

SEC. 2. This act is an urgency statute necessary for the immediate preservation of the public peace, health, or safety within the meaning of Article IV of the Constitution and shall go into immediate effect. The facts constituting the necessity are:

In order to protect the health and safety of the public due to a lack of access to health care providers in rural and urban medically underserved areas of California, the increasing strain on existing providers that occurred with the implementation of the federal Patient Protection and Affordable Care Act, and the assistance that further implementation of telehealth can provide to help relieve these burdens, it is necessary for this act to take effect immediately.

Approved _____, 2014

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*Governor*

**BOARD OF REGISTERED NURSING**
**LEGISLATIVE COMMITTEE**
**September 18, 2014**

# BILL ANALYSIS

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| **AUTHOR:** | Mullin | **BILL NUMBER:** | AB 1841 |
| **SPONSOR:** | Planned Parenthood Affiliates of California | **BILL STATUS:** | Enrolled |
| **SUBJECT:** | Medical assistants | **DATE LAST AMENDED:** | June 2, 2014 |


**SUMMARY:**
Existing law, the Medical Practice Act, provides for the licensure and regulation of the practice of medicine by the Medical Board of California. The act authorizes a medical assistant to administer medication only by intradermal, subcutaneous, or intramuscular injections and to perform skin tests and additional technical supportive services upon the specific authorization and supervision of a licensed physician and surgeon, a licensed podiatrist, a physician assistant, a nurse practitioner, or a certified nurse-midwife. Existing law defines the term "technical supportive services" to mean 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, a licensed podiatrist, a physician assistant, a nurse practitioner, or a certified nurse-midwife. Existing law, the Pharmacy Law, prohibits a prescriber, as defined, from dispensing drugs to patients in his or her office unless specified conditions are satisfied, and authorizes a certified nurse-midwife, a nurse practitioner, a physician assistant, or a naturopathic doctor who functions pursuant to a specified protocol or procedure to hand to a patient of his or her supervising physician a properly labeled and prepackaged prescription drug.

Existing law authorizes specified facilities licensed by the California State Board of Pharmacy to purchase drugs at wholesale for administration or dispensing, under the direction of a physician and surgeon, to patients registered for care at those facilities.


**ANALYSIS:**
This bill would specify that the "technical supportive services" a medical assistant may perform also includes handing to a patient a properly labeled and prepackaged prescription drug, other than a controlled substance, ordered by a licensed physician and surgeon, a licensed podiatrist, a physician assistant, a nurse practitioner, or a certified nurse-midwife.

**Amended analysis as of 4/21:**
This bill has been amended to add: In every instance, prior to handing the medication to a patient, the properly labeled and prepackaged prescription drug shall have the patient's name affixed to the package and a licensed physician and surgeon, a licensed podiatrist, a physician assistant, a nurse practitioner, or a certified nurse-midwife shall verify that it is the correct medication and dosage for that specific patient.

**Amended analysis as of 6/2:**
This bill would provide that the "technical supportive services" a medical assistant may perform in those California State Board of Pharmacy licensed facilities also includes handing to a patient a properly labeled and prepackaged prescription drug, other than a controlled substance, ordered by a licensed physician and surgeon, a licensed podiatrist, a physician assistant, a nurse practitioner, or a certified nurse-midwife, as specified.

This bill also would provide that the licensed physician and surgeon, licensed podiatrist, physician assistant, nurse practitioner, or nurse-midwife, in addition to verifying that it is the correct medication for the particular patient, shall provide the appropriate patient consultation regarding use of the drug prior to the medical assistant handing the properly labeled and prepackaged prescription drug to the patient.

**BOARD POSITION:** Watch with concerns (April 3, 2014); Watch (June 12, 2014)

**LEGISLATIVE COMMITTEE RECOMMENDED POSITION:** Watch (May 7, 2014)

**SUPPORT:**
Planned Parenthood Affiliates of California (sponsor)
Association of California Healthcare Districts
California Academy of Physician Assistants
California Association for Nurse Practitioners
California Family Health Council
California Nurse-Midwives Association
California Primary Care Association
Medical Board of California
Planned Parenthood Advocacy Project Los Angeles County
Planned Parenthood Mar Monte
Planned Parenthood of Orange and San Bernardino Counties
Planned Parenthood of Santa Barbara, Ventura, and San Luis Obispo Counties, Inc.
Planned Parenthood of the Pacific Southwest
Planned Parenthood Pasadena and San Gabriel Valley
Planned Parenthood Shasta Pacific Action Fund
Six Rivers Planned Parenthood

**OPPOSE:**
California Right to Life Committee, Inc.
California Society of Health-System Pharmacists

**Assembly Bill No. 1841**

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Passed the Assembly August 18, 2014

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*Chief Clerk of the Assembly*

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Passed the Senate August 11, 2014

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*Secretary of the Senate*

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This bill was received by the Governor this _____ day of _____, 2014, at _____ o'clock ____M.

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*Private Secretary of the Governor*

CHAPTER _____

An act to amend Section 2069 of the Business and Professions Code, relating to medicine.

LEGISLATIVE COUNSEL'S DIGEST

AB 1841, Mullin. Medical assistants.

Existing law, the Medical Practice Act, provides for the licensure and regulation of the practice of medicine by the Medical Board of California. The act authorizes a medical assistant to administer medication only by intradermal, subcutaneous, or intramuscular injections and to perform skin tests and additional technical supportive services upon the specific authorization and supervision of a licensed physician and surgeon, a licensed podiatrist, a physician assistant, a nurse practitioner, or a certified nurse-midwife. Existing law defines the term "technical supportive services" to mean 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, a licensed podiatrist, a physician assistant, a nurse practitioner, or a certified nurse-midwife. Existing law, the Pharmacy Law, prohibits a prescriber, as defined, from dispensing drugs to patients in his or her office unless specified conditions are satisfied, and authorizes a certified nurse-midwife, a nurse practitioner, a physician assistant, or a naturopathic doctor who functions pursuant to a specified protocol or procedure to hand to a patient of his or her supervising physician a properly labeled and prepackaged prescription drug. Existing law authorizes specified facilities licensed by the California State Board of Pharmacy to purchase drugs at wholesale for administration or dispensing, under the direction of a physician and surgeon, to patients registered for care at those facilities.

This bill would specify that the "technical supportive services" a medical assistant may perform in those California State Board of Pharmacy licensed facilities also includes handing to a patient a properly labeled and prepackaged prescription drug, other than a controlled substance, ordered by a licensed physician and

surgeon, a licensed podiatrist, a physician assistant, a nurse practitioner, or a certified nurse-midwife, as specified.

*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) (A) "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).

(B) Notwithstanding any other law, in a facility licensed by the California State Board of Pharmacy under Section 4180 or 4190, other than a facility operated by the state, "technical supportive services" also includes handing to a patient a prepackaged prescription drug, excluding a controlled substance, that is labeled in compliance with Section 4170 and all other applicable state and federal laws and ordered by a licensed physician and surgeon, a licensed podiatrist, a physician assistant, a nurse practitioner, or a certified nurse-midwife in accordance with subdivision (a). In every instance, prior to handing the medication to a patient pursuant to this subparagraph, the properly labeled and prepackaged prescription drug shall have the patient's name affixed to the package and a licensed physician and surgeon, a licensed podiatrist, a physician assistant, a nurse practitioner, or a certified nurse-midwife shall verify that it is the correct medication and dosage for that specific patient and shall provide the appropriate patient consultation regarding use of the drug.

(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.

Approved _____, 2014

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*Governor*

**BOARD OF REGISTERED NURSING**
**LEGISLATIVE COMMITTEE**
**September 18, 2014**

# BILL ANALYSIS

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| **AUTHOR:** | Wilk | **BILL NUMBER:** | AB 2058 |
| **SPONSOR:** | Wilk | **BILL STATUS:** | Enrolled |
| **SUBJECT:** | Open meetings | **DATE LAST AMENDED:** | April 9, 2014 |

**SUMMARY:**
The Bagley-Keene Open Meeting Act requires that all meetings of a state body, as defined, be open and public and that all persons be permitted to attend and participate in any meeting of a state body, subject to certain conditions and exceptions.

**ANALYSIS:**
This bill would modify the definition of "state body" to exclude an advisory body with less than 3 individuals, except for certain standing committees. This bill would also make legislative findings and declarations in this regard. This bill would declare that it is to take effect immediately as an urgency statute.

**Amended analysis as of 4/9:**
This bill deletes the legislative findings and declarations and provides some language of clarification.

**BOARD POSITION:** Oppose (April 3, 2014); Watch (June 12, 2014)

**LEGISLATIVE COMMITTEE RECOMMENDED POSITION:** Oppose (May 7, 2014)

**SUPPORT:** Board of Behavioral Sciences

**OPPOSE:** California Board of Accountancy

**Assembly Bill No. 2058**

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Passed the Assembly August 20, 2014

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*Chief Clerk of the Assembly*

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Passed the Senate August 13, 2014

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*Secretary of the Senate*

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This bill was received by the Governor this _____ day of _____, 2014, at _____ o'clock ____M.

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*Private Secretary of the Governor*

CHAPTER _____

An act to amend Section 11121 of the Government Code, relating to state government, and declaring the urgency thereof, to take effect immediately.

LEGISLATIVE COUNSEL'S DIGEST

AB 2058, Wilk. Open meetings.

The Bagley-Keene Open Meeting Act requires that all meetings of a state body, as defined, be open and public and that all persons be permitted to attend and participate in any meeting of a state body, subject to certain conditions and exceptions.

This bill would modify the definition of "state body" to exclude an advisory body with less than 3 individuals, except for certain standing committees.

This bill would declare that it is to take effect immediately as an urgency statute.

*The people of the State of California do enact as follows:*

SECTION 1. Section 11121 of the Government Code is amended to read:

11121. As used in this article, "state body" means each of the following:

(a) Every state board, or commission, or similar multimember body of the state that is created by statute or required by law to conduct official meetings and every commission created by executive order.

(b) A board, commission, committee, or similar multimember body that exercises any authority of a state body delegated to it by that state body.

(c) An advisory board, advisory commission, advisory committee, advisory subcommittee, or similar multimember advisory body of a state body, if created by formal action of the state body or of any member of the state body. An advisory body created to consist of fewer than three individuals is not a state body, except that a standing committee of a state body, irrespective of its composition, which has a continuing subject matter

jurisdiction, or a meeting schedule fixed by resolution, policies, bylaws, or formal action of a state body is a state body for the purposes of this chapter.

(d) A board, commission, committee, or similar multimember body on which a member of a body that is a state body pursuant to this section serves in his or her official capacity as a representative of that state body and that is supported, in whole or in part, by funds provided by that state body, whether the multimember body is organized and operated by the state body or a private corporation.

SEC. 2. This act is an urgency statute necessary for the immediate preservation of the public peace, health, or safety within the meaning of Article IV of the Constitution and shall go into immediate effect. The facts constituting the necessity are:

In order to avoid unnecessary litigation and ensure the people's right to access of the meetings of public bodies pursuant to Section 3 of Article 1 of the California Constitution, it is necessary that act take effect immediately.

Approved _____, 2014

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*Governor*

**BOARD OF REGISTERED NURSING**
**LEGISLATIVE COMMITTEE**
**September 18, 2014**

# BILL ANALYSIS

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| **AUTHOR:** | Hernández | **BILL NUMBER:** | AB 2062 |
| **SPONSOR:** | California State Council of the Service Employees International Union (SEIU California) | **BILL STATUS:** | Enrolled |
| **SUBJECT:** | Health facilities: surgical technologists | **DATE LAST AMENDED:** | August 21, 2014 |

**SUMMARY:**
Existing law provides for the licensure and regulation of health facilities by the State Department of Public Health. A violation of the provisions governing health facilities constitutes a misdemeanor. Existing law requires specified health facilities to employ a dietitian and requires health facilities owned and operated by the state offering care within the scope of practice of a psychologist to establish rules and medical staff bylaws that include provisions for medical staff membership and clinical privileges for clinical psychologists, as specified.

**ANALYSIS:**
This bill would prohibit a health facility from employing a surgical technologist or contracting with an individual to practice surgical technology at the facility unless the individual possesses specified training and certification or was practicing surgical technology at a health facility at any time between January 1, 2013, and January 1, 2015, inclusive. The bill would exempt a facility from this requirement if the facility documents its inability to recruit a sufficient number of individuals that meet the bill's requirements, and would require that certain individuals complete continuing education in surgical technology annually, as specified. The bill would specify that a violation of these requirements is not a crime.

**Amended analysis as of 4/10:**
The bill as amended would: Add another organization as one whose certification of surgical technologists would be accepted; removes the provision that the person must have been employed as a surgical technologist after January 1, 2013, and adds that the person had been practicing at any time prior to January 1, 2015; mandates that an employer for whom the surgical technologist had been employed in the past must verify the dates of that employment to another health facility or the surgical technologist who requests such information; removes the requirement for continuing education; and defines "health facility."

**Amended analysis as of 5/1:**
The bill would exempt a facility from this requirement if the facility documents its inability to recruit a sufficient number of individuals who meet the requirements regarding training and certification or prior practice.

**Amended analysis as of 6/23:**
This bill provides the additional requirement that an individual employed or under contract shall complete continuing education or skills training equivalent to the continuing education or skills training necessary to maintain a certification to the requirement that the health facility provides evidence that the individual was employed to practice surgical technology in a health facility at any time prior to January 1, 2015.

**Amended analysis as of 7/3:**
The bill removes language related to the role of the surgical technologists' role in preventing surgical site infections as the basis for this legislation.

**Amended analysis as of 8/21:**
This bill would add the requirement that an individual complete continuing education or skills training necessary to maintain certification to the requirement for a health facility to employ a surgical technologist who otherwise does not meet the provisions of another section of the bill.

**BOARD POSITION:** Watch (June 12, 2014)

**LEGISLATIVE COMMITTEE RECOMMENDED POSITION:** Watch (May 7, 2014; August 7, 2014)

**SUPPORT:**
SEIU California (source)
Association of Surgical Technologists
California Black Health Network
California Dietetic Association
California Health Collaborative
California Labor Federation
Kaiser Permanente
Latino Coalition for a Healthy California
National Board of Surgical Technology and Surgical Assisting
SEIU Local 1000

**OPPOSE:** None on file.

**Assembly Bill No. 2062**

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Passed the Assembly August 26, 2014

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*Chief Clerk of the Assembly*

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Passed the Senate August 25, 2014

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*Secretary of the Senate*

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This bill was received by the Governor this _____ day of _____, 2014, at _____ o'clock ____M.

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*Private Secretary of the Governor*

CHAPTER _____

An act to add Section 1316.1 to the Health and Safety Code, relating to health facilities.

LEGISLATIVE COUNSEL'S DIGEST

AB 2062, Roger Hernández. Health facilities: surgical technologists.

Existing law provides for the licensure and regulation of health facilities by the State Department of Public Health. A violation of the provisions governing health facilities constitutes a misdemeanor. Existing law requires specified health facilities to employ a dietitian and requires health facilities owned and operated by the state offering care within the scope of practice of a psychologist to establish rules and medical staff bylaws that include provisions for medical staff membership and clinical privileges for clinical psychologists, as specified.

This bill would prohibit a health facility, as defined, from employing a surgical technologist or contracting with an individual to practice surgical technology at the facility, unless the individual possesses specified training and certification or was practicing surgical technology at a health facility at any time prior to January 1, 2015. The bill would exempt a facility from this requirement if the facility documents its inability to recruit a sufficient number of individuals that meet the requirements regarding training and certification or prior practice, as specified, and would require that certain individuals complete specified continuing education or skills training in surgical technology. The bill would provide that a violation of these requirements is not a crime.

*The people of the State of California do enact as follows:*

SECTION 1. The Legislature finds and declares the following:

(a) Surgical technologists are coresponsible for the environmental disinfection, safety, and efficiency of the operating room, and their knowledge and experience with aseptic surgical techniques qualifies them for a role of importance in the surgical suite.

(b) The surgical technology profession has grown to meet the continuing demand for well-educated, highly skilled, and versatile individuals to work with physicians and surgeons and other skilled professionals to deliver the highest possible level of patient care.

(c) A key purpose of this act is to encourage the education, training, and utilization of surgical technologists in California, given their vital role in the surgical setting.

SEC. 2. Section 1316.1 is added to the Health and Safety Code, to read:

1316.1. (a) A health facility shall not employ a surgical technologist or otherwise contract with an individual to practice surgical technology at the facility, unless the individual meets either of the following requirements:

(1) Meets both of the following requirements:

(A) Has successfully completed either of the following:

(i) A surgical technology educational program accredited by the Commission on Accreditation of Allied Health Education Programs or by an organization recognized by the Council for Higher Education Accreditation or the United States Department of Education.

(ii) A training program for surgical technology provided by the United States Army, Navy, Air Force, Marine Corps, Coast Guard, or Public Health Service.

(B) Holds and maintains certification as a surgical technologist by a credentialing organization with a surgical technologist certification program that is accredited by either the National Commission for Certifying Agencies or the American National Standards Institute.

(2) Provides evidence that the individual was employed to practice surgical technology in a health facility at any time prior to January 1, 2015. An individual employed or under contract pursuant to this paragraph shall complete continuing education or skills training equivalent to the continuing education or skills training necessary to maintain a certification described in subparagraph (B) of paragraph (1).

(b) For purposes of paragraph (2) of subdivision (a), a health facility that employs or contracts with surgical technologists shall, upon request of another health facility pursuant to this section, or upon request of a surgical technologist who is employed by, or has contracted with, or who was formerly employed by or had

contracted with, the health facility to perform surgical technology tasks, verify the dates of employment of, or a contract with, the surgical technologist.

(c) Notwithstanding subdivision (a), both of the following shall apply:

(1) A health facility may employ a surgical technologist or contract with an individual to practice surgical technology at the facility during the 12-month period immediately following the individual's successful completion of an educational or training program for surgical technology described in subparagraph (A) of paragraph (1) of subdivision (a). The employment or contract shall cease at the end of that 12-month period unless the individual satisfies subparagraph (B) of paragraph (1) of subdivision (a).

(2) A health facility may employ a surgical technologist or otherwise contract with an individual to practice surgical technology at the facility who does not meet the requirements of subdivision (a) or paragraph (1) if all of the following requirements are satisfied:

(A) After a diligent and thorough effort has been made, the health facility is unable to employ or contract with a sufficient number of surgical technologists who meet the requirements of subdivision (a) or paragraph (1).

(B) The health facility makes a written record of the efforts described in subparagraph (A) and retains that record at the facility.

(C) Any individual employed or under contract pursuant to this paragraph completes continuing education or skills training equivalent to the continuing education or skills training necessary to maintain a certification described in subparagraph (B) of paragraph (1) of subdivision (a).

(d) This section does not apply to a health care practitioner licensed or certified pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code, or under an initiative act referred to in that division, who is performing tasks that fall within the practice of surgical technology if the practitioner is acting within the scope of practice of his or her license or certification.

(e) A violation of this section shall not be subject to Section 1290.

(f) For purposes of this section, the following definitions shall apply:

(1) "Health facility" means any health facility that is defined pursuant to Section 1204 or 1250, and includes any outpatient setting described in Section 1248.

(2) "Surgical technologist" means an individual who practices surgical technology.

(3) "Surgical technology" means intraoperative surgical patient care as follows:

(A) At the direction of, or subject to supervision by, a physician and surgeon, or registered nurse, preparing the operating room for surgical procedures by ensuring that surgical equipment is functioning properly and safely.

(B) At the direction of, or subject to supervision by, a physician and surgeon, or registered nurse, preparing the operating room and the sterile field for surgical procedures by preparing sterile supplies, instruments, and equipment using sterile technique.

(C) Anticipating the needs of the surgical team based on knowledge of human anatomy and pathophysiology and how they relate to the surgical patient and the patient's surgical procedure.

(D) As directed in an operating room setting, performing the following tasks at the sterile field:

(i) Passing supplies, equipment, or instruments.

(ii) Sponging or suctioning an operative site.

(iii) Preparing and cutting suture material.

(iv) Transferring and pouring irrigation fluids.

(v) Transferring but not administering drugs within the sterile field.

(vi) Handling specimens.

(vii) Holding retractors and other instruments.

(viii) Connecting drains to suction apparatus.

(ix) Applying dressings to closed wounds.

(x) Assisting in counting sponges, needles, supplies, and instruments with the registered nurse circulator.

(xi) Cleaning and preparing instruments for sterilization on completion of the surgery.

(xii) Assisting the surgical team with cleaning of the operating room on completion of the surgery.

Approved _____, 2014

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*Governor*

**BOARD OF REGISTERED NURSING**
**LEGISLATIVE COMMITTEE**
**September 18, 2014**
**BILL ANALYSIS**

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| | | | |
|---|---|---|---|
| **AUTHOR:** | Ting | **BILL NUMBER:** | AB 2102 |
| **SPONSOR:** | California Pan-Ethnic Health Network<br>Latino Coalition for a Healthy California | **BILL STATUS:** | Enrolled |
| **SUBJECT:** | Licensees: data collection | **DATE LAST AMENDED:** | August 4, 2014 |

**SUMMARY:**
Existing law requires the Board of Registered Nursing, the Physician Assistant Board, the Respiratory Care Board of California, and Board of Vocational Nursing and Psychiatric Technicians of the State of California to regulate and oversee the practice the healing arts within their respective jurisdictions.

**ANALYSIS:**
This bill would require these boards to annually collect and report specific demographic data relating to its licensees to Office of Statewide Health Planning and Development.

This bill deletes the authorization for the Board of Registered Nursing to expend $145,000 from the Board of Registered Nursing Fund in the Professions and Vocations Fund for the purpose of implementing this section.

**Amended analysis as of 3/28:**
This bill adds "gender" as one of the data items to be collected.

**Amended analysis as of 4/24:**
This bill would require these boards to collect and report specific demographic data relating to its licensees, subject to a licensee's discretion to report his or her race or ethnicity, to Office of Statewide Health Planning and Development. The bill would require the Board of Registered Nursing to collect this data at least biennially, and would require those other boards to collect this data at the time of issuing an initial license or a renewal license.

**Amended analysis as of 6/2:**
This bill would restore the authorization for the Board of Registered Nursing to expend $145,000 from the Board of Registered Nursing Fund in the Professions and Vocations Fund for the purpose of implementing this section.

This bill provides that the boards, not restricted to the Board of Registered Nursing, collect the data at least biennially at the times of both issuing an initial license and a renewal license.

This bill adds that information related to location of practice includes city, county, and ZIP code.

**Amended analysis as of 8/4:**

This bill would add classification of primary practice site among the types of practice sites specified by the board, including, but not limited to, clinic, hospital, managed care organization, or private practice to the data to be collected biennially.

**BOARD POSITION:** Watch (April 3, 2014; June 12, 2014)

**LEGISLATIVE COMMITTEE RECOMMENDED POSITION:** Watch (May 7, 2014)

**SUPPORT:**
California Pan-Ethnic Health Network (sponsor)
Latino Coalition for a Healthy California (sponsor)
ACCESS Women's Health Justice
ACLU
ACT for Women and Girls
Asian & Pacific Islander American Health Forum
Asian Americans Advancing Justice - Los Angeles
Asian Pacific Policy & Planning Council
Black Women for Wellness
Borrego Community Health Foundation
California Academy of Physician Assistants
California Equity Network
California Immigrant Policy Center
California Latinas for Reproductive Justice
California Partnership
California Rural Legal Assistance Foundation
Cal-Islanders Humanitarian Association
Central Valley Partnership for Citizenship
Centro Binacional para el Desarrollo Indígena Oaxaqueño - Fresno
Centro Binacional para el Desarrollo Indígena Oaxaqueño- Greenfield
Centro Binacional para el Desarrollo Indígena Oaxaqueño - Los Angeles
Chinese Progressive Association
Clinica Msr. Oscar A. Romero
Coalition for Human Immigrant Rights of Los Angeles
Earth Mama Healing
El Quinto Sol
Families in Good Health
Fresno Center for New Americans
Fresno Interdenominational Refugee Ministries
Guam Communications Network
Korean Community Center of the East Bay
Korean Resource Center
Libreria del Pueblo
Madera Coalition
Mid-City CAN
Pacific Islander Cancer Survivors Network
Roots Community Health Center/Roots Community Health Alliance
Services, Immigrant Rights, and Education Network
South Asian Network
Southeast Asia Resource Action Center
SSG/Pals for Health

St. John's Well Child & Family Center
Street Level Health Project
The Council of Mexican Federations
The Greenlining Institute
United Taxi Workers of San Diego
Vision y Compromiso
Young Invisibles

**OPPOSE:** None on file.

**Assembly Bill No. 2102**

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Passed the Assembly August 21, 2014

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*Chief Clerk of the Assembly*

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Passed the Senate August 18, 2014

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*Secretary of the Senate*

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This bill was received by the Governor this _____ day of _____, 2014, at _____ o'clock ____M.

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*Private Secretary of the Governor*

CHAPTER _____

An act to amend Section 2717 of, and to add Sections 2852.5, 3518.1, 3770.1, and 4506 to, the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 2102, Ting. Licensees: data collection.

Existing law requires the Board of Registered Nursing, the Physician Assistant Board, the Respiratory Care Board of California, and the Board of Vocational Nursing and Psychiatric Technicians of the State of California to regulate and oversee the practice of healing arts within their respective jurisdictions.

This bill would require these boards to collect and report specific demographic data relating to its licensees, subject to a licensee's discretion to report his or her race or ethnicity, to the Office of Statewide Health Planning and Development. The bill would require these boards to collect this data at least biennially, at the times of both issuing an initial license and issuing a renewal license.

*The people of the State of California do enact as follows:*

SECTION 1. The Legislature finds and declares the following:

(a) The Office of Statewide Health Planning and Development prepares an annual report to the Legislature on the gaps in the health care workforce in California.

(b) The Employment Development Department's Labor Market Information Division and state licensing boards share data with the Office of Statewide Health Planning and Development.

(c) All regulatory boards collect information about their licensees through the licensing process.

(d) California's regulated health professions collect information that is often limited and not always regularly updated.

(e) The information collected is inconsistent among the various regulatory agencies using different definitions and categories.

(f) The collection of demographic data on certain allied health professions will allow for the consistent determination of

geographic areas in the state where there are shortages of health care workers with cultural and linguistic competency.

SEC. 2. Section 2717 of the Business and Professions Code is amended to read:

2717. (a) The board shall collect and analyze workforce data from its licensees for future workforce planning. The board may collect the data at the time of license renewal or from a scientifically selected random sample of its licensees. The board shall produce reports on the workforce data it collects, at a minimum, on a biennial basis. The board shall maintain the confidentiality of the information it receives from licensees under this section and shall only release information in an aggregate form that cannot be used to identify an individual. The workforce data collected by the board shall include, at a minimum, employment information such as hours of work, number of positions held, time spent in direct patient care, clinical practice area, type of employer, and work location. The data shall also include future work intentions, reasons for leaving or reentering nursing, job satisfaction ratings, and demographic data.

(b) Aggregate information collected pursuant to this section shall be placed on the board's Internet Web site.

(c) (1) Notwithstanding subdivision (a), the board shall collect, at least biennially, at the times of both issuing an initial license and issuing a renewal license, all of the following data on nurses licensed under this chapter:

(A) Location of practice, including city, county, and ZIP Code.

(B) Race or ethnicity, subject to paragraph (3).

(C) Gender.

(D) Languages spoken.

(E) Educational background.

(F) Classification of primary practice site among the types of practice sites specified by the board, including, but not limited to, clinic, hospital, managed care organization, or private practice.

(2) The board shall annually provide the data collected pursuant to paragraph (1) to the Office of Statewide Health Planning and Development in a manner directed by the office that allows for inclusion of the data into the annual report required by Section 128052 of the Health and Safety Code.

(3) A licensee may, but is not required to, report his or her race or ethnicity to the board.

(d) The board is authorized to expend the sum of one hundred forty-five thousand dollars ($145,000) from the Board of Registered Nursing Fund in the Professions and Vocations Fund for the purpose of implementing this section.

SEC. 3. Section 2852.5 is added to the Business and Professions Code, to read:

2852.5. (a) The board shall collect, at least biennially, at the times of both issuing an initial license and issuing a renewal license, all of the following data on vocational nurses licensed under this chapter:

(1) Location of practice, including city, county, and ZIP Code.

(2) Race or ethnicity, subject to subdivision (c).

(3) Gender.

(4) Languages spoken.

(5) Educational background.

(6) Classification of primary practice site among the types of practice sites specified by the board, including, but not limited to, clinic, hospital, managed care organization, or private practice.

(b) The board shall annually provide the data collected pursuant to subdivision (a) to the Office of Statewide Health Planning and Development in a manner directed by the office that allows for inclusion of the data into the annual report required by Section 128052 of the Health and Safety Code.

(c) A licensee may, but is not required to, report his or her race or ethnicity to the board.

SEC. 4. Section 3518.1 is added to the Business and Professions Code, to read:

3518.1. (a) The board shall collect, at least biennially, at the times of both issuing an initial license and issuing a renewal license, all of the following data on physician assistants licensed under this chapter:

(1) Location of practice, including city, county, and ZIP Code.

(2) Race or ethnicity, subject to subdivision (c).

(3) Gender.

(4) Languages spoken.

(5) Educational background.

(6) Classification of primary practice site among the types of practice sites specified by the board, including, but not limited to, clinic, hospital, managed care organization, or private practice.

(b) The board shall annually provide the data collected pursuant to subdivision (a) to the Office of Statewide Health Planning and Development in a manner directed by the office that allows for inclusion of the data into the annual report required by Section 128052 of the Health and Safety Code.

(c) A licensee may, but is not required to, report his or her race or ethnicity to the board.

SEC. 5. Section 3770.1 is added to the Business and Professions Code, to read:

3770.1. (a) The board shall collect, at least biennially, at the times of both issuing an initial license and issuing a renewal license, all of the following data on respiratory therapists licensed under this chapter:

(1) Location of practice, including city, county, and ZIP Code.

(2) Race or ethnicity, subject to subdivision (c).

(3) Gender.

(4) Languages spoken.

(5) Educational background.

(6) Classification of primary practice site among the types of practice sites specified by the board, including, but not limited to, clinic, hospital, managed care organization, or private practice.

(b) The board shall annually provide the data collected pursuant to subdivision (a) to the Office of Statewide Health Planning and Development in a manner directed by the office that allows for inclusion of the data into the annual report required by Section 128052 of the Health and Safety Code.

(c) A licensee may, but is not required to, report his or her race or ethnicity to the board.

SEC. 6. Section 4506 is added to the Business and Professions Code, to read:

4506. (a) The board shall collect, at least biennially, at the times of both issuing an initial license and issuing a renewal license, all of the following data on psychiatric technicians licensed under this chapter:

(1) Location of practice, including city, county, and ZIP Code.

(2) Race or ethnicity, subject to subdivision (c).

(3) Gender.

(4) Languages spoken.

(5) Educational background.

(6) Classification of primary practice site among the types of practice sites specified by the board, including, but not limited to, clinic, hospital, managed care organization, or private practice.

(b) The board shall annually provide the data collected pursuant to subdivision (a) to the Office of Statewide Health Planning and Development in a manner directed by the office that allows for inclusion of the data into the annual report required by Section 128052 of the Health and Safety Code.

(c) A licensee may, but is not required to, report his or her race or ethnicity to the board.

Approved _____, 2014

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*Governor*

**BOARD OF REGISTERED NURSING**
**LEGISLATIVE COMMITTEE**
**September 18, 2014**

# BILL ANALYSIS

| | | | |
|---|---|---|---|
| **AUTHOR:** | Williams | **BILL NUMBER:** | AB 2247 |
| **SPONSOR:** | Williams | **BILL STATUS:** | Enrolled |
| **SUBJECT:** | Postsecondary education: accreditation documents | **DATE LAST AMENDED:** | August 4, 2014 |


**SUMMARY:**
Under existing law, there are 4 segments of postsecondary education in this state. These segments include the three public segments: the University of California, the California State University, and the California Community Colleges. Private postsecondary educational institutions and independent institutions of higher education constitute the other segment.


**ANALYSIS:**
This bill would require each campus or other unit of the segments listed above that receives public funding through state or federal financial aid programs, is accredited by an accrediting agency recognized by the United States Department of Education, and offers education and training programs to California students to make final accreditation documents available to the public via the institution's Internet Web site.

**Amended analysis as of 4/24:**
This bill would require that only the institution's institutional accreditation documents be made available on its Web site. This bill would define "Institutional accreditation documents" to be the institution's *institutional* accreditation self-study report, the *institutional* accreditation visiting team's final report, and the accreditation agency's final action letter. This bill would require that the institution display the documents in a prominent location on the institution's Internet Web site, with a link to these documents on the institutional Web site homepage.

**Amended analysis as of 6/11:**
This bill removes the institution's self-study report from the list of documents from the meaning of "institutional accreditation documents" that are to be made available.

This bill provides that a campus or other unit of any segment of postsecondary education whose documents are not currently available to the public shall make all institutional accreditation documents completed after January 1, 2015, available to the public.

**Amended analysis as of 6/26:**
This bill provides that the documents refer to those that follow an accreditation agency's action relating to a comprehensive review, special visit, or any sanction or adverse action taken against an affiliated institution. This bill provides that the documents be available to the public once those documents have been made final through an action of the accreditation agency.

This bill provides that a campus or other unit of any segment of postsecondary education whose documents are not currently available to the public shall make all institutional accreditation documents finalized by the accrediting agency based on reviews that take place after July 1, 2015, available to the public.

**Amended analysis as of 8/4:**
Provides non-substantive clarifying language.

**BOARD POSITION:** Watch (June 12, 2014)

**LEGISLATIVE COMMITTEE RECOMMENDED POSITION:** Watch (May 7, 2014; August 7, 2014)

**SUPPORT:**
California Competes
Center for Public Interest Law
Children's Advocacy Institute
Faculty Association of California Community Colleges
The Institute for College Access and Success

**OPPOSE:** None on file.

**Assembly Bill No. 2247**

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Passed the Assembly August 19, 2014

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*Chief Clerk of the Assembly*

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Passed the Senate August 18, 2014

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*Secretary of the Senate*

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This bill was received by the Governor this _____ day of _____, 2014, at _____ o'clock ____M.

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*Private Secretary of the Governor*

CHAPTER _____

An act to add Section 66014.8 to the Education Code, relating to postsecondary education.

LEGISLATIVE COUNSEL'S DIGEST

AB 2247, Williams. Postsecondary education: accreditation documents.

Under existing law, there are 4 segments of postsecondary education in this state. These segments include the three public segments: the University of California, the California State University, and the California Community Colleges. Private postsecondary educational institutions and independent institutions of higher education constitute the other segment.

This bill would require each campus or other unit of the segments listed above that receives public funding through state or federal financial aid programs, is institutionally accredited by an accrediting agency recognized by the United States Department of Education, and offers education and training programs to California students to make final institutional accreditation documents available to the public via the institution's Internet Web site, as specified.

To the extent that this bill would require community college districts to provide this service, 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, 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. Section 66014.8 is added to the Education Code, to read:

66014.8. (a) For purposes of this section, the following terms have the following meanings:

(1) "Institutional accreditation documents" means the institution's institutional accreditation visiting team reports and the institutional accreditation agency action letters following an accreditation agency's action relating to an initial accreditation, reaffirmation, comprehensive review, special visit, or any sanction or adverse action taken against an affiliated institution.

(2) "Segment of postsecondary education" means the California Community Colleges, the California State University, the University of California, the independent institutions of higher education, as defined in Section 66010, or the private postsecondary educational institutions, as defined in Section 94858.

(b) All campuses or other units of any segment of postsecondary education that receive public funding through state or federal financial aid programs, are institutionally accredited by an accrediting agency recognized by the United States Department of Education, and offer education and training programs to California students shall make final institutional accreditation documents available to the public, once those documents have been made final through an action of the accrediting agency, via display in a prominent location on the institution's Internet Web site, with a link to these documents on the institutional Internet Web site homepage.

(c) A campus or other unit of any segment of postsecondary education whose documents are not currently available to the public shall make all institutional accreditation documents finalized by the accrediting agency based on reviews that take place after July 1, 2015, available to the public pursuant to subdivision (b).

SEC. 2. 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.

Approved _____, 2014

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*Governor*

**BOARD OF REGISTERED NURSING**
**LEGISLATIVE COMMITTEE**
**September 18, 2014**

# BILL ANALYSIS

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| **AUTHOR:** | Bonta | **BILL NUMBER:** | AB 2396 |
| **SPONSOR:** | Alameda County Board of Supervisors | **BILL STATUS:** | Enrolled |
| **SUBJECT:** | Convictions: expungement: licenses | **DATE LAST AMENDED:** | August 19, 2014 |

## SUMMARY:

This bill was originally introduced to change a section of the Penal Code. It was amended in March to now only apply to Business and Professions Code Section 480.

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 board to deny, suspend, or revoke a license on various grounds, including, but not limited to, conviction of a crime if the crime is substantially related to the qualifications, functions, or duties of the business or profession for which the license was issued.

Existing law prohibits a board from denying a license on the ground that the applicant has committed a crime if the applicant shows that he or she obtained a certificate of rehabilitation in the case of a felony, or that he or she has met all applicable requirements of the criteria of rehabilitation developed by the board, as specified, in the case of a misdemeanor.

Existing law permits a defendant to withdraw his or her plea of guilty or plea of nolo contendere and enter a plea of not guilty in any case in which a defendant has fulfilled the conditions of probation for the entire period of probation, or has been discharged prior to the termination of the period of probation, or has been convicted of a misdemeanor and not granted probation and has fully complied with and performed the sentence of the court, or has been sentenced to a county jail for a felony, or in any other case in which a court, in its discretion and the interests of justice, determines that a defendant should be granted this or other specified relief and requires the defendant to be released from all penalties and disabilities resulting from the offense of which he or she has been convicted.

## ANALYSIS:

**Amended analysis as of 3/28 and 4/21:**
This bill would prohibit a board from denying a license based solely on a conviction that has been dismissed pursuant to the above provisions.

**Amended analysis as of 5/15:**
This bill contains a nonsubstantive change.

**Amended analysis as of 8/19:**
This bill would require an applicant who has a conviction that has been dismissed pursuant to the provisions of the bill to provide proof of the dismissal.

**BOARD POSITION:** Watch (June 12, 2014)

**LEGISLATIVE COMMITTEE RECOMMENDED POSITION:** Watch (May 7, 2014)

**SUPPORT:**

Alameda County Board of Supervisors (sponsor)
California Catholic Conference, Inc.
Lawyers' Committee for Civil Rights of the San Francisco Bay Area
Legal Services for Prisoners with Children
National Employment Law Project
SEIU Local 1000
Women's Foundation

**OPPOSE:**

Board for Professional Engineers, Land Surveyors, and Geologists
Board of Behavioral Sciences
Board of Optometry
Board of Psychology
Contractors State License Board
Respiratory Care Board of California

**Assembly Bill No. 2396**

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Passed the Assembly August 26, 2014

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*Chief Clerk of the Assembly*

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Passed the Senate August 21, 2014

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*Secretary of the Senate*

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This bill was received by the Governor this _____ day of _____, 2014, at _____ o'clock ____M.

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*Private Secretary of the Governor*

CHAPTER _____

An act to amend Section 480 of the Business and Professions Code, relating to expungement.

LEGISLATIVE COUNSEL'S DIGEST

AB 2396, Bonta. Convictions: expungement: licenses.

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 board to deny, suspend, or revoke a license on various grounds, including, but not limited to, conviction of a crime if the crime is substantially related to the qualifications, functions, or duties of the business or profession for which the license was issued. Existing law prohibits a board from denying a license on the ground that the applicant has committed a crime if the applicant shows that he or she obtained a certificate of rehabilitation in the case of a felony, or that he or she has met all applicable requirements of the criteria of rehabilitation developed by the board, as specified, in the case of a misdemeanor.

Existing law permits a defendant to withdraw his or her plea of guilty or plea of nolo contendere and enter a plea of not guilty in any case in which a defendant has fulfilled the conditions of probation for the entire period of probation, or has been discharged prior to the termination of the period of probation, or has been convicted of a misdemeanor and not granted probation and has fully complied with and performed the sentence of the court, or has been sentenced to a county jail for a felony, or in any other case in which a court, in its discretion and the interests of justice, determines that a defendant should be granted this or other specified relief and requires the defendant to be released from all penalties and disabilities resulting from the offense of which he or she has been convicted.

This bill would prohibit a board within the Department of Consumer Affairs from denying a license based solely on a conviction that has been dismissed pursuant to the above provisions. The bill would require an applicant who has a

conviction that has been dismissed pursuant to the above provisions to provide proof of the dismissal.

*The people of the State of California do enact as follows:*

SECTION 1. Section 480 of the Business and Professions Code is amended to read:

480. (a) A board may deny a license regulated by this code on the grounds that the applicant has one of the following:

(1) Been convicted of a crime. A conviction within the meaning of this section means a plea or verdict of guilty or a conviction following a plea of nolo contendere. Any action that a board is permitted to take following the establishment of a conviction may be taken when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal, or when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under the provisions of Section 1203.4, 1203.4a, or 1203.41 of the Penal Code.

(2) Done any act involving dishonesty, fraud, or deceit with the intent to substantially benefit himself or herself or another, or substantially injure another.

(3) (A) Done any act that if done by a licentiate of the business or profession in question, would be grounds for suspension or revocation of license.

(B) The board may deny a license pursuant to this subdivision only if the crime or act is substantially related to the qualifications, functions, or duties of the business or profession for which application is made.

(b) Notwithstanding any other provision of this code, a person shall not be denied a license solely on the basis that he or she has been convicted of a felony if he or she has obtained a certificate of rehabilitation under Chapter 3.5 (commencing with Section 4852.01) of Title 6 of Part 3 of the Penal Code or that he or she has been convicted of a misdemeanor if he or she has met all applicable requirements of the criteria of rehabilitation developed by the board to evaluate the rehabilitation of a person when considering the denial of a license under subdivision (a) of Section 482.

(c) Notwithstanding any other provisions of this code, a person shall not be denied a license solely on the basis of a conviction

that has been dismissed pursuant to Section 1203.4, 1203.4a, or 1203.41 of the Penal Code. An applicant who has a conviction that has been dismissed pursuant to Section 1203.4, 1203.4a, or 1203.41 of the Penal Code shall provide proof of the dismissal.

(d) A board may deny a license regulated by this code on the ground that the applicant knowingly made a false statement of fact that is required to be revealed in the application for the license.

Approved _____, 2014

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*Governor*

**BOARD OF REGISTERED NURSING**
**LEGISLATIVE COMMITTEE**
**September 18, 2014**

# BILL ANALYSIS

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| **AUTHOR:** | Ting | **BILL NUMBER:** | AB 2720 |
| **SPONSOR:** | Ting | **BILL STATUS:** | Enrolled |
| **SUBJECT:** | State agencies: meetings: record of action taken | **DATE LAST AMENDED:** | August 7, 2014 |

**SUMMARY:**
The Bagley-Keene Open Meeting Act requires, with specified exceptions, that all meetings of a state body, as defined, be open and public and all persons be permitted to attend any meeting of a state body. The act defines various terms for its purposes, including "action taken," which means a collective decision made by the members of a state body, a collective commitment or promise by the members of the state body to make a positive or negative decision, or an actual vote by the members of a state body when sitting as a body or entity upon a motion, proposal, resolution, order, or similar action.

**ANALYSIS:**
This bill would, if the action taken by the members of a state body is a recorded vote, require that the vote be counted and identified in the minutes of the state body.

**Amended analysis as of 4/2:**
This bill deletes the definition of "action taken", and provides that the state body shall publicly report any action taken and the vote or abstention on that action of each member present for the action.

**Amended analysis as of 8/7:**
Nonsubstantive change.

**BOARD POSITION:** Neutral (April 3, 2014); Watch (June 12, 2014)

**LEGISLATIVE COMMITTEE RECOMMENDED POSITION:** Watch (May 7, 2014)

**SUPPORT:**
California Newspaper Publishers Association
California Taxpayers Association

**OPPOSE:** None on file.

**Assembly Bill No. 2720**

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Passed the Assembly August 25, 2014

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*Chief Clerk of the Assembly*

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Passed the Senate August 14, 2014

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*Secretary of the Senate*

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This bill was received by the Governor this _____ day of _____, 2014, at _____ o'clock ____M.

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*Private Secretary of the Governor*

Second enrollment

CHAPTER _____

An act to amend Section 11123 of the Government Code, relating to public meetings.

LEGISLATIVE COUNSEL'S DIGEST

AB 2720, Ting. State agencies: meetings: record of action taken.

The Bagley-Keene Open Meeting Act requires, with specified exceptions, that all meetings of a state body, as defined, be open and public and all persons be permitted to attend any meeting of a state body. The act defines various terms for its purposes, including "action taken," which means a collective decision made by the members of a state body, a collective commitment or promise by the members of the state body to make a positive or negative decision, or an actual vote by the members of a state body when sitting as a body or entity upon a motion, proposal, resolution, order, or similar action.

This bill would require a state body to publicly report any action taken and the vote or abstention on that action of each member present for the action.

*The people of the State of California do enact as follows:*

SECTION 1. Section 11123 of the Government Code is amended to read:

11123. (a) All meetings of a state body shall be open and public and all persons shall be permitted to attend any meeting of a state body except as otherwise provided in this article.

(b) (1) This article does not prohibit a state body from holding an open or closed meeting by teleconference for the benefit of the public and state body. The meeting or proceeding held by teleconference shall otherwise comply with all applicable requirements or laws relating to a specific type of meeting or proceeding, including the following:

(A) The teleconferencing meeting shall comply with all requirements of this article applicable to other meetings.

(B) The portion of the teleconferenced meeting that is required to be open to the public shall be audible to the public at the location specified in the notice of the meeting.

(C) If the state body elects to conduct a meeting or proceeding by teleconference, it shall post agendas at all teleconference locations and conduct teleconference meetings in a manner that protects the rights of any party or member of the public appearing before the state body. Each teleconference location shall be identified in the notice and agenda of the meeting or proceeding, and each teleconference location shall be accessible to the public. The agenda shall provide an opportunity for members of the public to address the state body directly pursuant to Section 11125.7 at each teleconference location.

(D) All votes taken during a teleconferenced meeting shall be by rollcall.

(E) The portion of the teleconferenced meeting that is closed to the public may not include the consideration of any agenda item being heard pursuant to Section 11125.5.

(F) At least one member of the state body shall be physically present at the location specified in the notice of the meeting.

(2) For the purposes of this subdivision, "teleconference" means a meeting of a state body, the members of which are at different locations, connected by electronic means, through either audio or both audio and video. This section does not prohibit a state body from providing members of the public with additional locations in which the public may observe or address the state body by electronic means, through either audio or both audio and video.

(c) The state body shall publicly report any action taken and the vote or abstention on that action of each member present for the action.

Approved _____, 2014

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*Governor*

**BOARD OF REGISTERED NURSING**
**LEGISLATIVE COMMITTEE**
**September 18, 2014**

# BILL ANALYSIS

| | | | |
|---|---|---|---|
| **AUTHOR:** | Committee on Higher Education | **BILL NUMBER:** | AB 2736 |
| **SPONSOR:** | Committee on Higher Education | **BILL STATUS:** | Enrolled |
| **SUBJECT:** | Postsecondary education: California State University | **DATE LAST AMENDED:** | June 26, 2014 |

**SUMMARY:**
(1) Existing law establishes the California State University, under the administration of the Trustees of the California State University, as one of the segments of public postsecondary education in this state … .

(2) Existing law authorizes the university to establish a Doctor of Nursing Practice degree pilot program at 3 campuses chosen by the trustees to award the Doctor of Nursing Practice degree. Existing law requires the university, the Legislative Analyst's Office, and the Department of Finance to jointly conduct a statewide evaluation of the degree pilot program and report the results to the Legislature and the Governor on or before January 1, 2017. Existing law requires that evaluation to consider specified information, including the number of Doctor of Nursing Practice degree pilot programs implemented, including information regarding the number of applicants, admissions, enrollments, degree recipients, time-to-degree, attrition, and public school and community college program partners.

(3) … : does not apply to the Board of Registered Nursing; language omitted.

**ANALYSIS:**
This bill would delete the requirement that the evaluation of the Doctor of Nursing Practice degree pilot program include information regarding public school and community college program partners, makes other nonsubstantive changes to these provisions, and would repeal these provisions on January 1, 2021.

**Amended analysis as of 4/22:**
This bill would delete the requirement that the evaluation include information regarding public school and community college program partners and would repeal these provisions on January 1, 2021.

**Amended analysis as of 6/26:**
Nonsubstantive changes in the 6/9 and 6/26 amended versions.

**BOARD POSITION:** Neutral (April 3, 2014)

**LEGISLATIVE COMMITTEE RECOMMENDED POSITION:** Not previously considered.

**SUPPORT:**
California State Student Association
California State University

**OPPOSE:** None on file.

**Assembly Bill No. 2736**

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Passed the Assembly August 27, 2014

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*Chief Clerk of the Assembly*

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Passed the Senate August 18, 2014

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*Secretary of the Senate*

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This bill was received by the Governor this _____ day of _____, 2014, at _____ o'clock ____M.

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*Private Secretary of the Governor*

CHAPTER _____

An act to amend Sections 89007.7, 89282, 89300, and 89720 of the Education Code, relating to postsecondary education.

LEGISLATIVE COUNSEL'S DIGEST

AB 2736, Committee on Higher Education. Postsecondary education: California State University.

(1) Existing law establishes the California State University, under the administration of the Trustees of the California State University, as one of the segments of public postsecondary education in this state. Existing law requires, commencing on January 1, 2014, and every 2 years thereafter, that the Legislative Analyst's Office, in consultation with the university, submit a report to the Legislature including specified data relating to the California State University Early Start Program. Existing law makes these provisions regarding the Early Start Program inoperative on January 1, 2018.

This bill would require the Legislative Analyst's Office to submit that report no later than July 1 of each even-numbered year, and change the inoperative date for the above provisions regarding the Early Start Program to July 1, 2018.

(2) Existing law authorizes the California State University to establish a Doctor of Nursing Practice degree pilot program at 3 campuses chosen by the trustees to award the Doctor of Nursing Practice degree. Existing law requires the university, the Legislative Analyst's Office, and the Department of Finance to jointly conduct a statewide evaluation of the degree pilot program and report the results to the Legislature and the Governor on or before January 1, 2017. Existing law requires that evaluation to consider specified information, including the number of Doctor of Nursing Practice degree pilot programs implemented, and information regarding the number of applicants, admissions, enrollments, degree recipients, time-to-degree, attrition, and public school and community college program partners.

This bill would delete the requirement that the evaluation include information regarding public school and community college program partners, make nonsubstantive changes to these evaluation

provisions, and repeal these evaluation provisions on January 1, 2021.

(3) Existing law provides that a student body organization may be established at any campus of the California State University under the supervision of the university officials for the purpose of providing essential activities closely related to, but not normally included as a part of, the regular instructional program of the university. Existing law authorizes the trustees to fix fees for voluntary membership in an organization established at a campus, and sets forth specified requirements for the setting of mandatory student body organization membership fees for student body organizations established at a campus.

This bill would authorize the trustees to fix a fee for voluntary membership in a specified statewide student body organization. This bill would require the trustees to provide students the ability to affirmatively elect to pay the fee, or a clear and unambiguous means to decline payment of the fee, each time the fee is assessed.

(4) Existing law authorizes the trustees to accept on behalf of the state any gifts, bequests, devises, or donations of real property whenever the gift and terms and conditions thereof will aid in carrying out the primary functions of the California State University. Existing law authorizes the trustees to sell or exchange real property interests in accordance with specified requirements. Existing law requires these gifts, bequests, devises, donations of real property, or sales or exchanges of real property interests to be annually reported to the California Postsecondary Education Commission, the Joint Legislative Budget Committee, and the Department of Finance by January 5 of each year.

This bill would change that annual reporting date to January 31 of each year, and would provide for the report to be made to a successor agency to the California Postsecondary Education Commission as an alternative to the commission.

*The people of the State of California do enact as follows:*

SECTION 1. Section 89007.7 of the Education Code is amended to read:

89007.7. (a) The Legislature finds and declares that the California State University Early Start Program was adopted pursuant to Executive Order No. 1048 at the May 2010 meeting

of the Trustees of the California State University (CSU) with the stated goal of facilitating a student's graduation through changes in policies on fulfilling entry-level proficiencies in mathematics and English.

(b) Commencing on January 1, 2014, and on or before July 1 every even-numbered year thereafter, the Legislative Analyst's Office, in consultation with CSU, shall submit a report to the Legislature detailing the impact of the CSU Early Start Program on student mathematics and English proficiency. The report to the Legislature required by this subdivision shall include, but not necessarily be limited to, all of the following:

(1) Information on how the CSU Early Start Program increases successful remediation rates as compared to the remediation rates that existed in the 2010–11 academic year.

(2) Information on how the CSU Early Start Program expedites the student remediation process, or otherwise reduces the length of time that students spend on remediation.

(3) Demographic information on participants in the CSU Early Start Program, including information relating to race or ethnicity, eligibility for financial aid, geographic origins, and other pertinent data.

(4) The number of enrollees in the CSU Early Start Program, counted statewide and by campus, including the number who eventually earned credit from the program.

(5) As observed one year after participating in the CSU Early Start Program, counted statewide and by campus, how many enrollees became proficient, how many did not remediate successfully, and how many were disenrolled from CSU.

(c) This section shall remain in effect only until July 1, 2018, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2019, deletes or extends that date.

SEC. 2. Section 89282 of the Education Code is amended to read:

89282. (a) The California State University (CSU), the Legislative Analyst's Office, and the Department of Finance shall jointly conduct a statewide evaluation of CSU Doctor of Nursing Practice degree pilot programs authorized pursuant to Section 89281 and implemented under this article. The results of the evaluation shall be reported, in writing, to the Legislature and the

Governor on or before January 1, 2017. The evaluation shall consider all of the following:

(1) The number of Doctor of Nursing Practice degree pilot programs implemented, including information regarding the number of applicants, admissions, enrollments, degree recipients, time-to-degree, and attrition.

(2) The extent to which the post-master's degree pilot programs are fulfilling identified state needs for training doctorally prepared nurses.

(3) Statewide supply and demand data that considers capacity at the University of California and in California's independent colleges and universities.

(4) Information on the place of employment of students and the subsequent job placement of graduates.

(5) Any available evidence on the effects that the graduates of the degree pilot program are having on addressing the state's nursing shortage.

(6) Pilot program costs and the fund sources that were used to finance the program, including a calculation of cost per degree awarded.

(7) The costs of the degree pilot program to students, the amount of financial aid offered, and student debt levels of graduates of the program.

(8) The extent to which the degree pilot program is in compliance with the requirements of this article.

(9) Recommendations for the degree pilot program, including whether the program should be continued or modified.

(b) (1) A report to be submitted pursuant to subdivision (a) shall be submitted in compliance with Section 9795 of the Government Code.

(2) This section shall remain in effect only until January 1, 2021, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2021, deletes or extends that date.

SEC. 3. Section 89300 of the Education Code is amended to read:

89300. (a) A student body organization may be established at any state university under the supervision of the university officials for the purpose of providing essential activities closely related to, but not normally included as a part of, the regular instructional program of the university. The organization may also operate a

campus store, a cafeteria, and other projects not inconsistent with the purposes of the university, and property of the university may be leased to the organization for those purposes.

(b) (1) The trustees may fix fees for voluntary membership in the organization established at a state university.

(2) (A) Notwithstanding any law to the contrary, if a student body organization is established at any state university, upon the favorable vote of two-thirds of the students voting in an election held for this purpose, in a manner that the trustees shall prescribe, and open to all regular students enrolled in the university, the trustees shall fix a membership fee which shall be required of all regular, limited, and special session students attending the university. No fees shall be charged to students registering solely in extension classes.

(B) The trustees may approve an increase or decrease in the student body fee only after the fee increase or decrease has been approved by a majority of students voting in a referendum established for that purpose.

(C) The required fee shall be subject to referendum at any time upon the presentation of a petition to the president of the university containing the signatures of 10 percent of the regularly enrolled students at the university. A successful referendum shall take effect with the beginning of the academic year following that in which the election was held.

(D) Payment of membership fees pursuant to this section shall be a prerequisite to enrollment in the university, except that if sufficient funds are available, any state university student, subject to the regulations of the trustees establishing standards in that regard, may agree to work off the amount of the fee at the prevailing rate of the university for student assistants. The trustees may adopt regulations setting standards for determining which students shall be eligible to work off the amount of the fee.

(c) The revenues raised pursuant to this section may, in addition to expenditures for other lawful purposes involved in the operations of the student body organization, be expended to provide for the support of governmental affairs representatives who may be attending upon the State Legislature or upon offices and agencies in the executive branch of the state government.

(d) The trustees may fix a fee for voluntary membership in a statewide student organization that represents the students of the

California State University and the student body organizations of the campuses of the California State University. The trustees shall provide students either the ability to affirmatively elect to pay this fee, or a clear and unambiguous means to decline the payment of this fee, each time the fee is assessed.

SEC. 4. Section 89720 of the Education Code is amended to read:

89720. The trustees may accept on behalf of the state any gift, bequest, devise, or donation of real or personal property whenever the gift and the terms and conditions thereof will aid in carrying out the primary functions of the California State University as specified in subdivision (b) of Section 66010.4. Neither Section 11005 of the Government Code nor any other law requiring approval by a state officer of gifts, bequests, devises, or donations shall apply to these gifts, bequests, devises, or donations. These gifts, bequests, devises, or donations, and the disposition thereof, shall be annually reported to the California Postsecondary Education Commission, the Joint Legislative Budget Committee, and the Department of Finance by January 31 of each year.

Notwithstanding Sections 11005.2 and 14664 of the Government Code or any other law to the contrary, the trustees may sell or exchange interests in real property received pursuant to this section when, in the judgment of the trustees, the sale or exchange is in the best interests of the California State University. No sale or exchange of an interest in real property made pursuant to this section shall exceed ten million dollars ($10,000,000) per transaction.

Notwithstanding Sections 11005 and 15853 of the Government Code or any other provision of law to the contrary, the trustees may purchase interests in real property from moneys received pursuant to this section, including those moneys received from the sale or exchange of interests in real property pursuant to this section. Any such purchase shall be consistent with any restrictions placed upon the gift, bequest, devise, or donation and shall be in the best interests of the California State University, as determined by the trustees.

No interest in any real property that is part of a main campus of any of the institutions of the California State University listed in Section 89001 shall be sold or exchanged pursuant to this section.

Any sale or exchange of interests in real property carried out pursuant to this section shall be reported annually to the California Postsecondary Education Commission or a successor agency, the Joint Legislative Budget Committee, and the Department of Finance, by January 31 of each year.

Approved _____, 2014

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*Governor*

**BOARD OF REGISTERED NURSING**
**LEGISLATIVE COMMITTEE**
**September 18, 2014**

# BILL ANALYSIS

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| **AUTHOR:** | Block | **BILL NUMBER:** | SB 850 |
| **SPONSOR:** | Block | **BILL STATUS:** | Enrolled |
| **SUBJECT:** | Public postsecondary education: community college districts: baccalaureate degree pilot program | **DATE LAST AMENDED:** | August 18, 2014 |

## SUMMARY:

Existing law establishes the California Community Colleges, under the administration of the Board of Governors of the California Community Colleges, as one of the segments of public postsecondary education in this state. Existing law requires the board to appoint a chief executive officer, to be known as the Chancellor of the California Community Colleges. Existing law establishes community college districts, administered by governing boards, throughout the state, and authorizes these districts to provide instruction to students at the community college campuses maintained by the districts.

Existing law requires community colleges to offer instruction through, but not beyond, the 2nd year of college and authorizes community colleges to grant associate degrees in arts and science.

## ANALYSIS:

This bill would authorize the Chancellor of the California Community Colleges to authorize the establishment of one baccalaureate degree pilot program per campus per district. The bill would provide that the baccalaureate degree pilot program shall consist of a limited number of campuses, to be determined by the Chancellor. The bill would require a baccalaureate degree pilot program to expire 8 years after the establishment of the program. The bill would require a participating district to meet specified requirements, including, but not limited to, offering baccalaureate degrees in a limited number of fields of study, and submitting a report to the Legislature at least one year prior to the expiration of the baccalaureate degree pilot program that would evaluate specified factors.

This bill would also require the governing board of a participating district to perform certain functions and would authorize the governing board to charge baccalaureate degree-seeking students a fee for enrollment in specified courses, which would be required to be expended for the purpose of providing a pilot program. The bill would authorize the governing board of the district to enter into agreements with local businesses and agencies to provide educational services to students participating in a baccalaureate degree pilot program.

**Amended analysis as of 4/10:**
This bill would authorize the board of governors, in consultation with the California State University and the University of California, to establish a baccalaureate degree pilot program at no more than 20 community college districts to be determined by the chancellor and approved by the

board of governors, which would authorize each participating campus within the district to offer one type of baccalaureate degree as specified.

The bill would require a participating community college district to meet specified requirements, including but not limited to, offering baccalaureate degrees in subject areas with unmet workforce needs, as specified, and submitting a report to the chancellor at least one year prior to the expiration of the baccalaureate degree pilot program, or one year after the first graduating class, whichever occurs first, that would evaluate specified factors.

This bill would also require the governing board of a community college district to submit certain information for review by the chancellor and approval by the board of governors, including the proposed governing system of the baccalaureate degree pilot program.

The bill would provide that the board of governors shall develop and adopt by regulation a funding model for the support of the baccalaureate degree pilot programs, as specified.

**Amended analysis as of 5/1:**
This bill provided January 1, 2015, as the effective date and allows establishment of the statewide pilot program at not more than 15 community college districts, and authorizes these districts to offer only one type of baccalaureate degree at one campus within the district. It would require the pilot program to begin by the beginning of the 2017-2018 academic year, and require a student participating in the pilot program to complete her or his degree by the end of the 2022-23 academic year. The bill would limit the participating districts to offering baccalaureate degree programs or program curricula not offered by the California State University or the University of California and deletes the reporting requirement.

The Department of Finance and the Legislative Analyst's Office shall jointly conduct a statewide evaluation of the proposed pilot program and report the results in writing to the Legislature and the Governor on or before July 1, 2021.

This bill would make these provisions inoperative on July 1, 2023, and repeals them on January 1, 2024.

**Amended analysis as of 6/16:**
This bill provides that the pilot program is limited to one baccalaureate degree program in each of the 15 districts and prohibits each participating district from offering more than one such degree program.

This bill would also require the governing board of a participating community college district to submit certain items for review by the chancellor and approval by the board of governors, including, among other things, the administrative plan for the pilot program and documentation of consultation with the California State University and the University of California.

**Amended analysis as of 6/26:**
This bill would provide that the Department of Finance and the Legislative Analyst's Office shall jointly conduct both a statewide interim evaluation and a statewide final evaluation of the pilot program, as specified, as to report the results of the interim and final evaluations in writing to the Legislature and the Governor on or before July 1, 2018, and July 1, 2022, respectively. This bill would provide that on or before March 31, 2015, the board of governors develops, and adopts by regulation, a funding model.

**Amended analysis as of 8/4:**
This bill would modify provisions related to the fees students would be charged who enroll in the pilot programs and adds the requirement that information on the impact of the baccalaureate degree pilot program on underserved and underprepared students be included in the interim evaluation.

**Amended analysis as of 8/18:**
This bill would remove the Department of Finance as one of the Departments that will conduct both the interim and final statewide evaluation of the pilot programs. This evaluation will be conducted by the Legislative Analyst's Office.

This bill would modify areas to be explored in the interim evaluation.

**BOARD POSITION:** Not previously considered.

**LEGISLATIVE COMMITTEE RECOMMENDED POSITION:** Watch (August 7, 2014)

**SUPPORT:**
American Legion, Department of California
American Nurses Association\California
AMVETS, Department of California
Barton Health
California Architects Board
California Association of County Veterans Service Officer
California Chamber of Commerce
California Community Colleges Chancellor's Office
California Dental Hygienist's Association
California State Commanders Veterans Council
California State University
California Teachers Association
California Workforce Association
Citrus College
City of South Lake Tahoe
Coastline Community College
College of the Canyons
College of Marin
Community College League of California
Contra Costa Community College District
Cupertino Chamber of Commerce
Foothill-De Anza Community College District
Gavilan Joint Community College District
Golden West College
Grossmont-Cuyamaca Community College District
Heavenly Mountain Resort
Imperial Valley College
Kern Community College District
Los Altos Chamber of Commerce
Los Angeles Community College District
Los Rios Community College District
Mid-Peninsula Dental Society
Milpitas Chamber of Commerce
MiraCosta Community College District

Morgan Hill Chamber of Commerce
Mountain View Chamber of Commerce
Napa Valley Community College District
Oceanside Chamber of Commerce
Pasadena Community College District
Peralta Community College District
Rancho Santiago Community College District
Respiratory Care Board of California
San Bernardino Community College District
San Diego City College
San Diego Community College District
San Diego Community College District, Continuing Education
San Diego and Imperial Valley Counties Community Colleges Association
San Diego Military Advisory Council
San Diego Regional Economic Development Corporation
San Diego Regional Chamber of Commerce
San Diego Unified School District
San Jose-Evergreen Community College District
San Jose Silicon Valley Chamber of Commerce
Santa Clara Chamber of Commerce
Santa Clarita Valley Chamber of Commerce
Santa Monica Community College District
Shasta-Tehama-Trinity Joint Community College District
South County Economic Development Council
South Orange County Community College District
Southwestern Community College District
Tahoe South
Technology Credit Union
Tri-City Medical Center
Veterans Caucus of the California Democratic Party
Veterans of Foreign Wars, Department of California
Vietnam Veterans of America, California State Council
West Hills Community College District
West Kern Community College District
Yosemite Community College District
Yuba Community College District

**OPPOSE:** Faculty Association of California Community Colleges

**Senate Bill No. 850**

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Passed the Senate August 21, 2014

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*Secretary of the Senate*

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Passed the Assembly August 20, 2014

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*Chief Clerk of the Assembly*

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This bill was received by the Governor this _____ day of _____, 2014, at _____ o'clock ____M.

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*Private Secretary of the Governor*

Corrected 8-26-14

CHAPTER _____

An act to add and repeal Article 3 (commencing with Section 78040) of Chapter 1 of Part 48 of Division 7 of Title 3 of the Education Code, relating to public postsecondary education.

LEGISLATIVE COUNSEL'S DIGEST

SB 850, Block. Public postsecondary education: community college districts: baccalaureate degree pilot program.

Existing law establishes the California Community Colleges, under the administration of the Board of Governors of the California Community Colleges, as one of the segments of public postsecondary education in this state. Existing law requires the board of governors to appoint a chief executive officer, to be known as the Chancellor of the California Community Colleges. Existing law establishes community college districts, administered by governing boards, throughout the state, and authorizes these districts to provide instruction to students at the community college campuses maintained by the districts.

Existing law requires community colleges to offer instruction through, but not beyond, the 2nd year of college and authorizes community colleges to grant associate degrees in arts and science.

This bill would, commencing January 1, 2015, authorize the board of governors, in consultation with the California State University and the University of California, to establish a statewide baccalaureate degree pilot program at not more than 15 community college districts, with one baccalaureate degree program each, to be determined by the chancellor and approved by the board of governors. The bill would prohibit each participating district from offering more than one baccalaureate degree program within the district, as specified. The bill would require a district baccalaureate degree pilot program to commence by the beginning of the 2017–18 academic year, and would require a student participating in a baccalaureate degree pilot program to complete his or her degree by the end of the 2022–23 academic year. The bill would require participating community college districts to meet specified requirements, including, but not limited to, offering baccalaureate degree programs and program curricula not offered by the

California State University or the University of California, and in subject areas with unmet workforce needs, as specified.

This bill would also require the governing board of a participating community college district to submit certain items for review by the chancellor and approval by the board of governors, including, among other things, the administrative plan for the baccalaureate degree pilot program and documentation of consultation with the California State University and the University of California. The bill would provide that the Legislative Analyst's Office shall conduct both a statewide interim evaluation and a statewide final evaluation of the statewide baccalaureate degree pilot program implemented under this article, as specified, and report to the Legislature and Governor, in writing, the results of the interim evaluation on or before July 1, 2018, and the results of the final evaluation on or before July 1, 2022. The bill would provide that on or before March 31, 2015, the board of governors shall develop, and adopt by regulation, a funding model for the support of the statewide baccalaureate degree pilot program, as specified.

This bill would make these provisions inoperative on July 1, 2023, and would repeal the provisions on January 1, 2024.

*The people of the State of California do enact as follows:*

SECTION 1. The Legislature finds and declares all of the following:

(a) California needs to produce one million more baccalaureate degrees than the state currently produces to remain economically competitive in the coming decades.

(b) The 21st century workplace increasingly demands a higher level of education in applied fields.

(c) There is demand for education beyond the associate degree level in specific academic disciplines that is not currently being met by California's four-year public institutions.

(d) Community colleges can help fill the gaps in our higher education system by granting baccalaureate degrees in a limited number of areas in order to meet a growing demand for a skilled workforce.

(e) These baccalaureate programs will be limited and will not in any way detract from the community colleges' traditional

mission to advance California's economic growth and global competitiveness through education, training, and services that contribute to continuous workforce improvement, nor will these programs unnecessarily duplicate similar programs offered by nearby public four-year institutions.

(f) Community colleges can provide a quality baccalaureate education to their students, enabling place-bound local students and military veterans the opportunity to earn the baccalaureate degree needed for new job opportunities and promotion.

(g) Twenty-one other states, from Florida to Hawaii, already allow their community colleges to offer baccalaureate degrees. California is one of the most innovative states in the nation, and the California Community Colleges will use that same innovative spirit to produce more professionals in health, biotechnology, public safety, and other needed fields.

SEC. 2. Article 3 (commencing with Section 78040) is added to Chapter 1 of Part 48 of Division 7 of Title 3 of the Education Code, to read:

Article 3. Baccalaureate Degree Pilot Program

78040. For purposes of this article, "district" means any community college district identified by the Chancellor of the California Community Colleges as participating in the statewide baccalaureate degree pilot program. Each participating district may establish one baccalaureate degree pilot program pursuant to Section 78041.

78041. Notwithstanding Section 66010.4, and commencing January 1, 2015, the Board of Governors of the California Community Colleges, in consultation with the California State University and the University of California, may authorize the establishment of district baccalaureate degree pilot programs that meet all of the eligibility requirements set forth in Section 78042. A district pilot program established pursuant to this article shall commence no later than the 2017–18 academic year. A student participating in a baccalaureate degree pilot program shall complete his or her degree by the end of the 2022–23 academic year. For purposes of this section, a pilot program commences when the first class of students begins the program. The statewide baccalaureate degree pilot program shall consist of a maximum of 15 districts,

with one baccalaureate degree program each, to be determined by the Chancellor of the California Community Colleges and approved by the Board of Governors of the California Community Colleges.

78042. (a) A district shall seek approval to offer a baccalaureate degree program through the appropriate accreditation body.

(b) When seeking approval from the Board of Governors of the California Community Colleges, a district shall maintain the primary mission of the California Community Colleges specified in paragraph (3) of subdivision (a) of Section 66010.4. The district, as part of the baccalaureate degree pilot program, shall have the additional mission to provide high-quality undergraduate education at an affordable price for students and the state.

(c) As a condition of eligibility for consideration to participate in the statewide baccalaureate degree pilot program, a district shall have a written policy that requires all potential students who wish to apply for a Board of Governors Fee Waiver pursuant to Section 76300 to complete and submit either a Free Application for Federal Student Aid or a California Dream Act application in lieu of completing the Board of Governors Fee Waiver application.

(d) A district shall not offer more than one baccalaureate degree program, as determined by the governing board of the district and approved by the Board of Governors of the California Community Colleges, and subject to the following limitations:

(1) A district shall identify and document unmet workforce needs in the subject area of the baccalaureate degree to be offered and offer a baccalaureate degree at a campus in a subject area with unmet workforce needs in the local community or region of the district.

(2) A baccalaureate degree pilot program shall not offer a baccalaureate degree program or program curricula already offered by the California State University or the University of California.

(3) A district shall have the expertise, resources, and student interest to offer a quality baccalaureate degree in the chosen field of study.

(4) A district shall not offer more than one baccalaureate degree program within the district, which shall be limited to one campus within the district.

(5) A district shall notify a student who applies to the district's baccalaureate degree pilot program that the student is required to

complete his or her baccalaureate degree by the end of the 2022–23 academic year, as specified in Section 78041.

(e) A district shall maintain separate records for students who are enrolled in courses classified in the upper division and lower division of a baccalaureate program. A student shall be reported as a community college student for enrollment in a lower division course and as a baccalaureate degree program student for enrollment in an upper division course.

(f) A governing board of a district seeking authorization to offer a baccalaureate degree pilot program shall submit all of the following for review by the Chancellor of the California Community Colleges and approval by the Board of Governors of the California Community Colleges:

(1) Documentation of the district's written policy required by subdivision (c).

(2) The administrative plan for the baccalaureate degree pilot program, including, but not limited to, the governing board of the district's funding plan for its specific district.

(3) A description of the baccalaureate degree pilot program's curriculum, faculty, and facilities.

(4) The enrollment projections for the baccalaureate degree pilot program.

(5) Documentation regarding unmet workforce needs specifically related to the proposed baccalaureate degree pilot program, and a written statement supporting the necessity of a four-year degree for that program.

(6) Documentation of consultation with the California State University and the University of California regarding collaborative approaches to meeting regional workforce needs.

(g) (1) On or before March 31, 2015, the Board of Governors of the California Community Colleges shall develop, and adopt by regulation, a funding model for the support of the statewide baccalaureate degree pilot program that is based on a calculation of the number of full-time equivalent students enrolled in all district pilot programs.

(2) Funding for each full-time equivalent student shall be at a marginal cost calculation, as determined by the Board of Governors of the California Community Colleges, that shall not exceed the community college credit instruction marginal cost calculation for

a full-time equivalent student, as determined pursuant to paragraph (2) of subdivision (d) of Section 84750.5.

(3) A student in a baccalaureate degree pilot program authorized by this article shall not be charged fees higher than the mandatory systemwide fees charged for baccalaureate degree programs at the California State University.

(4) Fees for coursework in a baccalaureate degree pilot program shall be consistent with Article 1 (commencing with Section 76300) of Chapter 2 of Part 47.

(5) A district shall, in addition to the fees charged pursuant to paragraph (4), charge a fee for upper division coursework in a baccalaureate degree pilot program of eighty-four dollars ($84) per unit.

(h) (1) The Legislative Analyst's Office shall conduct both an interim and a final statewide evaluation of the statewide baccalaureate degree pilot program implemented pursuant to this article.

(2) The results of the interim evaluation shall be reported as a progress report, in writing, to the Legislature and the Governor on or before July 1, 2018. The interim evaluation shall include, but is not limited to, all of the following:

(A) How many, and which specific, districts applied for a baccalaureate degree pilot program, and the baccalaureate degree pilot programs they applied for.

(B) Which potential four-year baccalaureate degrees were denied and why they were denied.

(C) Baccalaureate degree pilot program costs and the funding sources that were used to finance these programs.

(D) Current trends in workforce demands that require four-year degrees in the specific degree programs being offered through the statewide baccalaureate degree pilot program.

(E) Current completion rates, if available, for each cohort of students participating in a baccalaureate degree pilot program.

(F) Information on the impact of baccalaureate degree pilot program on underserved and underprepared students.

(3) The results of the final evaluation shall be reported, in writing, to the Legislature and the Governor on or before July 1, 2022. The final evaluation shall include, but is not limited to, all of the following:

(A) The number of new district baccalaureate degree pilot programs implemented, including information identifying the number of new programs, applicants, admissions, enrollments, and degree recipients.

(B) The extent to which the baccalaureate degree pilot programs established under this article fulfill identified workforce needs for new baccalaureate degree programs, including statewide supply and demand data that considers capacity at the California State University, the University of California, and in California's independent colleges and universities.

(C) Information on the place of employment of students and the subsequent job placement of graduates.

(D) Baccalaureate degree program costs and the funding sources that were used to finance these programs, including a calculation of cost per degree awarded.

(E) The costs of the baccalaureate degree programs to students, the amount of financial aid offered, and student debt levels of graduates of the programs.

(F) Time-to-degree rates and completion rates for the baccalaureate degree pilot programs.

(G) The extent to which the programs established under this article are in compliance with the requirements of this article.

(H) Information on the impact of baccalaureate degree pilot program on underserved and underprepared students.

(I) Recommendations on whether and how the statewide baccalaureate degree pilot program can or should be extended and expanded.

(4) A district shall submit the information necessary to conduct the evaluations required by paragraph (1), as determined by the Legislative Analyst's Office, to the Chancellor of the California Community Colleges, who shall provide the information to the Legislative Analyst's Office upon request.

(5) A report to be submitted pursuant to paragraph (2) or (3) shall be submitted in compliance with Section 9795 of the Government Code.

78043. This article shall become inoperative on July 1, 2023, and as of January 1, 2024, is repealed, unless a later enacted statute that is enacted before January 1, 2024, deletes or extends that date.

Approved _____, 2014

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*Governor*

**BOARD OF REGISTERED NURSING**
**LEGISLATIVE COMMITTEE**
**September 18, 2014**

# BILL ANALYSIS

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|---|---|---|---|
| **AUTHOR:** | Block | **BILL NUMBER:** | SB 911 |
| **SPONSOR:** | Hazel's Army<br>Stand Up for Rosie | **BILL STATUS:** | Enrolled |
| **SUBJECT:** | Residential care facilities for the elderly | **DATE LAST AMENDED:** | August 22, 2014 |

**SUMMARY:**
Existing law, the California Residential Care Facilities for the Elderly Act, provides for the licensure and regulation of residential care facilities for the elderly by the State Department of Social Services. A person who violates the act is guilty of a misdemeanor and subject to civil penalty and suspension or revocation of license.

Please refer to the bill for existing law on the sections not specifically involving RNs.

**ANALYSIS:**
As introduced, this bill made provision for oversight by an RN for patients, as specified. As amended March 4th, the bill would require a residential care facility for the elderly that accepts or retains residents with restricted or prohibited health conditions to employ a registered nurse on a full-time or part-time basis, as appropriate, to oversee the care provided to those residents. A residential care facility for the elderly that accepts or retains residents with restricted or prohibited health conditions would be required to have a registered nurse on call 24 hours per day, as specified.

This bill also contains numerous provisions related specifically to the operation of these facilities by the Department of Social Services.

**Amended analysis as of 3/27:**
This bill would delete the provisions that relate to oversight by an RN or for RNs to be on call if the facility accepts residents with restricted or prohibited health conditions. The bill now requires the facility to ensure that residents receive home health or hospice services sufficient in scope and hours by appropriately skilled professionals, acting within their scope of practice, to ensure that residents receive medical care as prescribed by the resident's physician and contained in the resident's service plan. This bill would define an "appropriately skilled professional" as an individual who has training and is licensed to perform the necessary medical procedures prescribed by a physician, which includes, but is not limited to, a registered nurse, licensed vocational nurse, physical therapist, occupational therapist, or respiratory therapist.

This bill would further revise the training and continuing training for licensees and administrators of the facility and of the staff providing direct care.

**Amended analysis as of 5/27:**
This bill makes further revisions to the training and continued training requirements for licensees and administrators of residential care facilities for the elderly, including for those who provide direct care to residents with dementia or to those with postural supports, restricted health conditions or health services, or who receive hospice care.

This bill would require that no licensee, or officer or employee of the licensee, shall discriminate or retaliate against any person receiving the services of the licensee's residential care facility for the elderly, or against any employee of the licensee's facility, on the basis, or for the reason that, the person, employee, or any other person dialed or called 911.

This bill would make its provisions operative on January 1, 2016.

**Amended analysis as of 6/19:**
This bill further revised training and continued training requirements for administrators and staff who provide care in residential care facilities for the elderly.

This bill provides that the facility that accepts or retains residents with prohibited health conditions, as defined by the department, assist, rather than ensure, the residents with accessing home health or hospice services by appropriately skilled professionals. This bill provides that an appropriately skilled professional is not required if a resident is providing self-care, as defined by the department, and there is documentation in the resident's service plan that the resident is capable of providing self-care.

**Amended analysis as of 8/19:**
This bill would modify provisions related to the hours of classroom instruction for administrators of residential care facilities and adds the requirement for passage of a written test consisting of at least 100 questions.

This bill would require facilities to provide training to direct care staff in specified topics prior to the employees caring for the special needs of residents and every year thereafter.

**Amended analysis as of 8/22:**
This bill as amended further modifies the provisions related to the education of the administrators.

This bill would prohibit a licensee, or officer or employee, from discriminating or retaliating against any resident or employee on the basis that that person called 911.

**BOARD POSITION:** Watch (June 12, 2014)

**LEGISLATIVE COMMITTEE RECOMMENDED POSITION:** Watch (May 7, 2014; August 7, 2014)

**SUPPORT:**
California Advocates for Nursing Home Reform (co-sponsor)
Hazel's Army (co-sponsor)
Stand Up for Rosie (co-sponsor)
AARP
AFSCME, AFL-CIO
Alliance on Aging of Monterey County
Assisted Living Consumer Alliance

California Assisted Living Association
California Association of Public Authorities
California Continuing Care Residents Association
California Long-Term Care Ombudsman Association
California Senior Legislature
Catholic Charities Diocese of Stockton
Consumer Attorneys of California
Consumer Federation of California
Contra Costa Advisor Council on Aging
County of San Diego
Elder Abuse Task Force of Santa Clara County
Elder Law and Advocacy
Leading Age California
Long Term Care Ombudsman
Long Term Care Ombudsman Services of San Luis Obispo County
National Association of Social Workers, California Chapter
National Consumer Voice for Quality Long-Term Care (Consumer Voice)
Ombudsman Services of Contra Costa
Stanislaus Long Term Care Ombudsman
Valentine Law Group
Ventura County Ombudsman

**OPPOSE:** Community Residential Care Association of California

**Senate Bill No. 911**

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Passed the Senate August 28, 2014

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*Secretary of the Senate*

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Passed the Assembly August 27, 2014

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*Chief Clerk of the Assembly*

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This bill was received by the Governor this _____ day of _____, 2014, at _____ o'clock ____M.

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*Private Secretary of the Governor*

CHAPTER _____

An act to amend, repeal, and add Sections 1569.616, 1569.62, and 1569.69 of, and to add Sections 1569.371, 1569.39, and 1569.696 to, the Health and Safety Code, relating to residential care facilities for the elderly.

LEGISLATIVE COUNSEL'S DIGEST

SB 911, Block. Residential care facilities for the elderly.

(1) Existing law, the California Residential Care Facilities for the Elderly Act, provides for the licensure and regulation of residential care facilities for the elderly by the State Department of Social Services. A person who violates the act is guilty of a misdemeanor and subject to civil penalty and suspension or revocation of his or her license.

Existing law requires an administrator of a residential care facility for the elderly to successfully complete a department-approved certification program prior to employment that requires, among other things, a minimum of 40 hours of classroom instruction on a uniform core of knowledge, which includes resident admission, retention, and assessment procedures, and passage of a written test administered by the department.

This bill would change the minimum hours of classroom instruction to 80 hours, including 60 hours of in-person instruction, and would add additional topics to the uniform core of knowledge, including the adverse effects of psychotropic drugs for use in controlling the behavior of persons with dementia. The bill would also require the department to take specific actions with regard to the test, including ensuring that it consists of at least 100 questions.

This bill would prohibit a licensee, or officer or employee of the licensee, from discriminating or retaliating against any person receiving the services of the licensee's residential care facility for the elderly, or against any employee of the licensee's facility, on the basis, or for the reason that, the person, employee, or any other person dialed or called 911.

This bill would require a residential care facility for the elderly that accepts or retains residents with prohibited health conditions, as defined by the department, to assist residents with accessing

home health or hospice services by appropriately skilled professionals, acting within their scope of practice, to ensure that residents receive medical care as prescribed by the resident's physician and contained in the resident's service plan. The bill would define an "appropriately skilled professional" as an individual who has training and is licensed to perform the necessary medical procedures prescribed by a physician, which includes, but is not limited to, a registered nurse, licensed vocational nurse, physical therapist, occupational therapist, or respiratory therapist. The bill would provide that an appropriately skilled professional is not required if a resident is providing self-care, as defined by the department, and there is documentation in the resident's service plan that the resident is capable of providing self-care.

(2) Existing law requires the Director of Social Services to ensure that licensees, administrators, and staffs of residential care facilities for the elderly have appropriate training to provide the care and services for which a license or certificate is issued. Existing law requires the department to develop a uniform core of knowledge for the continuing education of administrators of residential care facilities for the elderly.

This bill would also require the department to develop a uniform core of knowledge jointly with the California Department of Aging for the initial certification of administrators, and add additional topics to the uniform core of knowledge, including, but not limited to, applicable laws and regulations and residents' rights.

(3) Existing law requires that employees who assist residents with the self-administration of medications at a licensed residential care facility for the elderly, which provides care for 16 or more persons, complete 16 hours of initial training, consisting of 8 hours of hands-on shadowing training and 8 hours of other training or instruction, to be completed within the first 2 weeks of employment. If that facility provides care for 15 or fewer persons, existing law requires employees to complete 6 hours of initial training, consisting of 2 hours of hands-on shadowing training and 4 hours of other training or instruction, to be completed within the first 2 weeks of employment.

This bill would require employees at a licensed residential care facility for the elderly that provides care for 16 or more persons, to complete 24 hours of initial training, consisting of 16 hours of hands-on shadowing training and 8 hours of other training or

instruction, to be completed within the first 4 weeks of employment. For facilities providing care for 15 or fewer persons, the bill would increase those training requirements to 10 hours of initial training, consisting of 6 hours of hands-on shadowing training, and 4 hours of other training, to be completed within the first 2 weeks of employment.

This bill would require all residential care facilities for the elderly to provide training to direct care staff on postural supports, restricted conditions or health services, and hospice care that includes 4 hours of training on the care, supervision, and special needs of those residents, prior to providing direct care to residents. The bill also would require 4 hours of training thereafter of in-service training per year on the subject of serving those residents.

(4) Because a violation of any of the above provisions would be a misdemeanor, this 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.

(5) This bill would make its provisions operative on January 1, 2016.

(6) This bill would become operative only if AB 1570 is enacted and takes effect on or before January 1, 2015.

*The people of the State of California do enact as follows:*

SECTION 1. Section 1569.371 is added to the Health and Safety Code, to read:

1569.371. (a) No licensee, or officer or employee of the licensee, shall discriminate or retaliate in any manner against any person receiving the services of the licensee's residential care facility for the elderly, or against any employee of the licensee's facility, on the basis, or for the reason that, the person, employee, or any other person dialed or called 911.

(b) A violation of this section is subject to civil penalty pursuant to Section 1569.49.

(c) This section shall become operative on January 1, 2016.

SEC. 2. Section 1569.39 is added to the Health and Safety Code, to read:

1569.39. (a) A residential care facility for the elderly that accepts or retains residents with prohibited health conditions, as defined by the department, in Section 87615 of Title 22 of the California Code of Regulations, shall assist residents with accessing home health or hospice services, as indicated in the resident's current appraisal, to ensure that residents receive medical care as prescribed by the resident's physician and contained in the resident's service plan.

(b) A residential care facility for the elderly that accepts or retains residents with restricted health conditions, as defined by the department, shall ensure that residents receive medical care as prescribed by the resident's physician and contained in the resident's service plan by appropriately skilled professionals acting within their scope of practice. An appropriately skilled professional may not be required when the resident is providing self-care, as defined by the department, and there is documentation in the resident's service plan that the resident is capable of providing self-care.

(c) An "appropriately skilled professional" means, for purposes of this section, an individual who has training and is licensed to perform the necessary medical procedures prescribed by a physician. This includes, but is not limited to, a registered nurse, licensed vocational nurse, physical therapist, occupational therapist, or respiratory therapist. These professionals may include, but are not limited to, those persons employed by a home health agency, the resident, or a facility, and who are currently licensed in this state.

(d) Failure to meet or arrange to meet the needs of those residents who require health-related services as specified in the resident's written record of care, defined pursuant to Section 1569.80, or failure to notify the physician of a resident's illness or injury that poses a danger of death or serious bodily harm is a licensing violation and subject to civil penalty pursuant to Section 1569.49.

(e) This section shall become operative on January 1, 2016.

SEC. 3. Section 1569.616 of the Health and Safety Code is amended to read:

1569.616. (a) (1) An administrator of a residential care facility for the elderly shall be required to successfully complete a department-approved certification program prior to employment.

(2) In those cases where the individual is both the licensee and the administrator of a facility, or a licensed nursing home administrator, the individual shall comply with the requirements of this section unless he or she qualifies for one of the exemptions provided for in subdivision (b).

(3) Failure to comply with this section shall constitute cause for revocation of the license of the facility where an individual is functioning as the administrator.

(4) The licensee shall notify the department within 30 days of any change in administrators.

(b) Individuals seeking exemptions under paragraph (2) of subdivision (a) shall meet the following criteria and fulfill the required portions of the certification program, as the case may be:

(1) An individual designated as the administrator of a residential care facility for the elderly who holds a valid license as a nursing home administrator issued in accordance with Chapter 2.35 (commencing with Section 1416) of Division 2 shall be required to complete the areas in the uniform core of knowledge required by this section that pertain to the law, regulations, policies, and procedural standards that impact the operations of residential care facilities for the elderly, the use, misuse, and interaction of medication commonly used by the elderly in a residential setting, and resident admission, retention, and assessment procedures, equal to 12 hours of classroom instruction. An individual meeting the requirements of this paragraph shall not be required to take a written test.

(2) In those cases where the individual was both the licensee and administrator on or before July 1, 1991, the individual shall be required to complete all the areas specified for the certification program, but shall not be required to take the written test required by this section. Those individuals exempted from the written test shall be issued a conditional certification that is valid only for the administrator of the facility for which the exemption was granted.

(A) As a condition to becoming an administrator of another facility, the individual shall be required to pass the written test provided for in this section.

(B) As a condition to applying for a new facility license, the individual shall be required to pass the written test provided for in Section 1569.23.

(c) (1) The administrator certification program shall require a minimum of 40 hours of classroom instruction that provides training on a uniform core of knowledge in each of the following areas:

(A) Laws, regulations, and policies and procedural standards that impact the operations of residential care facilities for the elderly.

(B) Business operations.

(C) Management and supervision of staff.

(D) Psychosocial needs of the elderly.

(E) Community and support services.

(F) Physical needs for elderly persons.

(G) Use, misuse, and interaction of medication commonly used by the elderly.

(H) Resident admission, retention, and assessment procedures.

(I) Training focused specifically on serving clients with dementia. This training shall be for at least four hours.

(J) Cultural competency and sensitivity in issues relating to the underserved aging lesbian, gay, bisexual, and transgender community.

(2) Individuals applying for certification under this section shall successfully complete an approved certification program, pass a written test administered by the department within 60 days of completing the program, and submit the documentation required by subdivision (d) to the department within 30 days of being notified of having passed the test. The department may extend these time deadlines for good cause. The department shall notify the applicant of his or her test results within 30 days of administering the test.

(d) The department shall not begin the process of issuing a certificate until receipt of all of the following:

(1) A certificate of completion of the administrator training required pursuant to this chapter.

(2) The fee required for issuance of the certificate. A fee of one hundred dollars ($100) shall be charged by the department to cover the costs of processing the application for certification.

(3) Documentation of passing the written test or of qualifying for an exemption pursuant to subdivision (b).

(4) Submission of fingerprints. The department and the Department of Justice shall expedite the criminal record clearance for holders of certificates of completion. The department may waive the submission for those persons who have a current criminal record clearance on file.

(e) It shall be unlawful for a person not certified under this section to hold himself or herself out as a certified administrator of a residential care facility for the elderly. Any person willfully making a false representation as being a certified administrator is guilty of a misdemeanor.

(f) (1) Certificates issued under this section shall be renewed every two years and renewal shall be conditional upon the certificate holder submitting documentation of completion of 40 hours of continuing education related to the core of knowledge specified in paragraph (1) of subdivision (c). No more than one-half of the required 40 hours of continuing education necessary to renew the certificate may be satisfied through online courses. All other continuing education hours shall be completed in a classroom setting. For purposes of this section, individuals who hold a valid license as a nursing home administrator issued in accordance with Chapter 2.35 (commencing with Section 1416) of Division 2 of the Health and Safety Code and meet the requirements of paragraph (1) of subdivision (b) shall only be required to complete 20 hours of continuing education.

(2) Every certified administrator of a residential care facility for the elderly is required to renew his or her certificate and shall complete the continuing education requirements of this subdivision whether he or she is certified according to subdivision (a) or (b). At least 8 hours of the 40-hour continuing education requirement for a certified administrator of a residential care facility for the elderly shall include instruction on serving clients with dementia, including, but not limited to, instruction related to direct care, physical environment, and admissions procedures and assessment.

(3) Certificates issued under this section shall expire every two years, on the anniversary date of the initial issuance of the certificate, except that any administrator receiving his or her initial certification on or after January 1, 1999, shall make an irrevocable election to have his or her recertification date for any subsequent

recertification either on the date two years from the date of issuance of the certificate or on the individual's birthday during the second calendar year following certification. The department shall send a renewal notice to the certificate holder 90 days prior to the expiration date of the certificate. If the certificate is not renewed prior to its expiration date, reinstatement shall only be permitted after the certificate holder has paid a delinquency fee equal to three times the renewal fee and has provided evidence of completion of the continuing education required.

(4) To renew a certificate, the certificate holder shall, on or before the certificate expiration date, request renewal by submitting to the department documentation of completion of the required continuing education courses and pay the renewal fee of one hundred dollars ($100), irrespective of receipt of the department's notification of the renewal. A renewal request postmarked on or before the expiration of the certificate is proof of compliance with this paragraph.

(5) A suspended or revoked certificate is subject to expiration as provided for in this section. If reinstatement of the certificate is approved by the department, the certificate holder, as a condition precedent to reinstatement, shall pay a fee in an amount equal to the renewal fee, plus the delinquency fee, if any, accrued at the time of its revocation or suspension.

(6) A certificate that is not renewed within four years after its expiration shall not be renewed, restored, reissued, or reinstated except upon completion of a certification program, passing any test that may be required of an applicant for a new certificate at that time, and paying the appropriate fees provided for in this section.

(7) A fee of twenty-five dollars ($25) shall be charged for the reissuance of a lost certificate.

(8) A certificate holder shall inform the department of his or her employment status within 30 days of any change.

(g) The department may revoke a certificate issued under this section for any of the following:

(1) Procuring a certificate by fraud or misrepresentation.

(2) Knowingly making or giving any false statement or information in conjunction with the application for issuance of a certificate.

(3) Criminal conviction, unless an exemption is granted pursuant to Section 1569.17.

(h) The certificate shall be considered forfeited under either of the following conditions:

(1) The administrator has had a license revoked, suspended, or denied as authorized under Section 1569.50.

(2) The administrator has been denied employment, residence, or presence in a facility based on action resulting from an administrative hearing pursuant to Section 1569.58.

(i) (1) The department shall establish, by regulation, the program content, the testing instrument, the process for approving certification programs, and criteria to be used in authorizing individuals, organizations, or educational institutions to conduct certification programs and continuing education courses. These regulations shall be developed in consultation with provider and consumer organizations, and shall be made available at least six months prior to the deadline required for certification. The department may deny vendor approval to any agency or person that has not provided satisfactory evidence of their ability to meet the requirements of vendorization set out in the regulations adopted pursuant to subdivision (j).

(2) (A) A vendor of online programs for continuing education shall ensure that each online course contains all of the following:

(i) An interactive portion where the participant receives feedback, through online communication, based on input from the participant.

(ii) Required use of a personal identification number or personal identification information to confirm the identity of the participant.

(iii) A final screen displaying a printable statement, to be signed by the participant, certifying that the identified participant completed the course. The vendor shall obtain a copy of the final screen statement with the original signature of the participant prior to the issuance of a certificate of completion. The signed statement of completion shall be maintained by the vendor for a period of three years and be available to the department upon demand. Any person who certifies as true any material matter pursuant to this section that he or she knows to be false is guilty of a misdemeanor.

(B) Nothing in this subdivision shall prohibit the department from approving online programs for continuing education that do not meet the requirements of subparagraph (A) if the vendor

demonstrates to the department's satisfaction that, through advanced technology, the course and the course delivery meet the requirements of this section.

(3) The department may authorize vendors to conduct the administrator certification training program pursuant to provisions set forth in this section. The department shall conduct the written test pursuant to regulations adopted by the department.

(4) The department shall prepare and maintain an updated list of approved training vendors.

(5) The department may inspect training programs, continuing education courses, and online courses, at no charge to the department, in order to determine if content and teaching methods comply with paragraphs (1) and (2), if applicable, and with regulations. If the department determines that a vendor is not complying with the intent of this section, the department shall take appropriate action to bring the program into compliance, which may include removing the vendor from the approved list.

(6) The department shall establish reasonable procedures and timeframes, not to exceed 30 days, for the approval of vendor training programs.

(7) The department may charge a reasonable fee, not to exceed one hundred fifty dollars ($150) every two years, to certification program vendors for review and approval of the initial 40-hour training program pursuant to subdivision (c). The department may also charge the vendor a fee, not to exceed one hundred dollars ($100) every two years, for the review and approval of the continuing education courses needed for recertification pursuant to this subdivision.

(j) This section shall be operative upon regulations being adopted by the department to implement the administrator certification program as provided for in this section.

(k) The department shall establish a registry for holders of certificates that shall include, at a minimum, information on employment status and criminal record clearance.

(*l*) Notwithstanding any law to the contrary, vendors approved by the department who exclusively provide either initial or continuing education courses for certification of administrators of a residential care facility for the elderly, as defined in subdivision (k) of Section 1569.2, a group home facility, as defined by regulations of the department, or an adult residential care facility,

as defined by regulations of the department, shall be regulated solely by the department pursuant to this chapter. No other state or local governmental entity shall be responsible for regulating the activity of those vendors.

(m) This section shall remain in effect only until January 1, 2016, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2016, deletes or extends that date.

SEC. 4. Section 1569.616 is added to the Health and Safety Code, to read:

1569.616. (a) (1) An administrator of a residential care facility for the elderly shall be required to successfully complete a department-approved certification program prior to employment.

(2) In those cases where the individual is both the licensee and the administrator of a facility, or a licensed nursing home administrator, the individual shall comply with the requirements of this section unless he or she qualifies for one of the exemptions provided for in subdivision (b).

(3) Failure to comply with this section shall constitute cause for revocation of the license of the facility where an individual is functioning as the administrator.

(4) The licensee shall notify the department within 30 days of any change in administrators.

(b) Individuals seeking exemptions under paragraph (2) of subdivision (a) shall meet the following criteria and fulfill the required portions of the certification program, as the case may be:

(1) An individual designated as the administrator of a residential care facility for the elderly who holds a valid license as a nursing home administrator issued in accordance with Chapter 2.35 (commencing with Section 1416) of Division 2 shall be required to complete the areas in the uniform core of knowledge required by this section that pertain to the law, regulations, policies, and procedural standards that impact the operations of residential care facilities for the elderly, the use, misuse, and interaction of medication commonly used by the elderly in a residential setting, and resident admission, retention, and assessment procedures, equal to 12 hours of classroom instruction. An individual meeting the requirements of this paragraph shall not be required to take a written test.

(2) In those cases where the individual was both the licensee and administrator on or before July 1, 1991, the individual shall

be required to complete all the areas specified for the certification program, but shall not be required to take the written test required by this section. Those individuals exempted from the written test shall be issued a conditional certification that is valid only for the administrator of the facility for which the exemption was granted.

(A) As a condition to becoming an administrator of another facility, the individual shall be required to pass the written test provided for in this section.

(B) As a condition to applying for a new facility license, the individual shall be required to pass the written test provided for in Section 1569.23.

(c) (1) The administrator certification program shall require a minimum of 80 hours of coursework, which shall include at least 60 hours of in-person instruction that provides training on a uniform core of knowledge in each of the following areas:

(A) Laws, regulations, and policies and procedural standards that impact the operations of residential care facilities for the elderly.

(B) Business operations.

(C) Management and supervision of staff.

(D) Psychosocial needs of the elderly.

(E) Community and support services.

(F) Physical needs for elderly persons.

(G) Medication management, including the use, misuse, and interaction of medication commonly used by the elderly, including antipsychotics and the adverse effects of psychotropic drugs for use in controlling the behavior of persons with dementia.

(H) Resident admission, retention, and assessment procedures.

(I) Managing Alzheimer's disease and related dementias, including nonpharmacologic, person-centered approaches to dementia care.

(J) Cultural competency and sensitivity in issues relating to the underserved aging lesbian, gay, bisexual, and transgender community.

(K) Residents' rights and the importance of initial and ongoing training for all staff to ensure that residents' rights are fully respected and implemented.

(L) Managing the physical environment, including, but not limited to, maintenance and housekeeping.

(M) Postural supports, restricted health conditions, and hospice care.

(2) Individuals applying for certification under this section shall successfully complete an approved certification program, pass a written test administered by the department within 60 days of completing the program, and submit the documentation required by subdivision (d) to the department within 30 days of being notified of having passed the test. The department may extend these time deadlines for good cause. The department shall notify the applicant of his or her test results within 30 days of administering the test.

(3) The department shall ensure the test consists of at least 100 questions and allows an applicant to have access to the California Residential Care Facilities for the Elderly Act and related regulations during the test. The department, no later than July 1 of every other year, shall review and revise the test in order to ensure the rigor and quality of the test. Each year, the department shall ensure, by January 1, that the test is not in conflict with prevailing law. The department may convene a stakeholder group to assist in developing and reviewing test questions.

(d) The department shall not begin the process of issuing a certificate until receipt of all of the following:

(1) A certificate of completion of the administrator training required pursuant to this chapter.

(2) The fee required for issuance of the certificate. A fee of one hundred dollars ($100) shall be charged by the department to cover the costs of processing the application for certification.

(3) Documentation of passing the written test or of qualifying for an exemption pursuant to subdivision (b).

(4) Submission of fingerprints. The department and the Department of Justice shall expedite the criminal record clearance for holders of certificates of completion. The department may waive the submission for those persons who have a current criminal record clearance on file.

(e) It shall be unlawful for a person not certified under this section to hold himself or herself out as a certified administrator of a residential care facility for the elderly. Any person willfully making a false representation as being a certified administrator is guilty of a misdemeanor.

(f) (1) Certificates issued under this section shall be renewed every two years and renewal shall be conditional upon the certificate holder submitting documentation of completion of 40 hours of continuing education related to the uniform core of knowledge specified in paragraph (1) of subdivision (c). No more than one-half of the required 40 hours of continuing education necessary to renew the certificate may be satisfied through online courses. All other continuing education hours shall be completed in a classroom setting. For purposes of this section, individuals who hold a valid license as a nursing home administrator issued in accordance with Chapter 2.35 (commencing with Section 1416) of Division 2 and meet the requirements of paragraph (1) of subdivision (b) shall only be required to complete 20 hours of continuing education.

(2) Every certified administrator of a residential care facility for the elderly is required to renew his or her certificate and shall complete the continuing education requirements of this subdivision whether he or she is certified according to subdivision (a) or (b). At least eight hours of the 40-hour continuing education requirement for a certified administrator of a residential care facility for the elderly shall include instruction on serving clients with dementia, including, but not limited to, instruction related to direct care, physical environment, and admissions procedures and assessment.

(3) Certificates issued under this section shall expire every two years, on the anniversary date of the initial issuance of the certificate, except that any administrator receiving his or her initial certification on or after January 1, 1999, shall make an irrevocable election to have his or her recertification date for any subsequent recertification either on the date two years from the date of issuance of the certificate or on the individual's birthday during the second calendar year following certification. The department shall send a renewal notice to the certificate holder 90 days prior to the expiration date of the certificate. If the certificate is not renewed prior to its expiration date, reinstatement shall only be permitted after the certificate holder has paid a delinquency fee equal to three times the renewal fee and has provided evidence of completion of the continuing education required.

(4) To renew a certificate, the certificate holder shall, on or before the certificate expiration date, request renewal by submitting

to the department documentation of completion of the required continuing education courses and pay the renewal fee of one hundred dollars ($100), irrespective of receipt of the department's notification of the renewal. A renewal request postmarked on or before the expiration of the certificate is proof of compliance with this paragraph.

(5) A suspended or revoked certificate is subject to expiration as provided for in this section. If reinstatement of the certificate is approved by the department, the certificate holder, as a condition precedent to reinstatement, shall pay a fee in an amount equal to the renewal fee, plus the delinquency fee, if any, accrued at the time of its revocation or suspension.

(6) A certificate that is not renewed within four years after its expiration shall not be renewed, restored, reissued, or reinstated except upon completion of a certification program, passing any test that may be required of an applicant for a new certificate at that time, and paying the appropriate fees provided for in this section.

(7) A fee of twenty-five dollars ($25) shall be charged for the reissuance of a lost certificate.

(8) A certificate holder shall inform the department of his or her employment status within 30 days of any change.

(g) The department may revoke a certificate issued under this section for any of the following:

(1) Procuring a certificate by fraud or misrepresentation.

(2) Knowingly making or giving any false statement or information in conjunction with the application for issuance of a certificate.

(3) Criminal conviction, unless an exemption is granted pursuant to Section 1569.17.

(h) The certificate shall be considered forfeited under either of the following conditions:

(1) The administrator has had a license revoked, suspended, or denied as authorized under Section 1569.50.

(2) The administrator has been denied employment, residence, or presence in a facility based on action resulting from an administrative hearing pursuant to Section 1569.58.

(i) (1) The department shall establish, by regulation, the program content, the testing instrument, the process for approving certification programs, and criteria to be used in authorizing

individuals, organizations, or educational institutions to conduct certification programs and continuing education courses. These regulations shall be developed in consultation with provider and consumer organizations, and shall be made available at least six months prior to the deadline required for certification. The department may deny vendor approval to any agency or person that has not provided satisfactory evidence of their ability to meet the requirements of vendorization set out in the regulations adopted pursuant to subdivision (j).

(2) (A) A vendor of online programs for continuing education shall ensure that each online course contains all of the following:

(i) An interactive portion where the participant receives feedback, through online communication, based on input from the participant.

(ii) Required use of a personal identification number or personal identification information to confirm the identity of the participant.

(iii) A final screen displaying a printable statement, to be signed by the participant, certifying that the identified participant completed the course. The vendor shall obtain a copy of the final screen statement with the original signature of the participant prior to the issuance of a certificate of completion. The signed statement of completion shall be maintained by the vendor for a period of three years and be available to the department upon demand. Any person who certifies as true any material matter pursuant to this section that he or she knows to be false is guilty of a misdemeanor.

(B) Nothing in this subdivision shall prohibit the department from approving online programs for continuing education that do not meet the requirements of subparagraph (A) if the vendor demonstrates to the department's satisfaction that, through advanced technology, the course and the course delivery meet the requirements of this section.

(3) The department may authorize vendors to conduct the administrator certification training program pursuant to provisions set forth in this section. The department shall conduct the written test pursuant to regulations adopted by the department.

(4) The department shall prepare and maintain an updated list of approved training vendors.

(5) The department may inspect training programs, continuing education courses, and online courses, at no charge to the department, in order to determine if content and teaching methods

comply with paragraphs (1) and (2), if applicable, and with regulations. If the department determines that a vendor is not complying with the intent of this section, the department shall take appropriate action to bring the program into compliance, which may include removing the vendor from the approved list.

(6) The department shall establish reasonable procedures and timeframes, not to exceed 30 days, for the approval of vendor training programs.

(7) The department may charge a reasonable fee, not to exceed one hundred fifty dollars ($150) every two years, to certification program vendors for review and approval of the initial 80-hour training program pursuant to subdivision (c). The department may also charge the vendor a fee, not to exceed one hundred dollars ($100) every two years, for the review and approval of the continuing education courses needed for recertification pursuant to this subdivision.

(j) This section shall be operative upon regulations being adopted by the department to implement the administrator certification program as provided for in this section.

(k) The department shall establish a registry for holders of certificates that shall include, at a minimum, information on employment status and criminal record clearance.

(*l*) Notwithstanding any law to the contrary, vendors approved by the department who exclusively provide either initial or continuing education courses for certification of administrators of a residential care facility for the elderly, as defined in subdivision (k) of Section 1569.2, a group home facility, as defined by regulations of the department, or an adult residential care facility, as defined by regulations of the department, shall be regulated solely by the department pursuant to this chapter. No other state or local governmental entity shall be responsible for regulating the activity of those vendors.

(m) This section shall become operative on January 1, 2016.

SEC. 5. Section 1569.62 of the Health and Safety Code is amended to read:

1569.62. (a) The director shall ensure that licensees, administrators, and staffs of residential care facilities for the elderly have appropriate training to provide the care and services for which a license or certificate is issued.

(b) The department shall develop jointly with the California Department of Aging, with input from provider organizations, requirements for a uniform core of knowledge within the required 20 hours of continuing education for administrators, and their designated substitutes, and for recertification of administrators of residential care facilities for the elderly. This knowledge base shall include, as a minimum, basic understanding of the psychosocial and physical care needs of elderly persons and administration. The department shall develop jointly with the California Department of Aging, with input from provider organizations, a uniform resident assessment tool to be used by all residential care facilities for the elderly. The assessment tool shall, in lay terms, help to identify resident needs for service and assistance with activities of daily living.

The departments shall develop a mandatory training program on the utilization of the assessment tool to be given to administrators and their designated substitutes.

(c) This section shall remain in effect only until January 1, 2016, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2016, deletes or extends that date.

SEC. 6. Section 1569.62 is added to the Health and Safety Code, to read:

1569.62. (a) The director shall ensure that licensees, administrators, and staff of residential care facilities for the elderly have appropriate training to provide the care and services for which a license or certificate is issued.

(b) The department shall develop jointly with the California Department of Aging requirements for a uniform core of knowledge for the required initial certification and continuing education for administrators, and their designated substitutes, and for recertification of administrators of residential care facilities for the elderly. This knowledge base shall include, as a minimum, basic understanding of the psychosocial and physical care needs of elderly persons, applicable laws and regulations, residents' rights, and administration. This training shall be developed in consultation with individuals or organizations with specific expertise in residential care facilities for the elderly or assisted living services, or by an outside source with expertise in residential care facilities for the elderly or assisted living services.

(1) The initial certification training for administrators shall consist of at least 80 hours.

(2) The continuing education requirement for administrators is at least 40 hours of training during each two-year certification period, as specified in paragraph (1) of subdivision (f) of Section 1569.616.

(c) (1) The department shall develop a uniform resident assessment tool to be used by all residential care facilities for the elderly. The assessment tool shall, in lay terms, help to identify resident needs for service and assistance with activities of daily living.

(2) The departments shall develop a mandatory training program on the utilization of the assessment tool to be given to administrators and their designated substitutes.

(d) This section shall become operative on January 1, 2016.

SEC. 7. Section 1569.69 of the Health and Safety Code is amended to read:

1569.69. (a) Each residential care facility for the elderly licensed under this chapter shall ensure that each employee of the facility who assists residents with the self-administration of medications meets the following training requirements:

(1) In facilities licensed to provide care for 16 or more persons, the employee shall complete 16 hours of initial training. This training shall consist of eight hours of hands-on shadowing training, which shall be completed prior to assisting with the self-administration of medications, and eight hours of other training or instruction, as described in subdivision (f), which shall be completed within the first two weeks of employment.

(2) In facilities licensed to provide care for 15 or fewer persons, the employee shall complete six hours of initial training. This training shall consist of two hours of hands-on shadowing training, which shall be completed prior to assisting with the self-administration of medications, and four hours of other training or instruction, as described in subdivision (f), which shall be completed within the first two weeks of employment.

(3) An employee shall be required to complete the training requirements for hands-on shadowing training described in this subdivision prior to assisting any resident in the self-administration of medications. The training and instruction described in this

subdivision shall be completed, in their entirety, within the first two weeks of employment.

(4) The training shall cover all of the following areas:

(A) The role, responsibilities, and limitations of staff who assist residents with the self-administration of medication, including tasks limited to licensed medical professionals.

(B) An explanation of the terminology specific to medication assistance.

(C) An explanation of the different types of medication orders: prescription, over-the-counter, controlled, and other medications.

(D) An explanation of the basic rules and precautions of medication assistance.

(E) Information on medication forms and routes for medication taken by residents.

(F) A description of procedures for providing assistance with the self-administration of medications in and out of the facility, and information on the medication documentation system used in the facility.

(G) An explanation of guidelines for the proper storage, security, and documentation of centrally stored medications.

(H) A description of the processes used for medication ordering, refills, and the receipt of medications from the pharmacy.

(I) An explanation of medication side effects, adverse reactions, and errors.

(5) To complete the training requirements set forth in this subdivision, each employee shall pass an examination that tests the employee's comprehension of, and competency in, the subjects listed in paragraph (4).

(6) Residential care facilities for the elderly shall encourage pharmacists and licensed medical professionals to use plain English when preparing labels on medications supplied to residents. As used in this section, "plain English" means that no abbreviations, symbols, or Latin medical terms shall be used in the instructions for the self-administration of medication.

(7) The training requirements of this section are not intended to replace or supplant those required of all staff members who assist residents with personal activities of daily living as set forth in Section 1569.625.

(8) The training requirements of this section shall be repeated if either of the following occurs:

(A) An employee returns to work for the same licensee after a break of service of more than 180 consecutive calendar days.

(B) An employee goes to work for another licensee in a facility in which he or she assists residents with the self-administration of medication.

(b) Each employee who received training and passed the examination required in paragraph (5) of subdivision (a), and who continues to assist with the self-administration of medicines, shall also complete four hours of in-service training on medication-related issues in each succeeding 12-month period.

(c) The requirements set forth in subdivisions (a) and (b) do not apply to persons who are licensed medical professionals.

(d) Each residential care facility for the elderly that provides employee training under this section shall use the training material and the accompanying examination that are developed by, or in consultation with, a licensed nurse, pharmacist, or physician. The licensed residential care facility for the elderly shall maintain the following documentation for each medical consultant used to develop the training:

(1) The name, address, and telephone number of the consultant.

(2) The date when consultation was provided.

(3) The consultant's organization affiliation, if any, and any educational and professional qualifications specific to medication management.

(4) The training topics for which consultation was provided.

(e) Each person who provides employee training under this section shall meet the following education and experience requirements:

(1) A minimum of five hours of initial, or certified continuing, education or three semester units, or the equivalent, from an accredited educational institution, on topics relevant to medication management.

(2) The person shall meet any of the following practical experience or licensure requirements:

(A) Two years of full-time experience, within the last four years, as a consultant with expertise in medication management in areas covered by the training described in subdivision (a).

(B) Two years of full-time experience, or the equivalent, within the last four years, as an administrator for a residential care facility

for the elderly, during which time the individual has acted in substantial compliance with applicable regulations.

(C) Two years of full-time experience, or the equivalent, within the last four years, as a direct care provider assisting with the self-administration of medications for a residential care facility for the elderly, during which time the individual has acted in substantial compliance with applicable regulations.

(D) Possession of a license as a medical professional.

(3) The licensed residential care facility for the elderly shall maintain the following documentation on each person who provides employee training under this section:

(A) The person's name, address, and telephone number.

(B) Information on the topics or subject matter covered in the training.

(C) The time, dates, and hours of training provided.

(f) Other training or instruction, as required in paragraphs (1) and (2) of subdivision (a), may be provided offsite, and may use various methods of instruction, including, but not limited to, all of the following:

(1) Lectures by presenters who are knowledgeable about medication management.

(2) Video recorded instruction, interactive material, online training, and books.

(3) Other written or visual materials approved by organizations or individuals with expertise in medication management.

(g) Residential care facilities for the elderly licensed to provide care for 16 or more persons shall maintain documentation that demonstrates that a consultant pharmacist or nurse has reviewed the facility's medication management program and procedures at least twice a year.

(h) Nothing in this section authorizes unlicensed personnel to directly administer medications.

(i) This section shall remain in effect only until January 1, 2016, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2016, deletes or extends that date.

SEC. 8. Section 1569.69 is added to the Health and Safety Code, to read:

1569.69. (a) Each residential care facility for the elderly licensed under this chapter shall ensure that each employee of the

facility who assists residents with the self-administration of medications meets all of the following training requirements:

(1) In facilities licensed to provide care for 16 or more persons, the employee shall complete 24 hours of initial training. This training shall consist of 16 hours of hands-on shadowing training, which shall be completed prior to assisting with the self-administration of medications, and 8 hours of other training or instruction, as described in subdivision (f), which shall be completed within the first four weeks of employment.

(2) In facilities licensed to provide care for 15 or fewer persons, the employee shall complete 10 hours of initial training. This training shall consist of 6 hours of hands-on shadowing training, which shall be completed prior to assisting with the self-administration of medications, and 4 hours of other training or instruction, as described in subdivision (f), which shall be completed within the first two weeks of employment.

(3) An employee shall be required to complete the training requirements for hands-on shadowing training described in this subdivision prior to assisting any resident in the self-administration of medications. The training and instruction described in this subdivision shall be completed, in their entirety, within the first two weeks of employment.

(4) The training shall cover all of the following areas:

(A) The role, responsibilities, and limitations of staff who assist residents with the self-administration of medication, including tasks limited to licensed medical professionals.

(B) An explanation of the terminology specific to medication assistance.

(C) An explanation of the different types of medication orders: prescription, over-the-counter, controlled, and other medications.

(D) An explanation of the basic rules and precautions of medication assistance.

(E) Information on medication forms and routes for medication taken by residents.

(F) A description of procedures for providing assistance with the self-administration of medications in and out of the facility, and information on the medication documentation system used in the facility.

(G) An explanation of guidelines for the proper storage, security, and documentation of centrally stored medications.

(H) A description of the processes used for medication ordering, refills, and the receipt of medications from the pharmacy.

(I) An explanation of medication side effects, adverse reactions, errors, the adverse effects of psychotropic drugs for use in controlling the behavior of persons with dementia, and the increased risk of death when elderly residents with dementia are given antipsychotic medications.

(5) To complete the training requirements set forth in this subdivision, each employee shall pass an examination that tests the employee's comprehension of, and competency in, the subjects listed in paragraph (4).

(6) Residential care facilities for the elderly shall encourage pharmacists and licensed medical professionals to use plain English when preparing labels on medications supplied to residents. As used in this section, "plain English" means that no abbreviations, symbols, or Latin medical terms shall be used in the instructions for the self-administration of medication.

(7) The training requirements of this section are not intended to replace or supplant those required of all staff members who assist residents with personal activities of daily living as set forth in Sections 1569.625 and 1569.696.

(8) The training requirements of this section shall be repeated if either of the following occur:

(A) An employee returns to work for the same licensee after a break of service of more than 180 consecutive calendar days.

(B) An employee goes to work for another licensee in a facility in which he or she assists residents with the self-administration of medication.

(b) Each employee who received training and passed the examination required in paragraph (5) of subdivision (a), and who continues to assist with the self-administration of medicines, shall also complete eight hours of in-service training on medication-related issues in each succeeding 12-month period.

(c) The requirements set forth in subdivisions (a) and (b) do not apply to persons who are licensed medical professionals.

(d) Each residential care facility for the elderly that provides employee training under this section shall use the training material and the accompanying examination that are developed by, or in consultation with, a licensed nurse, pharmacist, or physician. The licensed residential care facility for the elderly shall maintain the

following documentation for each medical consultant used to develop the training:

(1) The name, address, and telephone number of the consultant.

(2) The date when consultation was provided.

(3) The consultant's organization affiliation, if any, and any educational and professional qualifications specific to medication management.

(4) The training topics for which consultation was provided.

(e) Each person who provides employee training under this section shall meet the following education and experience requirements:

(1) A minimum of five hours of initial, or certified continuing, education or three semester units, or the equivalent, from an accredited educational institution, on topics relevant to medication management.

(2) The person shall meet any of the following practical experience or licensure requirements:

(A) Two years of full-time experience, within the last four years, as a consultant with expertise in medication management in areas covered by the training described in subdivision (a).

(B) Two years of full-time experience, or the equivalent, within the last four years, as an administrator for a residential care facility for the elderly, during which time the individual has acted in substantial compliance with applicable regulations.

(C) Two years of full-time experience, or the equivalent, within the last four years, as a direct care provider assisting with the self-administration of medications for a residential care facility for the elderly, during which time the individual has acted in substantial compliance with applicable regulations.

(D) Possession of a license as a medical professional.

(3) The licensed residential care facility for the elderly shall maintain the following documentation on each person who provides employee training under this section:

(A) The person's name, address, and telephone number.

(B) Information on the topics or subject matter covered in the training.

(C) The times, dates, and hours of training provided.

(f) Other training or instruction, as required in paragraphs (1) and (2) of subdivision (a), may be provided offsite, and may use

various methods of instruction, including, but not limited to, all of the following:

(1) Lectures by presenters who are knowledgeable about medication management.

(2) Video recorded instruction, interactive material, online training, and books.

(3) Other written or visual materials approved by organizations or individuals with expertise in medication management.

(g) Residential care facilities for the elderly licensed to provide care for 16 or more persons shall maintain documentation that demonstrates that a consultant pharmacist or nurse has reviewed the facility's medication management program and procedures at least twice a year.

(h) Nothing in this section authorizes unlicensed personnel to directly administer medications.

(i) This section shall become operative on January 1, 2016.

SEC. 9. Section 1569.696 is added to the Health and Safety Code, to read:

1569.696. (a) All residential care facilities for the elderly shall provide training to direct care staff on postural supports, restricted conditions or health services, and hospice care as a component of the training requirements specified in Section 1569.625. The training shall include all of the following:

(1) Four hours of training on the care, supervision, and special needs of those residents, prior to providing direct care to residents. The facility may utilize various methods of instruction, including, but not limited to, preceptorship, mentoring, and other forms of observation and demonstration. The orientation time shall be exclusive of any administrative instruction.

(2) Four hours of training thereafter of in-service training per year on the subject of serving those residents.

(b) This training shall be developed in consultation with individuals or organizations with specific expertise in the care of those residents described in subdivision (a). In formulating and providing this training, reference may be made to written materials and literature. This training requirement may be provided at the facility or offsite and may include a combination of observation and practical application.

(c) This section shall become operative on January 1, 2016.

SEC. 10. 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.

SEC. 11. This act shall become operative only if Assembly Bill 1570 is enacted and takes effect on or before January 1, 2015.

Approved _____, 2014

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*Governor*

**BOARD OF REGISTERED NURSING**
**LEGISLATIVE COMMITTEE**
**September 18, 2014**

# BILL ANALYSIS

| | | | |
|---|---|---|---|
| **AUTHOR:** | Lara | **BILL NUMBER:** | SB 1159 |
| **SPONSOR:** | Lara | **BILL STATUS:** | Engrossment and Enrollment |
| **SUBJECT:** | Professions and vocations: license applicants: individual tax identification number | **DATE LAST AMENDED:** | August 22, 2014 |


**SUMMARY:**
As amended 4/7:
Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs, among other licensing bodies. Existing law requires those licensing bodies to require a licensee, at the time of issuance of the license, to provide its federal employer identification number, if the licensee is a partnership, or his or her social security number for all other licensees. Existing law requires those licensing bodies to report to the Franchise Tax Board any licensee who fails to provide the federal employer identification number or social security number, and subjects the licensee to a penalty for failing to provide the information after notification, as specified.


**ANALYSIS:**
As introduced in March, the subject of this bill was Professions and vocations: license suspension or restriction. As amended in April, the new subject became Professions and vocations: license applicants: federal tax identification number.

**Amended analysis as of 4/7:**
This bill would those licensing bodies to require an applicant other than a partnership to provide either a federal tax identification number or social security number, if one has been issued to the applicant, and would require the licensing bodies to report to the Franchise Tax Board, and subject a licensee to a penalty, for failure to provide that information, as described above.

**Amended analyses as of 6/18 and 6/30:**
This bill would change the name of the bill from Professions and vocations: license applicants: federal tax identification number to Professions and vocations: license applicants: individual tax identification number, and replaces “federal” with “individual” as it refers to the taxpayer identification number wherever it appears.

**Amended analysis as of 8/4:**
This bill would remove the modifying words “if one has been issued to the individual” from “social security number”, and makes other clarifying language changes.

**Amended analysis as of 8/22:**
This bill would require that no later than January 1, 2016, the licensing bodies to require an applicant to provide either an individual tax identification number or social security number if the applicant is an individual.

The bill would prohibit, except as specified, any entity within the Department of Consumer Affairs from denying licensure to an applicant based on her or his citizenship status or immigration status. This bill would require every board within the department to implement regulatory and procedural changes necessary to implement these provisions no later than January 1, 2016, and would authorize implementation at any time prior to that date.

**BOARD POSITION:** Watch (June 12, 2014)

**LEGISLATIVE COMMITTEE RECOMMENDED POSITION:** Watch (May 7, 2014; August 7, 2014)

**SUPPORT:**
American Civil Liberties Union of California
California Immigrant Policy Center
California Pan-Ethnic Health Network
Central American Resource Center-Los Angeles
Coalition for Humane Immigrant Rights of Los Angeles
Councilwoman Christina N. Carrizosa, City of Pomona
Educators for Fair Consideration
Friends Committee on Legislation
The Latino and Latina Roundtable of the San Gabriel and Pomona Valley
Los Angeles Area Chamber of Commerce
Mexican American Legal Defense and Education Fund (MALDEF)
National Association of Social Workers- California Chapter
Our Family Coalition
Pre-Health Dreamers
United Farm Workers (UFW)

**OPPOSE:** None on file

AMENDED IN ASSEMBLY AUGUST 22, 2014

AMENDED IN ASSEMBLY AUGUST 4, 2014

AMENDED IN ASSEMBLY JUNE 30, 2014

AMENDED IN ASSEMBLY JUNE 18, 2014

AMENDED IN SENATE APRIL 7, 2014

# SENATE BILL No. 1159

**Introduced by Senator Lara**

February 20, 2014

An act to amend ~~Section~~ *Sections* 30*, 2103, 2111, 2112, 2113, 2115, 3624, and 6533* of*, and to add Section 135.5 to,* the Business and Professions Code, to amend Section 17520 of the Family Code, and to amend Section 19528 of the Revenue and Taxation Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

SB 1159, as amended, Lara. Professions and vocations: license applicants: individual tax identification number.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs, among other licensing bodies. Existing law requires those licensing bodies to require a licensee, at the time of issuance of the license, to provide its federal employer identification number if the licensee is a partnership, or his or her social security number for all other licensees. Existing law requires those licensing bodies to report to the Franchise Tax Board any licensee who fails to provide the federal employer identification number or social security number, and subjects

the licensee to a penalty for failing to provide the information after notification, as specified.

This bill, *no later than January 1, 2016,* would require those licensing bodies to require an applicant ~~other than a partnership~~ to provide either an individual tax identification number or social security number ~~and would~~ *if the applicant is an individual. The bill would* require the licensing bodies to report to the Franchise Tax Board, and subject a licensee to a penalty, for failure to provide that information, as described above. *The bill would prohibit, except as specified, any entity within the department from denying licensure to an applicant based on his or her citizenship status or immigration status. The bill would require every board within the department to implement regulatory and procedural changes necessary to implement these provisions no later than January 1, 2016, and would authorize implementation at an any time prior to that date.* The bill would make other conforming changes.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

*The people of the State of California do enact as follows:*

SECTION 1. Section 30 of the Business and Professions Code is amended to read:

30. (a) *(1)* Notwithstanding any other law, any board, as defined in Section 22, and the State Bar and the Bureau of Real Estate shall, at the time of issuance of the license, require that the applicant provide its federal employer identification number, if the applicant is a partnership, or the applicant's ~~individual taxpayer identification number or~~ social security number for all other applicants.

*(2) No later than January 1, 2016, in accordance with Section 135.5, a board, as defined in Section 22, and the State Bar and the Bureau of Real Estate shall require either the individual taxpayer identification number or social security number if the applicant is an individual for purposes of this subdivision.*

(b) A licensee failing to provide the federal employer identification number, or the individual taxpayer identification number or social security number shall be reported by the licensing board to the Franchise Tax Board. If the licensee fails to provide that information after notification pursuant to paragraph (1) of subdivision (b) of Section 19528 of the Revenue and Taxation

Code, the licensee shall be subject to the penalty provided in paragraph (2) of subdivision (b) of Section 19528 of the Revenue and Taxation Code.

(c) In addition to the penalty specified in subdivision (b), a licensing board may not process an application for an initial license unless the applicant provides its federal employer identification number, or individual taxpayer identification number or social security number where requested on the application.

(d) A licensing board shall, upon request of the Franchise Tax Board, furnish to the Franchise Tax Board the following information with respect to every licensee:

(1) Name.

(2) Address or addresses of record.

(3) Federal employer identification number if the licensee is a partnership, or the licensee's individual taxpayer identification number or social security number for all other licensees.

(4) Type of license.

(5) Effective date of license or a renewal.

(6) Expiration date of license.

(7) Whether license is active or inactive, if known.

(8) Whether license is new or a renewal.

(e) For the purposes of this section:

(1) "Licensee" means a person or entity, other than a corporation, authorized by a license, certificate, registration, or other means to engage in a business or profession regulated by this code or referred to in Section 1000 or 3600.

(2) "License" includes a certificate, registration, or any other authorization needed to engage in a business or profession regulated by this code or referred to in Section 1000 or 3600.

(3) "Licensing board" means any board, as defined in Section 22, the State Bar, and the Bureau of Real Estate.

(f) The reports required under this section shall be filed on magnetic media or in other machine-readable form, according to standards furnished by the Franchise Tax Board.

(g) Licensing boards shall provide to the Franchise Tax Board the information required by this section at a time that the Franchise Tax Board may require.

(h) Notwithstanding Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1 of the Government Code, a federal employer identification number, individual taxpayer identification

number, or social security number furnished pursuant to this section shall not be deemed to be a public record and shall not be open to the public for inspection.

(i) A deputy, agent, clerk, officer, or employee of a licensing board described in subdivision (a), or any former officer or employee or other individual who, in the course of his or her employment or duty, has or has had access to the information required to be furnished under this section, may not disclose or make known in any manner that information, except as provided in this section to the Franchise Tax Board or as provided in subdivision (k).

(j) It is the intent of the Legislature in enacting this section to utilize the federal employer identification number, individual taxpayer identification number, or social security number for the purpose of establishing the identification of persons affected by state tax laws and for purposes of compliance with Section 17520 of the Family Code and, to that end, the information furnished pursuant to this section shall be used exclusively for those purposes.

(k) If the board utilizes a national examination to issue a license, and if a reciprocity agreement or comity exists between the State of California and the state requesting release of the individual taxpayer identification number or social security number, any deputy, agent, clerk, officer, or employee of any licensing board described in subdivision (a) may release an individual taxpayer identification number or social security number to an examination or licensing entity, only for the purpose of verification of licensure or examination status.

(*l*) For the purposes of enforcement of Section 17520 of the Family Code, and notwithstanding any other law, a board, as defined in Section 22, and the State Bar and the Bureau of Real Estate shall at the time of issuance of the license require that each licensee provide the individual taxpayer identification number or social security number of each individual listed on the license and any person who qualifies *for* the license. For the purposes of this subdivision, “licensee” means an entity that is issued a license by any board, as defined in Section 22, the State Bar, the Bureau of Real Estate, and the Department of Motor Vehicles.

*SEC. 2. Section 135.5 is added to the Business and Professions Code, to read:*

*135.5. (a) The Legislature finds and declares that it is in the best interests of the State of California to provide persons who are not lawfully present in the United States with the state benefits provided by all licensing acts of entities within the department, and therefore enacts this section pursuant to subsection (d) of Section 1621 of Title 8 of the United States Code.*

*(b) Notwithstanding subdivision (a) of Section 30, and except as required by subdivision (e) of Section 7583.23, no entity within the department shall deny licensure to an applicant based on his or her citizenship status or immigration status.*

*(c) Every board within the department shall implement all required regulatory or procedural changes necessary to implement this section no later than January 1, 2016. A board may implement the provisions of this section at any time prior to January 1, 2016.*

*SEC. 3. Section 2103 of the Business and Professions Code is amended to read:*

2103. An applicant ~~who is a citizen of the United States~~ shall be eligible for a physician's and surgeon's certificate if he or she has completed the following requirements:

(a) Submitted official evidence satisfactory to the board of completion of a resident course or professional instruction equivalent to that required in Section 2089 in a medical school located outside the United States or Canada. However, nothing in this section shall be construed to require the board to evaluate for equivalency any coursework obtained at a medical school disapproved by the board pursuant to Article 4 (commencing with Section 2080).

(b) Submitted official evidence satisfactory to the board of completion of all formal requirements of the medical school for graduation, except the applicant shall not be required to have completed an internship or social service or be admitted or licensed to practice medicine in the country in which the professional instruction was completed.

(c) Attained a score satisfactory to an approved medical school on a qualifying examination acceptable to the board.

(d) Successfully completed one academic year of supervised clinical training in a program approved by the board pursuant to Section 2104. The board shall also recognize as compliance with this subdivision the successful completion of a one-year supervised clinical medical internship operated by a medical school pursuant

to Chapter 85 of the Statutes of 1972 and as amended by Chapter 888 of the Statutes of 1973 as the equivalent of the year of supervised clinical training required by this section.

(1) Training received in the academic year of supervised clinical training approved pursuant to Section 2104 shall be considered as part of the total academic curriculum for purposes of meeting the requirements of Sections 2089 and 2089.5.

(2) An applicant who has passed the basic science and English language examinations required for certification by the Educational Commission for Foreign Medical Graduates may present evidence of those passing scores along with a certificate of completion of one academic year of supervised clinical training in a program approved by the board pursuant to Section 2104 in satisfaction of the formal certification requirements of subdivision (b) of Section 2102.

(e) Satisfactorily completed the postgraduate training required under Section 2096.

(f) Passed the written examination required for certification as a physician and surgeon under this chapter.

*SEC. 4. Section 2111 of the Business and Professions Code is amended to read:*

2111. (a) Physicians who are not citizens but who meet the requirements of subdivision ~~(b), are legally admitted to the United States,~~ *(b)* and who seek postgraduate study in an approved medical school may, after receipt of an appointment from the dean of the California medical school and application to and approval by the Division of Licensing, be permitted to participate in the professional activities of the department or division in the medical school to which they are appointed. The physician shall be under the direction of the head of the department to which he or she is appointed, supervised by the staff of the medical school's medical center, and known for these purposes as a "visiting fellow." The visiting fellow shall wear a visible name tag containing the title "visiting fellow" when he or she provides clinical services.

(b) (1) Application for approval shall be made on a form prescribed by the division and shall be accompanied by a fee fixed by the division in an amount necessary to recover the actual application processing costs of the program. The application shall show that the person does not immediately qualify for a physician's and surgeon's certificate under this chapter and that the person has

completed at least three years of postgraduate basic residency requirements. The application shall include a written statement of the recruitment procedures followed by the medical school before offering the appointment to the applicant.

(2) Approval shall be granted only for appointment to one medical school, and no physician shall be granted more than one approval for the same period of time.

(3) Approval may be granted for a maximum of three years and shall be renewed annually. The medical school shall submit a request for renewal on a form prescribed by the division, which shall be accompanied by a renewal fee fixed by the division in a amount necessary to recover the actual application processing costs of the program.

(c) Except to the extent authorized by this section, the visiting fellow may not engage in the practice of medicine. Neither the visiting fellow nor the medical school may assess any charge for the medical services provided by the visiting fellow, and the visiting fellow may not receive any other compensation therefor.

(d) The time spent under appointment in a medical school pursuant to this section may not be used to meet the requirements for licensure under Section 2102.

(e) The division shall notify both the visiting fellow and the dean of the appointing medical school of any complaint made about the visiting fellow.

The division may terminate its approval of an appointment for any act that would be grounds for discipline if done by a licensee. The division shall provide both the visiting fellow and the dean of the medical school with a written notice of termination including the basis for that termination. The visiting fellow may, within 30 days after the date of the notice of termination, file a written appeal to the division. The appeal shall include any documentation the visiting fellow wishes to present to the division.

(f) Nothing in this section shall preclude any United States citizen who has received his or her medical degree from a medical school located in a foreign country and recognized by the division from participating in any program established pursuant to this section.

*SEC. 5. Section 2112 of the Business and Professions Code is amended to read:*

2112. (a) Physicians who are not citizens ~~but are legally admitted to the United States~~ and who seek postgraduate study, may, after application to and approval by the Division of Licensing, be permitted to participate in a fellowship program in a specialty or subspecialty field, providing the fellowship program is given in a hospital in this state which is approved by the Joint Committee on Accreditation of Hospitals and providing the service is satisfactory to the division. Such physicians shall at all times be under the direction and supervision of a licensed, board-certified physician and surgeon who is recognized as a clearly outstanding specialist in the field in which the foreign fellow is to be trained. The supervisor, as part of the application process, shall submit his or her curriculum vitae and a protocol of the fellowship program to be completed by the foreign fellow. Approval of the program and supervisor is for a period of one year, but may be renewed annually upon application to and approval by the division. The approval may not be renewed more than four times. The division may determine a fee, based on the cost of operating this program, which shall be paid by the applicant at the time the application is filed.

(b) Except to the extent authorized by this section, no such visiting physician may engage in the practice of medicine or receive compensation therefor. The time spent under appointment in a medical school pursuant to this section may not be used to meet the requirements for licensure under Section 2101 or 2102.

(c) Nothing in this section shall preclude any United States citizen who has received his or her medical degree from a medical school located in a foreign country from participating in any program established pursuant to this section.

*SEC. 6. Section 2113 of the Business and Professions Code is amended to read:*

2113. (a) Any person who does not immediately qualify for a physician's and surgeon's certificate under this chapter and who is offered by the dean of an approved medical school in this state a full-time faculty position may, after application to and approval by the Division of Licensing, be granted a certificate of registration to engage in the practice of medicine only to the extent that the practice is incident to and a necessary part of his or her duties as approved by the division in connection with the faculty position. A certificate of registration does not authorize a registrant to admit

patients to a nursing or a skilled or assisted living facility unless that facility is formally affiliated with the sponsoring medical school. A clinical fellowship shall not be submitted as a faculty service appointment.

(b) Application for a certificate of registration shall be made on a form prescribed by the division and shall be accompanied by a registration fee fixed by the division in a amount necessary to recover the actual application processing costs of the program. To qualify for the certificate, an applicant shall submit all of the following:

~~(1) Documentary evidence satisfactory to the division that the applicant is a United States citizen or is legally admitted to the United States.~~

~~(2)~~

*(1)* If the applicant is a graduate of a medical school other than in the United States or Canada, documentary evidence satisfactory to the division that he or she has been licensed to practice medicine and surgery for not less than four years in another state or country whose requirements for licensure are satisfactory to the division, or has been engaged in the practice of medicine in the United States for at least four years in approved facilities, or has completed a combination of that licensure and training.

~~(3)~~

*(2)* If the applicant is a graduate of an approved medical school in the United States or Canada, documentary evidence that he or she has completed a resident course of professional instruction as required in Section 2089.

~~(4)~~

*(3)* Written certification by the head of the department in which the applicant is to be appointed of all of the following:

(A) The applicant will be under his or her direction.

(B) The applicant will not be permitted to practice medicine unless incident to and a necessary part of his or her duties as approved by the division in subdivision (a).

(C) The applicant will be accountable to the medical school's department chair or division chief for the specialty in which the applicant will practice.

(D) The applicant will be proctored in the same manner as other new faculty members, including, as appropriate, review by the medical staff of the school's medical center.

(E) The applicant will not be appointed to a supervisory position at the level of a medical school department chair or division chief.

~~(5)~~

*(4)* Demonstration by the dean of the medical school that the applicant has the requisite qualifications to assume the position to which he or she is to be appointed and that shall include a written statement of the recruitment procedures followed by the medical school before offering the faculty position to the applicant.

(c) A certificate of registration shall be issued only for a faculty position at one approved medical school, and no person shall be issued more than one certificate of registration for the same period of time.

(d) (1) A certificate of registration is valid for one year from its date of issuance and may be renewed twice.

A request for renewal shall be submitted on a form prescribed by the division and shall be accompanied by a renewal fee fixed by the division in an amount necessary to recover the actual application processing costs of the program.

(2) The dean of the medical school may request renewal of the registration by submitting a plan at the beginning of the third year of the registrant's appointment demonstrating the registrant's continued progress toward licensure and, if the registrant is a graduate of a medical school other than in the United States or Canada, that the registrant has been issued a certificate by the Educational Commission for Foreign Medical Graduates. The division may, in its discretion, extend the registration for a two-year period to facilitate the registrant's completion of the licensure process.

(e) If the registrant is a graduate of a medical school other than in the United States or Canada, he or she shall meet the requirements of Section 2102 or 2135, as appropriate, in order to obtain a physician's and surgeon's certificate. Notwithstanding any other provision of law, the division may accept clinical practice in an appointment pursuant to this section as qualifying time to meet the postgraduate training requirements in Section 2102, and may, in its discretion, waive the examination and the Educational Commission for Foreign Medical Graduates certification requirements specified in Section 2102 in the event the registrant applies for a physician's and surgeon's certificate. As a condition to waiving any examination or the Educational Commission for

Foreign Medical Graduates certification requirement, the division in its discretion, may require an applicant to pass the clinical competency examination referred to in subdivision (d) of Section 2135. The division shall not waive any examination for an applicant who has not completed at least one year in the faculty position.

(f) Except to the extent authorized by this section, the registrant shall not engage in the practice of medicine, bill individually for medical services provided by the registrant, or receive compensation therefor, unless he or she is issued a physician's and surgeon's certificate.

(g) When providing clinical services, the registrant shall wear a visible name tag containing the title "visiting professor" or "visiting faculty member," as appropriate, and the institution at which the services are provided shall obtain a signed statement from each patient to whom the registrant provides services acknowledging that the patient understands that the services are provided by a person who does not hold a physician's and surgeon's certificate but who is qualified to participate in a special program as a visiting professor or faculty member.

(h) The division shall notify both the registrant and the dean of the medical school of a complaint made about the registrant. The division may terminate a registration for any act that would be grounds for discipline if done by a licensee. The division shall provide both the registrant and the dean of the medical school with written notice of the termination and the basis for that termination. The registrant may, within 30 days after the date of the notice of termination, file a written appeal to the division. The appeal shall include any documentation the registrant wishes to present to the division.

*SEC. 7. Section 2115 of the Business and Professions Code is amended to read:*

2115. (a) Physicians who are not citizens ~~but are legally admitted to the United States~~ and who seek postgraduate study may, after application to and approval by the Division of Licensing, be permitted to participate in a fellowship program in a specialty or subspecialty field, providing the fellowship program is given in a clinic or hospital in a medically underserved area of this state that is licensed by the State Department of Health Services or is exempt from licensure pursuant to subdivision (b) or (c) of Section 1206 of the Health and Safety Code, and providing service is

satisfactory to the division. These physicians shall at all times be under the direction and supervision of a licensed, board certified physician and surgeon who has an appointment with a medical school in California and is a specialist in the field in which the fellow is to be trained. The supervisor, as part of the application process, shall submit his or her curriculum vitae and a protocol of the fellowship program to be completed by the foreign fellow. Approval of the program and supervisor is for a period of one year, but may be renewed annually upon application to and approval by the division. The approval may not be renewed more than four times. The division may determine a fee, based on the cost of operating this program, which shall be paid by the applicant at the time the application is filed.

(b) Except to the extent authorized by this section, no visiting physician may engage in the practice of medicine or receive compensation therefor. The time spent under appointment in a clinic pursuant to this section may not be used to meet the requirements for licensure under Section 2102.

(c) Nothing in this section shall preclude any United States citizen who has received his or her medical degree from a medical school located in a foreign country from participating in any program established pursuant to this section.

(d) For purposes of this section, a medically underserved area means a federally designated Medically Underserved Area, a federally designated Health Professional Shortage Area, and any other clinic or hospital determined by the board to be medically underserved. Clinics or hospitals determined by the board pursuant to this subdivision shall be reported to the Office of Statewide Health Planning and Development.

*SEC. 8. Section 3624 of the Business and Professions Code is amended to read:*

3624. (a) The committee may grant a certificate of registration to practice naturopathic medicine to a person who does not hold a naturopathic doctor's license under this chapter and is offered a faculty position by the dean of a naturopathic medical education program approved by the committee, if all of the following requirements are met to the satisfaction of the committee:

~~(1) The applicant furnishes documentary evidence that he or she is a United States citizen or is legally admitted to the United States.~~

~~(2)~~

*(1)* The applicant submits an application on a form prescribed by the committee.

~~(3)~~

*(2)* The dean of the naturopathic medical education program demonstrates that the applicant has the requisite qualifications to assume the position to which he or she is to be appointed.

~~(4)~~

*(3)* The dean of the naturopathic medical education program certifies in writing to the committee that the applicant will be under his or her direction and will not be permitted to practice naturopathic medicine unless incident to and a necessary part of the applicant's duties as approved by the committee.

(b) The holder of a certificate of registration issued under this section shall not receive compensation for or practice naturopathic medicine unless it is incidental to and a necessary part of the applicant's duties in connection with the holder's faculty position.

(c) A certificate of registration issued under this section is valid for two years.

*SEC. 9. Section 6533 of the Business and Professions Code is amended to read:*

6533. In order to meet the qualifications for licensure as a professional fiduciary a person shall meet all of the following requirements:

(a) Be at least 21 years of age.

~~(b) Be a United States citizen, or be legally admitted to the United States.~~

~~(c)~~

*(b)* Have not committed any acts that are grounds for denial of a license under Section 480 or 6536.

~~(d)~~

*(c)* Submit fingerprint images as specified in Section 6533.5 in order to obtain criminal offender record information.

~~(e)~~

*(d)* Have completed the required prelicensing education described in Section 6538.

~~(f)~~

*(e)* Have passed the licensing examination administered by the bureau pursuant to Section 6539.

~~(g)~~

*(f)* Have at least one of the following:

(1) A baccalaureate degree of arts or sciences from a college or university accredited by a nationally recognized accrediting body of colleges and universities or a higher level of education.

(2) An associate of arts or sciences degree from a college or university accredited by a nationally recognized accrediting body of colleges and universities, and at least three years of experience working as a professional fiduciary or working with substantive fiduciary responsibilities for a professional fiduciary, public agency, or financial institution acting as a conservator, guardian, trustee, personal representative, or agent under a power of attorney.

(3) Experience of not less than five years, prior to July 1, 2012, working as a professional fiduciary or working with substantive fiduciary responsibilities for a professional fiduciary, public agency, or financial institution acting as a conservator, guardian, trustee, personal representative, or agent under a power of attorney.

~~(h)~~

*(g)* Agree to adhere to the Professional Fiduciaries Code of Ethics and to all statutes and regulations.

~~(i)~~

*(h)* Consent to the bureau conducting a credit check on the applicant.

~~(j)~~

*(i)* File a completed application for licensure with the bureau on a form provided by the bureau and signed by the applicant under penalty of perjury.

~~(k)~~

*(j)* Submit with the license application a nonrefundable application fee, as specified in this chapter.

~~SEC. 2.~~

*SEC. 10.* Section 17520 of the Family Code is amended to read:

17520. (a) As used in this section:

(1) "Applicant" means a person applying for issuance or renewal of a license.

(2) "Board" means an entity specified in Section 101 of the Business and Professions Code, the entities referred to in Sections 1000 and 3600 of the Business and Professions Code, the State Bar, the Bureau of Real Estate, the Department of Motor Vehicles, the Secretary of State, the Department of Fish and ~~Game,~~ *Wildlife*,

and any other state commission, department, committee, examiner, or agency that issues a license, certificate, credential, permit, registration, or any other authorization to engage in a business, occupation, or profession, or to the extent required by federal law or regulations, for recreational purposes. This term includes all boards, commissions, departments, committees, examiners, entities, and agencies that issue a license, certificate, credential, permit, registration, or any other authorization to engage in a business, occupation, or profession. The failure to specifically name a particular board, commission, department, committee, examiner, entity, or agency that issues a license, certificate, credential, permit, registration, or any other authorization to engage in a business, occupation, or profession does not exclude that board, commission, department, committee, examiner, entity, or agency from this term.

(3) "Certified list" means a list provided by the local child support agency to the Department of Child Support Services in which the local child support agency verifies, under penalty of perjury, that the names contained therein are support obligors found to be out of compliance with a judgment or order for support in a case being enforced under Title IV-D of the *federal* Social Security Act.

(4) "Compliance with a judgment or order for support" means that, as set forth in a judgment or order for child or family support, the obligor is no more than 30 calendar days in arrears in making payments in full for current support, in making periodic payments in full, whether court ordered or by agreement with the local child support agency, on a support arrearage, or in making periodic payments in full, whether court ordered or by agreement with the local child support agency, on a judgment for reimbursement for public assistance, or has obtained a judicial finding that equitable estoppel as provided in statute or case law precludes enforcement of the order. The local child support agency is authorized to use this section to enforce orders for spousal support only when the local child support agency is also enforcing a related child support obligation owed to the obligee parent by the same obligor, pursuant to Sections 17400 and 17604.

(5) "License" includes membership in the State Bar, and a certificate, credential, permit, registration, or any other authorization issued by a board that allows a person to engage in a business, occupation, or profession, or to operate a commercial

motor vehicle, including appointment and commission by the Secretary of State as a notary public. "License" also includes any driver's license issued by the Department of Motor Vehicles, any commercial fishing license issued by the Department of Fish and ~~Game,~~ *Wildlife,* and to the extent required by federal law or regulations, any license used for recreational purposes. This term includes all licenses, certificates, credentials, permits, registrations, or any other authorization issued by a board that allows a person to engage in a business, occupation, or profession. The failure to specifically name a particular type of license, certificate, credential, permit, registration, or other authorization issued by a board that allows a person to engage in a business, occupation, or profession, does not exclude that license, certificate, credential, permit, registration, or other authorization from this term.

(6) "Licensee" means a person holding a license, certificate, credential, permit, registration, or other authorization issued by a board, to engage in a business, occupation, or profession, or a commercial driver's license as defined in Section 15210 of the Vehicle Code, including an appointment and commission by the Secretary of State as a notary public. "Licensee" also means a person holding a driver's license issued by the Department of Motor Vehicles, a person holding a commercial fishing license issued by the Department of Fish and Game, and to the extent required by federal law or regulations, a person holding a license used for recreational purposes. This term includes all persons holding a license, certificate, credential, permit, registration, or any other authorization to engage in a business, occupation, or profession, and the failure to specifically name a particular type of license, certificate, credential, permit, registration, or other authorization issued by a board does not exclude that person from this term. For licenses issued to an entity that is not an individual person, "licensee" includes an individual who is either listed on the license or who qualifies for the license.

(b) The local child support agency shall maintain a list of those persons included in a case being enforced under Title IV-D of the *federal* Social Security Act against whom a support order or judgment has been rendered by, or registered in, a court of this state, and who are not in compliance with that order or judgment. The local child support agency shall submit a certified list with the names, social security numbers, and last known addresses of

these persons and the name, address, and telephone number of the local child support agency who certified the list to the department. The local child support agency shall verify, under penalty of perjury, that the persons listed are subject to an order or judgment for the payment of support and that these persons are not in compliance with the order or judgment. The local child support agency shall submit to the department an updated certified list on a monthly basis.

(c) The department shall consolidate the certified lists received from the local child support agencies and, within 30 calendar days of receipt, shall provide a copy of the consolidated list to each board that is responsible for the regulation of licenses, as specified in this section.

(d) On or before November 1, 1992, or as soon thereafter as economically feasible, as determined by the department, all boards subject to this section shall implement procedures to accept and process the list provided by the department, in accordance with this section. Notwithstanding any other law, all boards shall collect social security numbers or individual taxpayer identification numbers from all applicants for the purposes of matching the names of the certified list provided by the department to applicants and licensees and of responding to requests for this information made by child support agencies.

(e) (1) Promptly after receiving the certified consolidated list from the department, and prior to the issuance or renewal of a license, each board shall determine whether the applicant is on the most recent certified consolidated list provided by the department. The board shall have the authority to withhold issuance or renewal of the license of an applicant on the list.

(2) If an applicant is on the list, the board shall immediately serve notice as specified in subdivision (f) on the applicant of the board's intent to withhold issuance or renewal of the license. The notice shall be made personally or by mail to the applicant's last known mailing address on file with the board. Service by mail shall be complete in accordance with Section 1013 of the Code of Civil Procedure.

(A) The board shall issue a temporary license valid for a period of 150 days to any applicant whose name is on the certified list if the applicant is otherwise eligible for a license.

(B) Except as provided in subparagraph (D), the 150-day time period for a temporary license shall not be extended. Except as provided in subparagraph (D), only one temporary license shall be issued during a regular license term and it shall coincide with the first 150 days of that license term. As this paragraph applies to commercial driver's licenses, "license term" shall be deemed to be 12 months from the date the application fee is received by the Department of Motor Vehicles. A license for the full or remainder of the license term shall be issued or renewed only upon compliance with this section.

(C) In the event that a license or application for a license or the renewal of a license is denied pursuant to this section, any funds paid by the applicant or licensee shall not be refunded by the board.

(D) This paragraph shall apply only in the case of a driver's license, other than a commercial driver's license. Upon the request of the local child support agency or by order of the court upon a showing of good cause, the board shall extend a 150-day temporary license for a period not to exceed 150 extra days.

(3) (A) The department may, when it is economically feasible for the department and the boards to do so as determined by the department, in cases where the department is aware that certain child support obligors listed on the certified lists have been out of compliance with a judgment or order for support for more than four months, provide a supplemental list of these obligors to each board with which the department has an interagency agreement to implement this paragraph. Upon request by the department, the licenses of these obligors shall be subject to suspension, provided that the licenses would not otherwise be eligible for renewal within six months from the date of the request by the department. The board shall have the authority to suspend the license of any licensee on this supplemental list.

(B) If a licensee is on a supplemental list, the board shall immediately serve notice as specified in subdivision (f) on the licensee that his or her license will be automatically suspended 150 days after notice is served, unless compliance with this section is achieved. The notice shall be made personally or by mail to the licensee's last known mailing address on file with the board. Service by mail shall be complete in accordance with Section 1013 of the Code of Civil Procedure.

(C) The 150-day notice period shall not be extended.

(D) In the event that any license is suspended pursuant to this section, any funds paid by the licensee shall not be refunded by the board.

(E) This paragraph shall not apply to licenses subject to annual renewal or annual fee.

(f) Notices shall be developed by each board in accordance with guidelines provided by the department and subject to approval by the department. The notice shall include the address and telephone number of the local child support agency that submitted the name on the certified list, and shall emphasize the necessity of obtaining a release from that local child support agency as a condition for the issuance, renewal, or continued valid status of a license or licenses.

(1) In the case of applicants not subject to paragraph (3) of subdivision (e), the notice shall inform the applicant that the board shall issue a temporary license, as provided in subparagraph (A) of paragraph (2) of subdivision (e), for 150 calendar days if the applicant is otherwise eligible and that upon expiration of that time period the license will be denied unless the board has received a release from the local child support agency that submitted the name on the certified list.

(2) In the case of licensees named on a supplemental list, the notice shall inform the licensee that his or her license will continue in its existing status for no more than 150 calendar days from the date of mailing or service of the notice and thereafter will be suspended indefinitely unless, during the 150-day notice period, the board has received a release from the local child support agency that submitted the name on the certified list. Additionally, the notice shall inform the licensee that any license suspended under this section will remain so until the expiration of the remaining license term, unless the board receives a release along with applications and fees, if applicable, to reinstate the license during the license term.

(3) The notice shall also inform the applicant or licensee that if an application is denied or a license is suspended pursuant to this section, any funds paid by the applicant or licensee shall not be refunded by the board. The Department of Child Support Services shall also develop a form that the applicant shall use to request a review by the local child support agency. A copy of this form shall be included with every notice sent pursuant to this subdivision.

(g) (1) Each local child support agency shall maintain review procedures consistent with this section to allow an applicant to have the underlying arrearage and any relevant defenses investigated, to provide an applicant information on the process of obtaining a modification of a support order, or to provide an applicant assistance in the establishment of a payment schedule on arrearages if the circumstances so warrant.

(2) It is the intent of the Legislature that a court or local child support agency, when determining an appropriate payment schedule for arrearages, base its decision on the facts of the particular case and the priority of payment of child support over other debts. The payment schedule shall also recognize that certain expenses may be essential to enable an obligor to be employed. Therefore, in reaching its decision, the court or the local child support agency shall consider both of these goals in setting a payment schedule for arrearages.

(h) If the applicant wishes to challenge the submission of his or her name on the certified list, the applicant shall make a timely written request for review to the local child support agency who certified the applicant's name. A request for review pursuant to this section shall be resolved in the same manner and timeframe provided for resolution of a complaint pursuant to Section 17800. The local child support agency shall immediately send a release to the appropriate board and the applicant, if any of the following conditions are met:

(1) The applicant is found to be in compliance or negotiates an agreement with the local child support agency for a payment schedule on arrearages or reimbursement.

(2) The applicant has submitted a request for review, but the local child support agency will be unable to complete the review and send notice of its findings to the applicant within the time specified in Section 17800.

(3) The applicant has filed and served a request for judicial review pursuant to this section, but a resolution of that review will not be made within 150 days of the date of service of notice pursuant to subdivision (f). This paragraph applies only if the delay in completing the judicial review process is not the result of the applicant's failure to act in a reasonable, timely, and diligent manner upon receiving the local child support agency's notice of findings.

(4) The applicant has obtained a judicial finding of compliance as defined in this section.

(i) An applicant is required to act with diligence in responding to notices from the board and the local child support agency with the recognition that the temporary license will lapse or the license suspension will go into effect after 150 days and that the local child support agency and, where appropriate, the court must have time to act within that period. An applicant's delay in acting, without good cause, which directly results in the inability of the local child support agency to complete a review of the applicant's request or the court to hear the request for judicial review within the 150-day period shall not constitute the diligence required under this section which would justify the issuance of a release.

(j) Except as otherwise provided in this section, the local child support agency shall not issue a release if the applicant is not in compliance with the judgment or order for support. The local child support agency shall notify the applicant in writing that the applicant may, by filing an order to show cause or notice of motion, request any or all of the following:

(1) Judicial review of the local child support agency's decision not to issue a release.

(2) A judicial determination of compliance.

(3) A modification of the support judgment or order.

The notice shall also contain the name and address of the court in which the applicant shall file the order to show cause or notice of motion and inform the applicant that his or her name shall remain on the certified list if the applicant does not timely request judicial review. The applicant shall comply with all statutes and rules of court regarding orders to show cause and notices of motion.

This section shall not be deemed to limit an applicant from filing an order to show cause or notice of motion to modify a support judgment or order or to fix a payment schedule on arrearages accruing under a support judgment or order or to obtain a court finding of compliance with a judgment or order for support.

(k) The request for judicial review of the local child support agency's decision shall state the grounds for which review is requested and judicial review shall be limited to those stated grounds. The court shall hold an evidentiary hearing within 20 calendar days of the filing of the request for review. Judicial review

of the local child support agency's decision shall be limited to a determination of each of the following issues:

(1) Whether there is a support judgment, order, or payment schedule on arrearages or reimbursement.

(2) Whether the petitioner is the obligor covered by the support judgment or order.

(3) Whether the support obligor is or is not in compliance with the judgment or order of support.

(4) (A) The extent to which the needs of the obligor, taking into account the obligor's payment history and the current circumstances of both the obligor and the obligee, warrant a conditional release as described in this subdivision.

(B) The request for judicial review shall be served by the applicant upon the local child support agency that submitted the applicant's name on the certified list within seven calendar days of the filing of the petition. The court has the authority to uphold the action, unconditionally release the license, or conditionally release the license.

(C) If the judicial review results in a finding by the court that the obligor is in compliance with the judgment or order for support, the local child support agency shall immediately send a release in accordance with subdivision (*l*) to the appropriate board and the applicant. If the judicial review results in a finding by the court that the needs of the obligor warrant a conditional release, the court shall make findings of fact stating the basis for the release and the payment necessary to satisfy the unrestricted issuance or renewal of the license without prejudice to a later judicial determination of the amount of support arrearages, including interest, and shall specify payment terms, compliance with which are necessary to allow the release to remain in effect.

(*l*) The department shall prescribe release forms for use by local child support agencies. When the obligor is in compliance, the local child support agency shall mail to the applicant and the appropriate board a release stating that the applicant is in compliance. The receipt of a release shall serve to notify the applicant and the board that, for the purposes of this section, the applicant is in compliance with the judgment or order for support. Any board that has received a release from the local child support agency pursuant to this subdivision shall process the release within five business days of its receipt.

If the local child support agency determines subsequent to the issuance of a release that the applicant is once again not in compliance with a judgment or order for support, or with the terms of repayment as described in this subdivision, the local child support agency may notify the board, the obligor, and the department in a format prescribed by the department that the obligor is not in compliance.

The department may, when it is economically feasible for the department and the boards to develop an automated process for complying with this subdivision, notify the boards in a manner prescribed by the department, that the obligor is once again not in compliance. Upon receipt of this notice, the board shall immediately notify the obligor on a form prescribed by the department that the obligor's license will be suspended on a specific date, and this date shall be no longer than 30 days from the date the form is mailed. The obligor shall be further notified that the license will remain suspended until a new release is issued in accordance with subdivision (h). Nothing in this section shall be deemed to limit the obligor from seeking judicial review of suspension pursuant to the procedures described in subdivision (k).

(m) The department may enter into interagency agreements with the state agencies that have responsibility for the administration of boards necessary to implement this section, to the extent that it is cost effective to implement this section. These agreements shall provide for the receipt by the other state agencies and boards of federal funds to cover that portion of costs allowable in federal law and regulation and incurred by the state agencies and boards in implementing this section. Notwithstanding any other provision of law, revenue generated by a board or state agency shall be used to fund the nonfederal share of costs incurred pursuant to this section. These agreements shall provide that boards shall reimburse the department for the nonfederal share of costs incurred by the department in implementing this section. The boards shall reimburse the department for the nonfederal share of costs incurred pursuant to this section from moneys collected from applicants and licensees.

(n) Notwithstanding any other law, in order for the boards subject to this section to be reimbursed for the costs incurred in administering its provisions, the boards may, with the approval of

the appropriate department director, levy on all licensees and applicants a surcharge on any fee or fees collected pursuant to law, or, alternatively, with the approval of the appropriate department director, levy on the applicants or licensees named on a certified list or supplemental list, a special fee.

(o) The process described in subdivision (h) shall constitute the sole administrative remedy for contesting the issuance of a temporary license or the denial or suspension of a license under this section. The procedures specified in the administrative adjudication provisions of the Administrative Procedure Act (Chapter 4.5 (commencing with Section 11400) and Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code) shall not apply to the denial, suspension, or failure to issue or renew a license or the issuance of a temporary license pursuant to this section.

(p) In furtherance of the public policy of increasing child support enforcement and collections, on or before November 1, 1995, the State Department of Social Services shall make a report to the Legislature and the Governor based on data collected by the boards and the district attorneys in a format prescribed by the State Department of Social Services. The report shall contain all of the following:

(1) The number of delinquent obligors certified by district attorneys under this section.

(2) The number of support obligors who also were applicants or licensees subject to this section.

(3) The number of new licenses and renewals that were delayed, temporary licenses issued, and licenses suspended subject to this section and the number of new licenses and renewals granted and licenses reinstated following board receipt of releases as provided by subdivision (h) by May 1, 1995.

(4) The costs incurred in the implementation and enforcement of this section.

(q) Any board receiving an inquiry as to the licensed status of an applicant or licensee who has had a license denied or suspended under this section or has been granted a temporary license under this section shall respond only that the license was denied or suspended or the temporary license was issued pursuant to this section. Information collected pursuant to this section by any state agency, board, or department shall be subject to the Information

Practices Act of 1977 (Chapter 1 (commencing with Section 1798) of Title 1.8 of Part 4 of Division 3 of the Civil Code).

(r) Any rules and regulations issued pursuant to this section by any state agency, board, or department may be adopted as emergency regulations in accordance with the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code). The adoption of these regulations shall be deemed an emergency and necessary for the immediate preservation of the public peace, health, and safety, or general welfare. The regulations shall become effective immediately upon filing with the Secretary of State.

(s) The department and boards, as appropriate, shall adopt regulations necessary to implement this section.

(t) The Judicial Council shall develop the forms necessary to implement this section, except as provided in subdivisions (f) and (*l*).

(u) The release or other use of information received by a board pursuant to this section, except as authorized by this section, is punishable as a misdemeanor.

(v) The State Board of Equalization shall enter into interagency agreements with the department and the Franchise Tax Board that will require the department and the Franchise Tax Board to maximize the use of information collected by the State Board of Equalization, for child support enforcement purposes, to the extent it is cost effective and permitted by the Revenue and Taxation Code.

(w) (1) The suspension or revocation of any driver's license, including a commercial driver's license, under this section shall not subject the licensee to vehicle impoundment pursuant to Section 14602.6 of the Vehicle Code.

(2) Notwithstanding any other law, the suspension or revocation of any driver's license, including a commercial driver's license, under this section shall not subject the licensee to increased costs for vehicle liability insurance.

(x) If any provision of this section or the application thereof to any person or circumstance is held invalid, that invalidity shall not affect other provisions or applications of this section which can be given effect without the invalid provision or application, and to this end the provisions of this section are severable.

(y) All rights to administrative and judicial review afforded by this section to an applicant shall also be afforded to a licensee.

~~SEC. 3.~~

*SEC. 11.* Section 19528 of the Revenue and Taxation Code is amended to read:

19528. (a) Notwithstanding any other law, the Franchise Tax Board may require any board, as defined in Section 22 of the Business and Professions Code, and the State Bar, the Bureau of Real Estate, and the Insurance Commissioner (hereinafter referred to as licensing board) to provide to the Franchise Tax Board the following information with respect to every licensee:

(1) Name.

(2) Address or addresses of record.

(3) Federal employer identification number, if the licensee is a partnership, or the licensee's individual taxpayer identification number or social security number of all other licensees.

(4) Type of license.

(5) Effective date of license or renewal.

(6) Expiration date of license.

(7) Whether license is active or inactive, if known.

(8) Whether license is new or renewal.

(b) The Franchise Tax Board may do the following:

(1) Send a notice to any licensee failing to provide the federal employer identification number, individual taxpayer identification number, or social security number as required by subdivision (a) of Section 30 of the Business and Professions Code and subdivision (a) of Section 1666.5 of the Insurance Code, describing the information that was missing, the penalty associated with not providing it, and that failure to provide the information within 30 days will result in the assessment of the penalty.

(2) After 30 days following the issuance of the notice described in paragraph (1), assess a one-hundred-dollar ($100) penalty, due and payable upon notice and demand, for any licensee failing to provide either its federal employer identification number (if the licensee is a partnership) or his or her individual taxpayer identification number or social security number (for all others) as required in Section 30 of the Business and Professions Code and Section 1666.5 of the Insurance Code.

(c) Notwithstanding Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1 of the Government Code, the

information furnished to the Franchise Tax Board pursuant to Section 30 of the Business and Professions Code or Section 1666.5 of the Insurance Code shall not be deemed to be a public record and shall not be open to the public for inspection.

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**BOARD OF REGISTERED NURSING**
**LEGISLATIVE COMMITTEE**
**September 18, 2014**

# BILL ANALYSIS

| | | | |
|---|---|---|---|
| **AUTHOR:** | Padilla | **BILL NUMBER:** | SB 1299 |
| **SPONSOR:** | California Nurses Association | **BILL STATUS:** | Enrolled |
| **SUBJECT:** | Workplace violence prevention plans: hospitals | **DATE LAST AMENDED:** | June 5, 2014 |

**SUMMARY:**
Existing law regulates the operation of health facilities, including hospitals.

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 violations of these provisions a crime.

**ANALYSIS:**
This bill would require the Occupational Safety and Health Standards Board, no later than July 1, 2015, to adopt standards developed by the Division of Occupational Safety and Health that require specified types of hospitals, including a general acute care hospital or an acute psychiatric hospital, to adopt a workplace violence prevention plan as a part of the hospital's injury and illness prevention plan to protect health care workers and other facility personnel from aggressive and violent behavior.

The bill would require the standards to include prescribed requirements for a plan.

The bill would require the division, by January 1, 2017, and annually thereafter, to post a report on its Internet Web site containing specified information regarding violent incidents at hospitals.

**Amended analysis as of 5/27:**
This bill would provide that 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.

**Amended analysis as of 6/5:**
This bill adds "hospitals" to the title of the bill. This bill would require the Occupational Safety and Health Standards Board to adopt standards developed by the Division of Occupational Safety and Health, as described above, by July 1, 2016. The bill would provide that nothing in this section shall be interpreted to preclude the Standards Board from adopting standards that require other employers, including, but not limited to, employers exempted from this section by subdivision (d) [DSH, DDS, or CDCR] , to adopt plans to protect employees from workplace violence.

**BOARD POSITION:** Support (June 12, 2014)

**LEGISLATIVE COMMITTEE RECOMMENDED POSITION:** Support (August 7, 2014)

**SUPPORT:**
California Nurses Association (source)
American Nurses Association/California
California Industrial Hygiene Council
Consumer Attorneys of California
Laborers' International Union of North America Locals 777 & 792
SEIU California
United Nurses Associations of California/Union of Health Care Professionals

**OPPOSE:**
Association of California Healthcare Districts
California Hospital Association

**Senate Bill No. 1299**

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Passed the Senate August 21, 2014

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*Secretary of the Senate*

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Passed the Assembly August 20, 2014

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*Chief Clerk of the Assembly*

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This bill was received by the Governor this _____ day of _____, 2014, at _____ o'clock ____M.

_____

*Private Secretary of the Governor*

CHAPTER _____

An act to add Section 6401.8 to the Labor Code, relating to occupational safety and health.

LEGISLATIVE COUNSEL'S DIGEST

SB 1299, Padilla. Workplace violence prevention plans: hospitals.

Existing law regulates the operation of health facilities, including hospitals.

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 violations of these provisions a crime.

This bill would require the Occupational Safety and Health Standards Board, no later than July 1, 2016, to adopt standards developed by the Division of Occupational Safety and Health that require specified types of hospitals, including a general acute care hospital or an acute psychiatric hospital, to adopt a workplace violence prevention plan as a part of the hospital's injury and illness prevention plan to protect health care workers and other facility personnel from aggressive and violent behavior. The bill would require the standards to include prescribed requirements for a plan. The bill would require the division, by January 1, 2017, and annually thereafter, to post a report on its Internet Web site containing specified information regarding violent incidents at hospitals. The bill would exempt certain state-operated hospitals from these provisions.

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) The standards board, no later than July 1, 2016, shall adopt standards developed by the division that require a hospital licensed pursuant to subdivision (a), (b), or (f) of Section 1250 of the Health and Safety Code, except as exempted by subdivision (d), to adopt a workplace violence prevention plan as a part of its injury and illness prevention plan to protect health care workers and other facility personnel from aggressive and violent behavior.

(b) The standards adopted pursuant to subdivision (a) shall include all of the following:

(1) A requirement that the workplace violence prevention plan be in effect at all times in all patient care units, including inpatient and outpatient settings and clinics on the hospital's license.

(2) A definition of workplace violence that includes, but is not limited to, both of the following:

(A) 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.

(B) An incident involving the use of a firearm or other dangerous weapon, regardless of whether the employee sustains an injury.

(3) A requirement that a workplace violence prevention plan include, but not be limited to, all of the following:

(A) Personnel education and training policies that require all health care workers who provide direct care to patients to, at least annually, receive education and training that is designed to provide an opportunity for interactive questions and answers with a person knowledgeable about the workplace violence prevention plan. The education and training shall cover topics that include, but are not limited to, the following topics:

(i) How to recognize potential for violence, and when and how to seek assistance to prevent or respond to violence.

(ii) How to report violent incidents to law enforcement.

(iii) Any resources available to employees for coping with incidents of violence, including, but not limited to, critical incident stress debriefing or employee assistance programs.

(B) A system for responding to, and investigating violent incidents and situations involving violence or the risk of violence.

(C) A system to, at least annually, assess and improve upon factors that may contribute to, or help prevent workplace violence, including, but not limited to, the following factors:

(i) Staffing, including staffing patterns and patient classification systems that contribute to, or are insufficient to address, the risk of violence.

(ii) Sufficiency of security systems, including alarms, emergency response, and security personnel availability.

(iii) Job design, equipment, and facilities.

(iv) Security risks associated with specific units, areas of the facility with uncontrolled access, late-night or early morning shifts, and employee security in areas surrounding the facility such as employee parking areas.

(4) A requirement that all workplace violence prevention plans be developed in conjunction with affected employees, including their recognized collective bargaining agents, if any.

(5) A requirement that all temporary personnel be oriented to the workplace violence prevention plan.

(6) Provisions prohibiting hospitals from disallowing an employee from, or taking punitive or retaliatory action against an employee for, seeking assistance and intervention from local emergency services or law enforcement when a violent incident occurs.

(7) A requirement that hospitals document, and retain for a period of five years, a written record of any violent incident against a hospital employee, regardless of whether the employee sustains an injury, and regardless of whether the report is made by the employee who is the subject of the violent incident or any other employee.

(8) A requirement that a hospital report violent incidents to the division. If the incident results in 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. All other incidents of violence shall be reported to the division within 72 hours.

(c) By January 1, 2017, and annually thereafter, the division, in a manner that protects patient and employee confidentiality,

shall 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 paragraph (8) of subdivision (b), the outcome of any related inspection or investigation, the citations levied against a hospital based on a violent incident, and recommendations of the division on the prevention of violent incidents at hospitals.

(d) 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.

(e) This section does not limit the authority of the standards board to adopt standards to protect employees from workplace violence. Nothing in this section shall be interpreted to preclude the standards board from adopting standards that require other employers, including, but not limited to, employers exempted from this section by subdivision (d), to adopt plans to protect employees from workplace violence. Nothing in this section shall be interpreted to preclude the standards board from adopting standards that require an employer subject to this section, or any other employer, to adopt a workplace violence prevention plan that includes elements or requirements additional to, or broader in scope than, those described in this section.

SEC. 2. 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.

Approved _____, 2014

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*Governor*

**BOARD OF REGISTERED NURSING**
**Diversion/Discipline Committee**
**Agenda Item Summary**

**AGENDA ITEM:** 9.1
**DATE:** September 18, 2014

**ACTION REQUESTED:** Information Only: Complaint Intake and Investigations Update

**REQUESTED BY:** Cynthia Klein, RN, Chairperson

**BACKGROUND:**

**PROGRAM UPDATES**

**COMPLAINT INTAKE:**

**Staff**

Complaint Intake has gained many new positions through a Budget Change Proposal (BCP) approved for fiscal year 2014/15 – 1 Associate Governmental Program Analyst (AGPA), 2 Staff Services Analysts (SSA), 1 Office Technician (OT) and 2 Office Assistants (OA).

We hope to have all staff hired by the end of September.

We have been able to fill the vacancy AGPA position in Complaint Intake with Angelica Khan. Her start date was September 15, 2014. She was previously in enforcement at Board of Vocational Nursing and Psychiatric Technicians (BVNPT).

**Program**

Complaint intake continues to work new complaints , ensuring cases are moving to investigations in a timely manner and that aging cases are worked as priority.

**INVESTIGATIONS:**

**Staff**

The investigation unit has gained many new positions from the BCP approved for fiscal year 2014/15 – 5 Special Investigators and 1 Office Technician. We anticipate hiring our OT position by end of September and four of the five Investigator positions have been filled. Staff will begin work on various dates in September 2014. There is one remaining southern position pending.

There is also a vacancy for our Investigation Office Technician position. The position is currently vacant due to staff promotion to the Probation Unit, within BRN.

**Program**

Investigators are focused on clearing all aging cases. There are approximately 51 cases over one year old that have not been completed. The new field investigators will allow us to keep cases in house that are more appropriate to be investigated by the Board, as opposed to being sent to Division of Investigation (DOI).

**Statistics**

The following are internal numbers (end of month) across all investigators not broken out on the performance measurement report.

| BRN Investigation Unit | Aug 2013 | Sep 2013 | Oct 2013 | Nov 2013 | Dec 2013 | Jan 2014 |
|---|---|---|---|---|---|---|
| Total cases assigned | 279 | 270 | 256 | 252 | 243 | 223 |
| Total cases unassigned (pending) | 64 | 104 | 89 | 59 | 58 | 49 |
| Average days to case completion | 263 | 212 | 278 | 215 | 294 | 326 |
| Average cost per case | $3,194 | $2,920 | $3,447 | $2,792 | $3,312 | $3,529 |
| Cases closed | 34 | 23 | 36 | 34 | 19 | 33 |

| BRN Investigation Unit | Feb 2014 | Mar 2014 | Apr 2014 | May 2014 | June 2014 | Jul 2014 |
|---|---|---|---|---|---|---|
| Total cases assigned | 236 | 251 | 242 | 244 | 236 | 225 |
| Total cases unassigned (pending) | 52 | 49 | 74 | 70 | 71 | 88 |
| Average days to case completion | 301 | 327 | 229 | 230 | 209 | 228 |
| Average cost per case | $3,804 | $3,776 | $3,772 | $2,289 | $3,106 | $3,743 |
| Cases closed | 28 | 49 | 37 | 45 | 31 | 28 |

As of July 31, 2014, there were 432 DOI investigations pending.

**Outreach:**

The Southern Unit presented the BRN Update 2014 to RN staff at St Jude's Hospital on July 23, 2014. This was a joint presentation with our partners and the Drug Enforcement Agency (DEA). Approximately 100 staff were in attendance.

The Southern Investigative Unit conducted training with Adult Protective Services at their request. A dozen people from the office, both field and supervisory attended. Staff discussed the BRN's function and jurisdiction, best practices for them to use when they report allegations/filing complaints regarding Registered Nurses, and the general outcomes of our investigative process.

The presentation was well received and investigative staff was invited to a monthly meeting of multiple agencies to discuss elder abuse.

Through networking, staff has connected with the Attorney General's Office, Bureau of Medical Fraud and Elder Abuse (BMFEA) on several cases involving elder abuse at residential care facilities. The unit is a funded unit and has accepted a case for prosecution completed by the BRN investigators.

We continue to regularly participate in southern regional networking meetings including the Insurance Fraud Task Force, Prescription Drug Abuse Task Force, the FBI Medical Fraud Task force, the Southern District Attorneys Working Group, and the Residential Care Placement Program.

The Northern Investigation Unit is scheduled to attend the September meeting of the Northern Enforcement Network, a workgroup of health related investigation staff. This workgroup has developed working partnerships with the US Drug Enforcement Agency and CA Dept. of Justice MediCal Fraud & Elder Abuse investigators.

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|---|---|
| **NEXT STEP:** | Continue to review and adjust internal processes and work with DCA to create reports to monitor statistics for improvement in case processing time frames. Follow directions given by committee and/or board. |
| **FISCAL IMPACT, IF ANY:** | None at this time. Updates will be provided at each DDC meeting for review and possible action. |
| **PERSON TO CONTACT:** | Shannon Silberling, Deputy Chief<br>Complaint Intake and Investigations<br>(916) 515-5265 |

**BOARD OF REGISTERED NURSING**
**Diversion/Discipline Committee**
**Agenda Item Summary**

**AGENDA ITEM:** 9.2
**DATE:** September 18, 2014

**ACTION REQUESTED:** Information Only: Discipline and Probation Update

**REQUESTED BY:** Cynthia Klein, RN, Chairperson

**BACKGROUND:**

PROGRAM UPDATE

Staff

The Probation Unit has added an additional probation monitor position at the Associate Governmental Program Analyst (AGPA) level; this position was filled with the promotion of an existing probation monitor. The vacancy for a probation monitor at the Staff Services Analyst level was filled with the promotion of an Office Technician (OT) from the Investigations Unit. The Probation Unit has completed interviews for an additional OT and AGPA, and will fill these positions soon.

The citation and fine unit filled the vacant Staff Services Analyst – Limited Term effective August 18, 2014.

Program – Discipline

The discipline unit is working with the Attorney General office to complete our cases in a timely manner and streamline our processes for efficiency.

Below reflects FY2015 (July 1, 2014 - September 8, 2014 ) decision statistics:

| | |
|---|---|
| Decisions adopted | 393 |
| Pleadings served | 214 |
| Petitions to revoke probation served | 23 |
| Surrenders signed by E.O. | 40 |

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 discipline unit is concentrating on processing cite and fine cases.

Statistics - Discipline

The BRN continues to work with the DCA BreeZe team to verify the accuracy of the performance measures statistics, formally the E19 report.

Program – Probation

The case load per probation monitor is approximately 143.

Statistics – Probation

Below are the statistics for the Probation program from July 1, 2014 to September 3, 2014.

| Probation Data | Numbers | % of Active |
|---|---|---|
| Male | 237 | 27% |
| Female | 652 | 73% |
| Chemical Dependency | 403 | 45% |
| Practice Case | 220 | 25% |
| Mental Health | 1 | 0% |
| Conviction (Alcohol/Drug = 94) | 265 | 30% |
| Advanced Certificates | 91 | 10% |
| Southern California | 460 | 52% |
| Northern California | 413 | 47% |
| Tolled at the AG | 16 | 1% |
| Pending with AG/Board | 105 | 12% |
| License Revoked YTD | 32 | 3% |
| License Surrendered YTD | 107 | 12% |
| Terminated YTD | 32 | 3% |
| Successfully completed YTD | 153 | 17% |
| Active in-state probationers | 889 | |
| Completed/Revoked/Terminated/ Surrendered YTD | 324 | |
| Tolled Probationers | 256 | |
| Active and Tolled Probationers | 1145 | |

**NEXT STEP:** Follow directions given by committee and/or board.

**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

**BOARD OF REGISTERED NURSING**
**Diversion/Discipline Committee**
**Agenda Item Summary**

**AGENDA ITEM:** 9.3
**DATE:** September 18, 2014

**ACTION REQUESTED:** Information Only: Diversion Program Update

**REQUESTED BY:** Cynthia Klein, RN, Chairperson

**BACKGROUND:**

**Program Update**

On June 26 and 27, the Diversion Program Manager presented information regarding the BRN's Diversion Program at the 2nd Annual Dave E. Smith, MD Symposium in San Francisco. This intensive two-day program was led by industry leaders in Addiction Medicine and was designed for Psychologists, Social Workers, Alcohol and Drug Counselors, Marriage and Family Therapists, and other Addiction Treatment Professionals. The conference addressed Advances in Addiction Medicine and Recovery and there were presentations and discussions surrounding addiction treatment in the era of health care reform and parity. New tools in addiction medicine and advances in diagnostic solutions were presented along with the most up to date information relating to treatment and recovery.

The Diversion Liaison Committee Meeting is scheduled for September 24th at the Hilton Garden Inn in Sacramento. The Diversion Discipline Committee chairperson, Executive Officer, Staff, and DEC Member Chairs are invited to attend. This meeting is held annually and will address any trends and current information relating to the Diversion Program.

The Nurse Facilitator's Conference is scheduled for September 25th also at the Hilton Garden Inn in Sacramento. This conference is conducted to develop greater communication between the facilitators, Board staff and the contractor. There will be discussion regarding the facilitator's role and responsibilities as outlined in the Contract, uniform standards, guidelines and policies.

**Contractor Update**

The Request for Proposal (RFP) for the Diversion Program contract was posted on June 30, 2014. It was made available for interested parties on the Department of General Services Web site at www.dgs.ca.gov. This has been an extensive collaborative process between several Boards, committees and the Department of Consumer Affairs. BRN is looking forward to the bidding process.

**Diversion Evaluation Committees (DEC)**

There are currently one public member and two physician member vacancies at this time. Recruitment continues.

**Statistics**

The Statistical Summary Report for the fiscal year 2013/2014 is attached. As of June 30, 2014, there were 1,893 successful completions.

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| **NEXT STEP:** | None |
| **FISCAL IMPACT, 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<br>(916) 574-7616 |

**BOARD OF REGISTERED NURSING**
**DIVERSION PROGRAM**
**STATISTICAL SUMMARY**
**April 1, 2014 - June 30, 2014**

| | CURRENT MONTHS | YEAR TO DATE (FY) | PROGRAM TO DATE |
|---|---|---|---|
| **INTAKES COMPLETED** | 56 | 193 | 4,857 |
| **INTAKE INFORMATION** | | | |
| Female | 43 | 156 | 3,806 |
| Male | 13 | 37 | 1,024 |
| Unknown | 0 | 0 | 27 |
| Average Age | 35-49 | | |
| Most Common Worksite | Unemployed/Hospital | | |
| Most Common Specialty | ER/Critical Care | | |
| Most Common Substance Abused | Alcohol/Norco | | |
| **PRESENTING PROBLEM AT INTAKE** | | | |
| Substance Abuse (only) | 29 | 96 | 3,076 |
| Mental Illness (only) | 0 | 5 | 157 |
| Dual Diagnosis | 22 | 75 | 1,552 |
| Undetermined | 5 | 17 | 72 |
| **REFERRAL TYPE*** | | | |
| Board | 41 | 153 | 3,547 |
| Self | 15 | 40 | 1,310 |
| *May change after Intake | | | |
| **ETHNICITY (IF KNOWN) AT INTAKE** | | | |
| American Indian/Alaska Native | 1 | 2 | 36 |
| Asian/Asian Indian | 2 | 10 | 112 |
| African American | 3 | 11 | 158 |
| Hispanic | 6 | 14 | 203 |
| Native Hawaiian/Pacific Islander | 1 | 3 | 23 |
| Caucasian | 41 | 149 | 3,989 |
| Other | 2 | 4 | 70 |
| Not Reported | 0 | 0 | 266 |
| **CLOSURES** | | | |
| Successful Completion | 26 | 114 | 1,893 |
| Failure to Derive Benefit | 0 | 3 | 120 |
| Failure to Comply | 5 | 11 | 960 |
| Moved to Another State | 0 | 0 | 52 |
| Not Accepted by DEC | 1 | 4 | 55 |
| Voluntary Withdrawal Post-DEC | 5 | 10 | 323 |
| Voluntary Withdrawal Pre-DEC | 9 | 25 | 487 |
| Closed Public Risk | 6 | 30 | 299 |
| No Longer Eligible | 0 | 3 | 16 |
| Clinically Inappropriate | 3 | 6 | 25 |
| Client Expired | 0 | 1 | 39 |
| Sent to Board Pre-DEC | 0 | 0 | 1 |
| **TOTAL CLOSURES** | 55 | 207 | 4,270 |
| **NUMBER OF PARTICIPANTS: 460 (as of June 30, 2014)** | | | |

**BOARD OF REGISTERED NURSING**
**Diversion/Discipline Committee Meeting**
**Agenda Item Summary**

**AGENDA ITEM:** 9.3.1
**DATE:** September 18, 2014

**ACTION REQUESTED:** Diversion Evaluation Committee Members

**REQUESTED BY:** Cynthia Klein, RN, Chairperson

**BACKGROUND:**

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.

**RESIGNATION**

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

| NAME | TITLE | DEC | NO |
|---|---|---|---|
| David Smith | Physician | San Jose | 7 |

**NEXT STEP:** Continue recruiting efforts

**FISCAL IMPACT, IF ANY:** None

**PERSON TO CONTACT:** Carol Stanford, Diversion Program Manager
(916) 574-7616

**BOARD OF REGISTERED NURSING**
**Diversion/Discipline Committee**
**Agenda Item Summary**

**AGENDA ITEM:** 9.4
**DATE:** September 18, 2014

**ACTION REQUESTED:** Update: "Uniform Standards Regarding Substance-Abusing Healing Arts Licensees" – Business and Professions Code, Section 315

**REQUESTED BY:** Cynthia Klein, RN, Chairperson

**BACKGROUND:**

As directed by the Board at its November 2013 meeting, staff conducted a comparative analysis of the Uniform Standards, Diversion Program, and Probation Program, including the potential fiscal impact. Staff met with Legal Counsel to discuss a number of issues related to Uniform Standards, including the specific recommendations from Doreathea Johnson, Deputy Director, DCA Legal Affairs. Legal Counsel advised the Board continue with the regulatory process, although the Attorney General's Office has not rendered its opinion relative to the Uniform Standards. The Board will be notified if changes are necessary as a result of the opinion.

Staff submitted a report of its findings to the Committee at its March 2014 meeting. The Medical Board of California promulgated regulations implementing the Uniform Standards. A comparison was made and was provided for the committee's consideration at the May 2014 meeting. Staff will begin facilitating a discussion of each standard in conjunction with the attachments.

**NEXT STEP:** Review each standard and make a recommendation to the board. 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

**Board of Registered Nursing – Diversion/Discipline Committee**
**Uniform Standards Comparison**

| DRAFT 9-2-14 | | | | |
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| **B&P Code Section 315(c)(1)** Specific requirements for a clinical diagnostic evaluation of the licensee, including, but not limited to, required qualifications for the providers evaluating the licensee. | | | | |
| UNIFORM STANDARD SUMMARY | DIVERSION PROGRAM | PROBATION PROGRAM | PROGRAMMATIC CONSIDERATION & ISSUES | FISCAL IMPLICATIONS |
| #1:<br>Specifies the qualifications for the practitioner conducting the clinical diagnostic evaluation, method for conducting the evaluation, content of the evaluation report, timeframe for submission of the report, relationship prohibitions between licensee and evaluator, and action to be taken if the evaluator determines that the licensee is a threat to himself, herself, or others. The evaluator must be Board approved. | Conforms to the Standard, except for minor differences, which are being addressed in the new contract and/or the 2014 Request for Proposal (RFP). | The Disciplinary Guidelines do not have a "clinical diagnostic evaluation" condition. However, the Probation Program is in conformance with several of the Standard requirements based on Conditions 14, Physical Examination, and 18, Mental Health Examination, and Board policies and procedures.<br><br>The Board preapproves the examiner based on the criteria set forth in Uniform Standard #1.<br><br>Areas of differences are:<br>1) The evaluator, not the Board, determines the treatment plan. (Found in Uniform Standard #6)<br>2) The evaluator must notify the Board "immediately," if the RN is unable to practice safely and the RN is directed to cease practice immediately; the case is transmitted to the Attorney General's Office. | 1) The Standard is conditional, reading in pertinent part: "If a healing arts board orders a licensee… to undergo a clinical diagnosis evaluation…" (Emphasis added.) All "substance abusing licensees" would not have to have the evaluation; the Board could identify the criteria that would trigger the clinical diagnostic evaluation. Additionally, the Board may elect to define "substance-abusing licensees" and other categories for licensees who are on probation for drug-related offenses. These might include "history of substance abuse in sustained recovery" and "conviction of driving under the influence." The Board would determine the probationary conditions to be imposed for the other categories. The Standards are geared to licensees who are not in recovery or in the early stages, which is the licensee population in the Diversion Program. To be placed on probation, the registered nurse is required to provide evidence of sustained recovery and the grounds for the probation usually occurred 18 months or more prior to the probation.<br><br>2) The Board is creating a list of evaluators to which it can assign probationers; establishment and maintenance of such a list is a major undertaking. Options for conforming to | • Cost to the Board – Additional staff to review and approve evaluators prior to evaluations. Then create and maintain list of clinical evaluators.<br>• Cost to RN – cost of clinical diagnostic evaluation. |

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| | | The Standard requires notification within 24 hours, if the evaluator determines that the RN is a threat to himself, herself, or others. This exceeds the standard.<br>3) The evaluator's written report is due within 45 days of the effective date of the Board decision, with a possible one-time extension up to 45 days. The Standard requirement is no later than 10 days from date the evaluator is assigned and a 30 day extension may be given. The Conditions require the RN to cease practice, if a report is not received; the Standard requires the RN to cease practice, during the evaluation phase. This does not meet the standard. | the Standard include A) requiring the RN to submit the evaluator's credential prior to the evaluation for Board approval and "assignment", and B) use the Diversion Program contractor's evaluators list to either assign or have the RN select an evaluator.<br><br>3) To conform to the Standard, the Disciplinary Guidelines can be amended to address the four areas of nonconformance as well as to include the Standard requirements that are currently specified in Board policies, e.g., relationship requirements, evaluator qualifications, etc. | |
| **B&P Code Section 315(c)(2)** Specific requirements for the temporary removal of a licensee from practice, in order to enable the licensee to undergo the clinical diagnostic evaluation described in subdivision (a) and approved by the board, and specific criteria that the licensee must meet before being permitted to return to practice on a full-time or part-time basis. | | | | |
| UNIFORM STANDARD SUMMARY | DIVERSION PROGRAM | PROBATION PROGRAM | PROGRAMMATIC CONSIDERATION & ISSUES | FISCAL IMPLICATIONS |
| #2:<br>Requires the board to order the licensee to cease practice until the clinical diagnostic evaluation report is reviewed by diversion/probation staff. The licensee must test | B&P Code, Section 315.4(d) exempts the BRN Diversion Program from the cease practice requirement specified in the Uniform Standards when the Board orders the licensee to undergo a clinical | Does not comply with the Standard. The RN is not required to cease practice during the evaluation period or to test at least 2 times per week. Disciplinary Guidelines Conditions 14 and 18 | Although not required, the Diversion Program not only conforms to but exceeds the cease practice requirement; the RN is usually not working for the first 6 to 9 months in the Program. As an additional safeguard, the RN must place his/her license in inactive status until the cease practice is rescinded and | • Cost to the Board – additional NEC for Probation Program<br>• Cost to licensee – loss of wages during cease practice – undetermined. Average |

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| randomly at least two times per week during this time and the cease practice continues until the licensee has at least 30 days of negative drug screens. The Diversion or Probation Manager determines if the licensee is safe to return to practice, using specified criteria. | diagnostic evaluation. | specify that the evaluator, not the Program Manager, makes the determination related to safety to practice. Condition 7 specifies that the licensee must obtain prior approval from the Board before commencing or continuing any employment. | the RN is approved to return to work. The RN is not required to test twice per week for at least 30 days of negative screens, during the clinical diagnostic evaluation. The frequency of testing during the cease practice is 24 – 36 times per year. Arguably, based on statutory construction, 315.4(d) may also exempt licensees in the Diversion Program from the drug testing requirement.<br><br>B&P Code Section 315.4(a) specifies that the board *may* adopt regulations related to the cease practice for major violations and when the board orders a licensee to undergo a clinical diagnostic evaluation pursuant to the uniform and specific standards adopted and authorized under Section 315; thus making adoption of regulations for Standards 2 and 10 permissive. However, the Legislative Counsel opinion, Attorney General Office unofficial opinion, and the DCA Legal Counsel Opinion have advised that the legislative intent in enacting the statute was not to make adoption of the standards discretionary. The argument was raised by the Medical Board of California (MBC) in its 2012 Sunset Review Report. DCA staff response referenced the three opinions and recommended the MBC fully implement the Uniform Standards as required by SB1441. | RN annual income in 2012 was $89,940 (BRN 2012 Survey of RNs)<br>• Cost to licensee for drug testing – approximately $800; $100/test x 8 tests) |
| **B&P Code Section 315(c)(3)** Specific requirements that govern the ability of the licensing board to communicate with the licensee's employer about the licensee's status or condition. | | | | |
| UNIFORM STANDARD | DIVERSION PROGRAM | PROBATION PROGRAM | PROGRAMMATIC CONSIDERATION & | FISCAL IMPLICATIONS |

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| SUMMARY | | | ISSUES | |
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| #3:<br>Requires the licensee to provide specified information related to employers and supervisors and to give written consent authorizing the board, employers, and supervisors to communicate. | Conforms to Standard. | Conforms to Standard. | None | None |
| **B&P Code Section 315(c)(4)** Standards governing all aspects of required testing, including but not limited to, frequency of testing, randomnicity, method of notice to the licensee, number of hours between the provision of notice and the test, standards for specimen collectors, procedures used by specimen collectors, the permissible locations of testing, whether the collection process must be observed by the collector, backup testing requirements when the licensee is on vacation or otherwise unavailable for local testing, requirements for the laboratory that analyzes the specimens, and the required maximum timeframe from the test to the receipt of the result of the test. | | | | |
| UNIFORM STANDARD SUMMARY | DIVERSION PROGRAM | PROBATION PROGRAM | PROGRAMMATIC CONSIDERATION & ISSUES | FISCAL IMPLICATIONS |
| #4:<br>Establishes two levels of testing: Level 1 (Year 1) 52 – 104 tests per year; Level 2 (Years 2 -5) 36 – 104 tests per year. After year 5, testing is 1 time per month if there have been no positive tests in the previous 5 consecutive years of probation or diversion. The board may increase frequency for any reason. Testing frequency exceptions are: 1) licensee has participated in treatment or monitoring program that required testing, 2) violation was outside of employment, 3) not employed in healthcare field, 4) licensee is on tolled | Conforms to the Standard *except* for drug frequency testing requirements. The Program has more stringent requirement during the first 6 to 9 months when the RN is not working. The RN is required to test a minimum of 24 to 36 times per year; the Standard sets the minimum at 12 tests per year, if the RN is not working. However, the Standard requires the RN to do Level 1 testing for 60 days prior to returning to work and for a full year upon returning to work in healthcare. The Diversion Program does not require Level 1 testing upon return | The contract with the drug testing contractor specifies notification within 48-72 hours; however, results are usually returned within 1 day. The drug testing contractor substantially meets the specified testing standards. The Probation and Diversion Programs use the same lab. However, the Program does not conform to the drug testing frequency requirements. Condition 17 requires the RN to participate in a random drug screen program, but does not specify the frequency of testing. The probation monitor | The Probation Program Manager compiles the program's statistical data in Excel, and uses it to generate the reports submitted to the Board; however, the data is limited. The drug testing contractor provides the historical information/data specified in the Standard on an individual basis for every RN participating in the drug testing program, and the information is maintained in the RN's probation file. However, the contract does not require the contractor to provide aggregate data or cumulative statistical report(s). The drug testing contractor would be able to provide all the post-implementation data, on an individual basis, for each RN participating in the drug testing program except for: effective date of the Board's decision, the general range of testing; dates removed or suspended from practice; | Cost to Board –<br>• Increased cost of adjudicating complaints<br>• Increased staff cost for monitoring and data input<br>• Cost of obtaining aggregate data and reports from drug testing contractor<br>• Cost of modifying BreEZe<br><br>Cost to Licensee –<br>• Minimum $2,200/year due to increase of minimum number of tests from 30 to 52 @ $100/test.<br>• Loss of wages as a result of voluntary license |

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| status, and 5) substance abuse disorder is not diagnosed. The Standard also specifies drug testing standards and requires collection of specified data for 2 years prior to implementation, if available, and for 3 years post-implementation. | to work. The DEC determines the frequency of testing based on the totality of its assessment of the participant and consistent with the industry drug testing standards, but usually not less than 24 times/year. | increases the frequency of testing as dictated by circumstances in each case. The RN is not required to do Level 1 testing for 60 days prior to returning to practice or for a full year upon returning to practice, even if the Level 1 testing requirement has not been met.<br><br>The ability of the Board to conform to the pre and post-implementation data report requirements of the Standard are unknown. | and final outcome of the probation. The latter information, in addition to the other contractor provided information, is maintained in the RN's probationer file. As with the pre-implementation data, the contractor does not provide aggregate data.<br><br>The feasibility of obtaining the pre and post-implementation data from the Board's previous computer systems and/or BreEZe to generate the required reports is being explored; but it is unknown what the systems will be able to generate. Staff is working with the Department to determine the most effective and efficient way(s) to obtain the data from DCA-systems and will also explore the availability of data from drug testing contractor. Because the required reports pertain to program evaluation, the data collection portion of the Standard does not have to be adopted into regulation.<br><br>The drug testing frequency has been a major issue since its initial proposal by the Substance Abuse Coordination Committee (SACC). The high frequency of testing is not consistent with industry standards, as was testified to at SACC meetings, nor is it substantiated by preliminary findings of the Respiratory Care Board. In its 2012 Sunset Review Report, the Respiratory Care Board reported the following:<br><br>"… the number of tests ordered has more than doubled and positive test | surrenders due to cost of complying with probation conditions. |

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| | | | results nearly doubled. However, closer examination of this data reveals that the number of probationers who tested positive remained unchanged from FY 2009-10 to FY 2011-12. In fact, review of the data showed the number of probationers who actually tested positive for a banned substance, eliminating those probationers with valid (and legitimate prescriptions) actually fell from the five in FY 2009-10 to four in FY 2011-12.<br><br>While the data does not take into consideration earlier detection, it does appear to present signs that more frequent testing is *not* conducive to more probationers testing positive. It is possible, that because the Respiratory Care Board does not generally place chronic substance users/abusers on probation and generally revokes or denies licensure to these individuals, that more frequent testing will not show desired results for this Board. However, the Board acknowledges that it is far too early to make any conclusions until further data is gathered."<br><br>The Respiratory Care Board also reported that of its 100 probationers in FY 11/12, six voluntarily surrendered their license. Four of these surrenders were a direct result of the increase in testing to 36 – 104 times per year in July 2011. The licensees stated that they could not afford all the costs associated with probation, specifically citing the costs of drug testing that could be as | |

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| | | | much as $3,500 to $7,000 the first year of probation.<br><br>The Board should also anticipate an increase in the number of RNs voluntarily surrendering their licenses as a result of increased costs associated with the probation program, including the increased drug testing. Additionally, there may be a decrease in the number of stipulated agreements, as licensees request hearings to contest the charges or to modify the Uniform Standard requirements. Clearly, this will have a fiscal impact, but more importantly, it will increase the length of time it takes to bring complaints to resolution and protect consumers.<br><br>Conformance with the increased drug testing will result in increased staff workload due to: increased reports from the contractor, which must be reviewed, acted upon, and filed; increased data entry into Excel and BreEZe; and increased frequency in changes to drug testing schedule for the licensees. | |
| **B&P Code Section 315(c)(5)** Standards governing all aspects of group meeting attendance requirements, including, but not limited to, required qualifications for group meeting facilitators, frequency of required meeting attendance, and methods of documenting and reporting attendance or nonattendance by licensees. | | | | |
| UNIFORM STANDARD SUMMARY | DIVERSION PROGRAM | PROBATION PROGRAM | PROGRAMMATIC CONSIDERATION & ISSUES | FISCAL IMPLICATIONS |
| #5:<br>Specifies the criteria that the board must consider when determining the frequency of group meetings and sets forth the qualifications and requirements for the | Conforms to standard. | Conforms to standard. | The Board requirements for nurse support groups (NSG) and NSG facilitators exceed the Standard. The NSG must be approved by the Board and there are currently 44 approved NSGs located geographically throughout the state. The Board has policies and | None. |

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| meeting facilitator. | | | procedures detailing: 1) the NSG approval process, which includes completion of an application and an interview with the facilitator; 2) facilitator/co-facilitator criteria; 3) role and responsibilities for NSGs and facilitators; 4) procedural requirements addressing confidentiality, reports, accessibility to participants, and fees; and 5) handling of complaints regarding NSGs. | |
| **B&P Code Section 315(c)(6)** Standards used in determining whether inpatient, outpatient, or other type of treatment is necessary. | | | | |
| UNIFORM STANDARD SUMMARY | DIVERSION PROGRAM | PROBATION PROGRAM | PROGRAMMATIC CONSIDERATION & ISSUES | FISCAL IMPLICATIONS |
| Specifies the criteria to be used in determining type of treatment, including evaluator's recommendation from the clinical diagnostic evaluation in Standard #1, scope of substance abuse, licensee's treatment history, and documented length of sobriety. | Conforms to the Standard. | Partial conformance. The Standard specifies that the Board makes the determination regarding the type of treatment. The Disciplinary Guidelines specify that the healthcare professional conducting the evaluation makes the determination. | Treatment determinations must be made by appropriately licensed healthcare professionals. Options to address this issue include amending the probation condition(s) to include all the Standard criteria as factors to be considered by the evaluator in determining the type of treatment and 1) deem the evaluator to be an agent of the Board and implement his or her treatment plan, or 2) have board staff review the healthcare provider's recommendation and either approve the recommendation or communicate with the evaluator if there are issues/concerns. | Increased cost associated with board staff review and approval of treatment recommendations. |
| **B&P Code Section 315(c)(7)** Worksite monitoring requirements and standards, including, but not limited to, required qualifications of worksite monitors, required methods of monitoring by worksite monitors, and required reporting by worksite monitors. | | | | |
| UNIFORM STANDARD SUMMARY | DIVERSION PROGRAM | PROBATION PROGRAM | PROGRAMMATIC CONSIDERATION & ISSUES | FISCAL IMPLICATIONS |
| #7: Sets forth worksite monitor (WSM) criteria, including prohibited financial, | Conforms to the standard. | Substantial compliance. Three requirements are not met: 1) the supervisor/WSM are | The higher standards set by the probation conditions should not be eliminated. | None. |

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| personal, or familial relationships between the WSM and the licensee; WSM's scope of practice; licensure status, i.e., active and unrestricted, and no discipline within the last 5years. | | encouraged to but are not legally required to report suspected substance abuse, either verbally or in writing, to the Board; 2) the supervisor and WSMs must have no current discipline, rather than the required 5 years; and 3) the probationer is required to complete and sign a consent form allowing the Board to communicate with the employer, but the supervisor is not required to complete a consent form. The relationship prohibition is discussed with the supervisor at time of the job approval, but is not specified in the probation conditions.<br><br>The Probationary Conditions and Program requirements exceed the Standard in several ways, including: 1) requiring RN to practice for at least 6 months, 2) setting employment limitations, and 3) specifying the supervision/monitoring requirements with minimum being in person contact between probationer and WSM twice during the shift. | | |

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| **B&P Code Section 315(c)(8)** Procedures to be followed when a licensee tests positive for a banned substance. | | | | |
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| UNIFORM STANDARD SUMMARY | DIVERSION PROGRAM | PROBATION PROGRAM | PROGRAMMATIC CONSIDERATION & ISSUES | FISCAL IMPLICATIONS |
| #8:<br>When a licensee tests positive for a banned substance, the board shall order the licensee to cease practice, and, if working, the licensee must leave work, and the board shall notify the employer and WSM. If the positive is confirmed, Standard 9 is implemented. If positive is not confirmed, the cease practice is lifted. When determining if a test is positive, the board should, as applicable: 1) consult the specimen collector and the laboratory; 2) communicate with licensee and/or any other physician who is treating the licensee; and 3) communicate with any treatment provider, including group facilitator/s. | Although B&P Code Sections 315.2(d) and 315.4(d) exempt the Diversion Program from the cease practice requirement, the Program conforms to the Standard, except, if it is a confirmed positive, the RN is permitted to return to work after two negative tests and not the month of "continuous drug testing" specified in Standard 10. (Standard 9 is cited in this Standard, and Standard 9 requires conformance with Standard 10.) | Not in conformance with the Standard in that the cease practice is not immediate. Based on advice from Legal Counsel, the RN is notified and given 5 days to provide an explanation. If the positive is confirmed and the probationer does not respond or the explanation is not acceptable, the RN is told to cease practice and the case is referred to the Attorney General's (AG's) Office for filing of an accusation and or a petition to revoke the license. | B&P Code Section 315.2(a) authorizes the Board to order an RN who tests positive for any substance prohibited under the terms of the RN's probation to cease practice; the Standard is consistent with the statute. As a result of legal challenges to the immediate cease practice order and based on Legal Counsel advice, the Board's procedure is to notify the RN of the positive and instructs him or her to provide a written explanation within 5 days. Adoption of the Standard as written, without notice and an opportunity to be heard, may be a violation of the licensee's right to due process, and as such does not conform to the Administrative Procedure Act Consistency Standard. Government Code, Section 11349(d) defines "consistency" as "…harmony with, and not in conflict with or contradictory to, existing statutes, court decisions, or other provisions of law." Currently, the mandate is only to adopt regulations related to the probationers.<br><br>The Probation Program is more stringent as it relates to positive tests for prohibited substances and failure to participate in a drug testing program. Condition 17 specifies that a confirmed positive for a prohibited drug may result in suspension from practice as well as referral to the Attorney General's Office for filing of an accusation or a petition to revoke the probation. Board policy is | See Standard 10<br><br>If implemented as written, the RN may be subject to unwarranted loss of income. |

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| | | | to suspend the RN from practice and the RN is not permitted to return to work until there is a final decision on the AG's filing. The Condition also specifies that the Board may suspend the RN's practice for failure to participate in the drug testing program.<br><br>As previously stated, B&P Code Section 315.4(a) specifies that the board *may* adopt regulations related to the cease practice for major violations and when the board orders a licensee to undergo a clinical diagnostic evaluation pursuant to the uniform and specific standards adopted and authorized under Section 315; thus making adoption of regulations for Standards 2 and 10 permissive. This Standard cites Standard 9, which defines ingestion as major violation as specified in Standard 9 and the licensee is subject to the consequences specified in Standard 10. The intertwining of Standards 8, 9, and 10 raises the question if the Board must adopt regulations related to the cease practice requirements specified/referenced in any of the three Standards since the adoption of regulations is at the Board's discretion. However, as stated in the Standard 2 discussion, the Legislative Counsel opinion, Attorney General Office unofficial opinion, and the DCA Legal Counsel Opinion have advised that the legislative intent in enacting the statute was not to make adoption of the standards discretionary. | |
| **B&P Code Section 315(c)(9)** Procedures to be followed when a licensee is confirmed to have ingested a banned substance. | | | | |

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| UNIFORM STANDARD SUMMARY | DIVERSION PROGRAM | PROBATION PROGRAM | PROGRAMMATIC CONSIDERATION & ISSUES | FISCAL IMPLICATIONS |
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| #9:<br>When a board confirms that a positive drug test is evidence of use of a prohibited substance, the licensee has committed a major violation, as defined in Uniform Standard #10 and the board shall impose the consequences set forth in Uniform Standard #10. | B&P Code Section 315.4(d) exempts the Diversion Program from the cease practice requirement for major violations. However, as stated in response to Standard 8, the participant is ordered to cease practice and to have two consecutive negative drug tests, instead of the minimum month of continuous drug testing required in the Standard, prior to return to work. | The Disciplinary Guidelines do not categorize violations as major or minor. Upon confirmation of ingestion of a banned substance, the RN, if practicing, is instructed to cease practice, and the case is referred to the Attorney General's Office for filing of an accusation or petition to revoke probation. The RN is not permitted to return to work. The licensee is not ordered to undergo a new clinical diagnostic evaluation or to drug test as required in Standard 10. | The probationary condition is more stringent than Uniform Standard 10. Increased testing is not warranted since the RN is not permitted to return to work.<br><br>B&P Code Section 315.4(d) makes adoption of regulations related to the cease practice for major violations and when the board orders a licensee to undergo a clinical diagnostic evaluation pursuant to the uniform and specific standards adopted and authorized under Section 315 permissive. However, the Legislative Counsel opinion, Attorney General Office unofficial opinion, and the DCA Legal Counsel Opinion have advised that the legislative intent in enacting the statute was not to make adoption of the standards discretionary.<br>(See Standard 2 and 8.) | See Standard 10 |
| **B&P Code Section 315(c)(10)** Specific consequences for major and minor violations. In particular, the committee shall consider the use of a "deferred prosecution" stipulation described in Section 1000 of the Penal Code, in which the licensee admits to self-abuse of drugs or alcohol and surrenders his or her license. That agreement is deferred by the agency until or unless licensee commits a major violation, in which case it is revived and license is surrendered. (Note: The Uniform Standard does not address the "deferred prosecution" language. The language would have to be included in the Board's decision placing the licensee on probation. The Standard is not applicable to the Diversion Program.) | | | | |
| UNIFORM STANDARD SUMMARY | DIVERSION PROGRAM | PROBATION PROGRAM | PROGRAMMATIC CONSIDERATION & ISSUES | FISCAL IMPLICATIONS |
| #10:<br>Lists actions that would constitute a major violation, e.g., failure to complete a board-ordered program, multiple minor violations, treating patients while under the influence of | Conforms to the applicable requirements of the Standard. (B&P Code, Section 315.2(d) exempts the Program from requiring a licensee to cease practice if he or she tests positive for a | Substantial conformance. The Disciplinary Guidelines do not use the major and minor violation designations. Actions specified as a major violation would result in referral to the Attorney | The Disciplinary Guidelines are more stringent in that they do not permit an RN to return to work, until a decision has been rendered on the petition to revoke or the filing of an accusation. However with two exceptions, i.e., cease practice for confirmed ingestion of a prohibited substances and failure to | • Cost to Board associated with increased staff/staff time to change drug testing frequency, notify probationer and contractor of frequency, |

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| drugs/alcohol, testing positive and confirmation for substance abuse, failure to obtain biological testing for substance abuse, etc. The consequences for a major violation include 1) a cease practice order, with requirement to undergo a clinical diagnostic evaluation and licensee must test negative for at least a month of continuous drug testing before being allowed to return to work; 2) termination of contract/agreement; and 3) referral for disciplinary action. The Standard also identifies actions that would constitute a minor violation, e.g., untimely receipt of required documents, unexcused non-attendance at group meetings, failure to contact a monitor, etc., as well as the consequences for such violations. | prohibited substance and Section, 315.4(d) exempts the Program from requiring a participant to cease practice for a major violation.) | General's Office; however, a cease practice or suspension of practice order does not go into effect immediately, unless authorized by statute or a probationary condition. The minor violations would, at a minimum, result in a violation letter listing the violation(s), any corrective action that the licensee must take, and the consequences of any further violation(s).<br><br>The registered nurse is ordered to cease practice if he or she tests positive for a prohibited substance and fails to provide an acceptable explanation within 5 days or if he or she violates a condition of probation that includes a cease practice order. The RN is not ordered to undergo a clinical diagnostic evaluation or to tests as required; however, the RN is also not permitted to return to work until a decision is reached on the Attorney General's Office filing. The consequences for minor violations vary, but do not include removal from practice, issuance of a | submit physical or mental health evaluation, the RN is permitted to continue to work until the filing of petition to revoke probation or an accusation after committing any of the other major violations. Amending the Guidelines to make the cease practice effective immediately upon notification of the violation and a period to respond would strengthen the Probation Program.<br><br>As a consequence of a major violation, the licensee is required to "test negative for at least a month of continuous drug testing before being allowed to return to work." The term "continuous drug testing" is vague and lacks clarity.<br><br>B&P Code Section 315.4(d) makes adoption of regulations related to the cease practice for major violations and when the board orders a licensee to undergo a clinical diagnostic evaluation pursuant to the uniform and specific standards adopted and authorized under Section 315 permissive. However, the Legislative Counsel opinion, Attorney General Office unofficial opinion, and the DCA Legal Counsel Opinion have advised that the legislative intent in enacting the statute was not to make adoption of the standards discretionary. (See Standard 2, 8, and 9) | follow-up on testing results, filing, and inputting data into system.<br>• Costs to RN associated with loss of income and increased testing. |

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| | | citation and fine/or warning, or re-evaluation/testing. | | |
| **B&P Code Section 315(c)(11)** Criteria that a licensee must meet in order to petition to return to practice on a full-time basis. | | | | |
| UNIFORM STANDARD SUMMARY | DIVERSION PROGRAM | PROBATION PROGRAM | PROGRAMMATIC CONSIDERATION & ISSUES | FISCAL IMPLICATIONS |
| #11:<br>The licensee shall meet the following criteria before submitting a request (petition) to return to full-time practice:<br>1) demonstrate sustained compliance with current recovery program; 2) demonstrate the ability to practice safely as evidenced by current worksite reports, evaluations, and any other information relating to the licensee's substance abuse; and 3) negative drug screening reports for at least 6 months, two positive worksite monitor reports, and complete compliance with other conditions of the program. | Substantial conformance. Participants generally work part-time by choice or due to job availability. The Diversion Evaluation Committee seldom imposes the part-time practice restriction. If it did, it would take the specified criteria, except 6 months of negative drug screens, into consideration in rendering its decision. | Not applicable. | None. | None. |
| **B&P Code Section 315(c)(12)** Criteria that a licensee must meet in order to petition for reinstatement of a full and unrestricted license. | | | | |
| UNIFORM STANDARD SUMMARY | DIVERSION PROGRAM | PROBATION PROGRAM | PROGRAMMATIC CONSIDERATION & ISSUES | FISCAL IMPLICATIONS |
| #12:<br>Sets forth criteria licensee must meet to request (petition) for a full and unrestricted license, including: 1) sustained compliance with the terms | Diversion Program participants do not have "restricted" licenses. When approved to return to work, participants will have practice restrictions, which are determined by | As a result of several of the probationary conditions, the registered nurse will have a "restricted" license until successful completion of probation. The | The Diversion Program has very stringent practice requirements. The participant must keep his/her license in inactive status until the Diversion Evaluation Committee determines that the RN is safe to return to practice, which is generally after 6 to 9 months | None. |

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| of the disciplinary order, if applicable; 2) successful completion of recovery program, if required; and 3) continuous sobriety for three (3) to five (5) years. | the Diversion Evaluation Committee after careful consideration of multiple factors related to the participant's recovery and compliance with contract requirements. | restrictions include prior Board approval for any job requiring an RN license, may not supervise other RNs, cannot be a faculty member in a Board-approved prelicensure nursing program or a Board-approved continuing education course, and periodic work performance evaluations from supervisor. | with full-contract compliance. When the registered nurse is permitted to return to work, appropriate safeguards/practice restrictions are put in place to ensure consumer/patient protection, including approval of any RN position or change(s) in position, initially may not have access to or administer controlled substances, and supervision by a worksite monitor. The RN may petition to "transition" from the Program after a minimum of two years of full compliance with his/her Diversion Program contract, including completion of any treatment requirements. The RN must complete a "Transition Paper" and the Gorski Relapse Prevention Program, and meet with the DEC to request approval for the transition. During the transition period the RN is required to continue random drug testing, have prior approval for job changes, submit monthly self-reports, have in-person contact with WSM at least once a week, and pay fees. The WSM must submit monthly reports. The transition period is generally one year. | |
| **B&P Code Section 315(c)(13)** If a board uses a private-sector vendor that provides diversion services, standards for immediate reporting by the vendor to the board of any and all noncompliance with process for providers or contractors that provide diversion services, including, but not limited to, specimen collectors, group meeting facilitators, and worksite monitors; standards requiring the vendor to disapprove and discontinue the use of providers or contractors that fail to provide effective or timely diversion services; and standards for a licensee's termination from the program and referral to enforcement. | | | | |
| UNIFORM STANDARD SUMMARY | DIVERSION PROGRAM | PROBATION PROGRAM | PROGRAMMATIC CONSIDERATION & ISSUES | FISCAL IMPLICATIONS |
| #13:<br>Sets forth vendor reporting time for major and minor violations; approval process, criteria, and requirements for specimen collectors, | Conforms to the Standard. | The Standard does not apply to the Probation Program. | None. | None. |

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| group meeting facilitators, and worksite monitors, treatment providers; and general vendor requirements. | | | | |
| **B&P Code Section 315(c)(14)** If a board uses a private-sector vendor that provides diversion services, the extent to which licensee participation in that program shall be kept confidential from the public. | | | | |
| UNIFORM STANDARD SUMMARY | DIVERSION PROGRAM | PROBATION PROGRAM | PROGRAMMATIC CONSIDERATION & ISSUES | FISCAL IMPLICATIONS |
| #14:<br>Requires the board to disclose the name, any practice restrictions, and a detailed description of any restrictions to the public for licensees who are participating in a board monitoring/diversion program regardless of whether the licensee is a self-referral or a board referral. However, the disclosure shall not contain information that the restrictions are a result of the licensee's participation in a diversion program. | Does not conform. Applicants to the Program and participants in the Program during the first 6 to 9 months are not permitted to work and must put their licenses in inactive status. The inactive status information is available to the public on the BRN website. | The Standard does not apply to the Probation Program. | Since the inception of the Program, a participant's records and participation in the Diversion Program have been confidential. The confidential nature of the Program is a factor in registered nurses voluntarily entering the Program. Implementation of the Standard would breach the confidential nature of the Diversion Program authorized by statute. Specifically, B&P Code, Section 2770.12(b) requires that participant records of participants in the Diversion Program be kept confidential, and 2770.12(c) sets forth the circumstances under which the registered nurse waives any confidentiality rights. The Board has maintained the confidentiality of participant records both internally and externally; only limited BRN staff is allowed access to the records. Compliance with Standard 14 would require more BRN staff to have access to the records to make the information available to the public. But more importantly, the public would be able to determine that the licensee is a participant in the Board's Diversion Program, since license restrictions can only be imposed via Board discipline or participation in the Diversion Program. | • Additional staff /staff time required to input and maintain information related to practice restrictions and detailed description of any restriction.<br><br>• Additional cost to modify BreEZe. |

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| | | | Disciplinary actions are posted on the BRN website and clearly identified as "discipline." Posting of restrictions that are not "discipline/disciplinary" would enable the public to deduce that the RN is a participant in the Diversion Program; thus violating the participant's confidentiality rights and the statute.<br><br>It is unknown if the required information can be made available to the public using BreEZe. The Standard involves the Department, which has overall responsibility for BreEZe, as well boards with a diversion program; therefore, the Board will pursue the issue with the Department. | |
| **B&P Code Section 315(c)(15)** If a board uses a private-sector vendor that provides diversion services, a schedule for external independent audits of the vendor's performance in adhering to the standards adopted by the committee. | | | | |
| UNIFORM STANDARD SUMMARY | DIVERSION PROGRAM | PROBATION PROGRAM | PROGRAMMATIC CONSIDERATION & ISSUES | FISCAL IMPLICATIONS |
| #15:<br>Requires an external independent audit at least once every 3 years by a qualified, independent reviewer or review team from outside the department with no real or apparent conflict of interest with the vendor providing the monitoring services. The audit must assess the vendor's performance in adhering to the Uniform Standards established by the board. The reviewer must provide a report of their finding to the board by June | No action has been taken. The BRN, together with the other healthcare professional licensing boards with a Diversion Program, contract, through the Department, with the same vendor to provide monitoring services for its participants. | The Standard does not apply to the Probation Program. | Since the Diversion Program contract is managed by the Department and involves multiple boards, implementation of the Standard will necessitate participation of these entities.<br><br>The auditing cycle is not congruent with the contracting periods. The contract is generally for a three-year period with two one-year extensions. | Cost of the audit. |

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| 30 of each 3 year cycle. The report shall identify any material inadequacies, deficiencies, irregularities, or other non-compliance with the terms of the vendor's monitoring services that would interfere with the board's mandate of public protection. The board and the department shall respond to the findings of the audit report. | | | | |
| **B&P Code Section 315(c)(16)** Measurable criteria and standards to determine whether each board's method of dealing with substance-abusing licensee protects patients from harm and is effective in assisting in recovering from substance abuse in the long term. | | | | |
| UNIFORM STANDARD SUMMARY | DIVERSION PROGRAM | PROBATION PROGRAM | PROGRAMMATIC CONSIDERATION & ISSUES | FISCAL IMPLICATIONS |
| #16:<br>The Standard specifies the criteria related to licensees with substance abuse problems who are in the Diversion or Probation Program that the board must report annually to DCA and the Legislature. The report must also specify the drug(s) the licensee abused. The board must analyze the data to determine if there are indicators for lower or higher probability of success of the program. The Standard also sets forth criteria to determine if the program protects patients from harm and is effective in assisting licensees in recovering from substance | Conforms to the Standard. Data on all the criteria are maintained except major and minor violations, which have been added to the RFP. The contractor is required to monitor trends, conduct a trends analysis, and make recommendations annually or more frequently, as appropriate, to the Board. | Not in conformance. The majority of the information/data is contained in individual probationer files. The Board does not currently maintain the information in a centralized data system, and therefore, cannot retrieve aggregate data or conduct trend analysis as required by the Standard. | The required data is not obtainable from BreEZe and will necessitate creation of a separate data tracking system. This option is contrary to the Board and Department's goal of having one data system. Furthermore, implementation will require additional staff/staff time: to create the system; input and retrieve the data from existing files; to maintain and continually update the system; and to analyze the data. Currently, the Probation Program Manager maintains and uses Excel to generate statistical data/reports for the Program. Aggregate data is reported at Diversion/Discipline and Board meetings and includes: gender; basis of probation (CD, practice, mental health, convictions, etc.); cases pending at AG/Board; licenses revoked, or surrendered; successful completions and terminations. The required | Potentially significant fiscal impact, even if the data can be obtained from BreEZe or previous Department computer data bases such as CAS. The cost is attributed to additional staff/staff time needed to retrieve, input, maintain, and analyze the data on an on-going basis. |

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| abuse. | | | information is not maintained in Excel. Implementation of the Standard could be quite costly in view of depth and breadth of information that is required. As of February 20, 2014, there were 832 in-state probationers and 412 (50%) were on probation for substance-abuse related violations.<br><br>Staff is working with the Department to determine what, if any, of the data can be obtained from BreEZe, as well as to obtain Department recommendation(s) for dealing with the Standard.<br><br>Since the Standard pertains to evaluation of the effectiveness of the Diversion and Probation Programs, it is not necessary to include it in regulations. | |

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# COMPARISON OF MEDICAL BOARDS PROPOSED TEXT TO THE UNIFORM STANDARDS, DIVERSION PROGRAM & PROBATION PROGRAM

## DRAFT 4-15-2014

**B&P Code Section 315(c)(1):** Specific requirements for a clinical diagnostic evaluation of the licensee, including, but not limited to, required qualifications for the providers evaluating the licensee.

**#1 UNIFORM STANDARD SUMMARY:** Specifies the qualifications for the practitioner conducting the clinical diagnostic evaluation, method for conducting the evaluation, content of the evaluation report, timeframe for submission of the report, relationship prohibitions between licensee and evaluator, and action to be taken the evaluator determines that the licensee is a threat to himself, herself, or others. The evaluator must be Board approved.

**DIVERSION PROGRAM:** N/A

**PROBATION PROGRAM:** Conforms to the Standard.

Page 2

**B&P Code Section 315(c)(2)** Specific requirements for the temporary removal of a licensee from practice, in order to enable the licensee to undergo the clinical diagnostic evaluation described in subdivision (a) and approved by the board, and specific criteria that the licensee must meet before being permitted to return to practice on a full-time or part-time basis.

**#2 UNIFORM STANDARD SUMMARY:** Requires the board to order the licensee to cease practice until the clinical diagnostic evaluation report is reviewed by diversion/probation staff. The licensee must test randomly at least two times per week during this time and the cease practice continues until the licensee has at least 30 days of negative drug screens. The Diversion or Probation Manager determines if the licensee is safe to return to practice, using specified criteria.

**DIVERSION PROGRAM:**

**PROBATION PROGRAM:** Conforms to the Standard, with minor differences.

The standard says cease practice during the clinical diagnostic evaluation pending the results of the clinical evaluation and review by the board staff. Medical board says review by the Board.

The standard says the diversion or probation manager shall determine whether or not the licensee is safe to return to either part-time or fulltime practice.

Medical Board says the Board shall review and determine whether the licensee is safe to return to practice. Medical Board also puts a time frame of within 5 business days of receipt for the review of the clinical diagnostic evaluation report to determine whether the licensee is safe to return to practice.

Medical Board uses the term biological testing while the Standard uses drug testing.

Page 2 & 3

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**B&P Code Section 315(c)(3) Specific requirements that govern the ability of the licensing board to communicate with the licensee's employer about the licensee's status or condition.**

**#3 UNIFORM STANDARD SUMMARY:** Requires the licensee to provide specified information related to employers and supervisors and to give written consent authorizing the board, employers, and supervisors to communicate.

**DIVERSION PROGRAM:**

**PROBATION PROGRAM:** Conforms to the Standard.
Page 4

**B&P Code Section 315(c)(4) Standards governing all aspects of required testing, including but not limited to, frequency of testing, randomnicity, method of notice to the licensee, number of hours between the provision of notice and the test, standards for specimen collectors, procedures used by specimen collectors, the permissible locations of testing, whether the collection process must be observed by the collector, backup testing requirements when the licensee is on vacation or otherwise unavailable for local testing, requirements for the laboratory that analyzes the specimens, and the required maximum timeframe from the test to the receipt of the result of the test.**

**#4 UNIFORM STANDARD SUMMARY:** Establishes two levels of testing: Level 1 (Year 1) 52 – 104 tests per year; Level 2 (Years 2 -5) 36 – 104 tests per year. After year 5, testing is 1 time per month if there have been no positive tests in the previous 5 consecutive years of probation or diversion. The board may increase frequency for any reason. Testing frequency exceptions are: 1) licensee has participated in treatment or monitoring program that required testing, 2) violation was outside of employment, 3) not employed in healthcare field, 4) licensee is on tolled status, and 5) substance abuse disorder is not diagnosed. The Standard also specifies drug testing standards and requires collection of specified data for 2 years prior to implementation, if available, and for 3 years post-implementation.

**DIVERSION PROGRAM:**

**PROBATION PROGRAM:** Conforms to the Standard, but splits them up into different code sections.
Page 6

**B&P Code Section 315(c)(5)** Standards governing all aspects of group meeting attendance requirements, including, but not limited to, required qualifications for group meeting facilitators, frequency of required meeting attendance, and methods of documenting and reporting attendance or nonattendance by licensees.

**#5 UNIFORM STANDARD SUMMARY:** Specifies the criteria that the board must consider when determining the frequency of group meetings and sets forth the qualifications and requirements for the meeting facilitator.

**DIVERSION PROGRAM:**

**PROBATION PROGRAM**: Conforms to the Standard.
Page 7 & 8

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**B&P Code Section 315(c)(6)** Standards used in determining whether inpatient, outpatient, or other type of treatment is necessary.

**#6 UNIFORM STANDARD SUMMARY:** Specifies the criteria to be used in determining type of treatment, including evaluator's recommendation from the clinical diagnostic evaluation in Standard #1, scope of substance abuse, licensee's treatment history, and documented length of sobriety.

**DIVERSION PROGRAM:**

**PROBATION PROGRAM:** Conforms to the Standard.
Page 3

**B&P Code Section 315(c)(7)** Worksite monitoring requirements and standards, including, but not limited to, required qualifications of worksite monitors, required methods of monitoring by worksite monitors, and required reporting by worksite monitors.

**#7 UNIFORM STANDARD SUMMARY:** Sets forth worksite monitor (WSM) criteria, including prohibited financial, personal, or familial relationships between the WSM and the licensee; WSM's scope of practice; licensure status, i.e., active and unrestricted, and no discipline within the last 5years.

**DIVERSION PROGRAM:**

**PROBATION PROGRAM:** Conforms to the Standard.
Page 9-11

**B&P Code Section 315(c)(8)** Procedures to be followed when a licensee tests positive for a banned substance.

**#8 UNIFORM STANDARD SUMMARY:** When a licensee tests positive for a banned substance, the board shall order the licensee to cease practice, and, if working, the licensee must leave work, and the board shall notify the employer and WSM. If the positive is confirmed, Standard 9 is implemented. If positive is not confirmed, the cease practice is lifted. When determining if a test is positive, the board should, as applicable: 1) consult the specimen collector and the laboratory; 2) communicate with licensee and/or any other physician who is treating the licensee; and 3) communicate with any treatment provider, including group facilitator/s.

**DIVERSION PROGRAM:**

**PROBATION PROGRAM:** Not in conformance with the Standard in that the cease practice is not immediate. Medical Board says it shall lift the cease-practice order within one business day.
Page 13

**B&P Code Section 315(c)(9)** Procedures to be followed when a licensee is confirmed to have ingested a banned substance.

**#9 UNIFORM STANDARD SUMMARY**: When a board confirms that a positive drug test is evidence of use of a prohibited substance, the licensee has committed a major violation, as defined in Uniform Standard #10 and the board shall impose the consequences set forth in Uniform Standard #10.

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**DIVERSION PROGRAM:**

**PROBATION PROGRAM:** Conforms to the Standard.
Page 14

**B&P Code Section 315(c)(10)** Specific consequences for major and minor violations. In particular, the committee shall consider the use of a "deferred prosecution" stipulation described in Section 1000 of the Penal Code, in which the licensee admits to self-abuse of drugs or alcohol and surrenders his or her license. That agreement is deferred by the agency until or unless licensee commits a major violation, in which case it is revived and license is surrendered. (**Note**: The Uniform Standard does not address the "deferred prosecution" language. The language would have to be included in the Board's decision placing the licensee on probation. The Standard is not applicable to the Diversion Program.)

**#10 UNIFORM STANDARD SUMMARY:** Lists actions that would constitute a major violation, e.g., failure to complete a board-ordered program, multiple minor violations, treating patients while under the influence of drugs/alcohol, testing positive and confirmation for substance abuse, failure to obtain biological testing for substance abuse, etc. The consequences for a major violation include 1) a cease practice order, with requirement to undergo a clinical diagnostic evaluation and licensee must test negative for at least a month of continuous drug testing before being allowed to return to work; 2) termination of contract/agreement; and 3) referral for disciplinary action. The Standard also identifies actions that would constitute a minor violation, e.g., untimely receipt of required documents, unexcused non-attendance at group meetings, failure to contact a monitor, etc., as well as the consequences for such violations.

**DIVERSION PROGRAM:**

**PROBATION PROGRAM:** Conforms to the Standard. Under the major violations include but are not limited to section, the Medical Board adds "Uses, consumes, ingests, or administers to himself or herself a prohibited substance. They also add, "Fails to comply with any term or condition of his or her probation that impairs public safety". They did not include "Failure to complete a board-ordered program" though this may be a term of probation as it is with the RN probationary terms.

Under the minor violations section, the Medical Board adds increase the frequency of biological fluid testing. It does not include "Termination of a contract/agreement." Consequences are not limited to just what is listed.
Page 14 & 15

**B&P Code Section 315(c)(11)** Criteria that a licensee must meet in order to petition to return to practice on a full-time basis.

**#11 UNIFORM STANDARD SUMMARY**: The licensee shall meet the following criteria before submitting a request (petition) to return to full-time practice: 1) demonstrate sustained compliance with current recovery program; 2) demonstrate the ability to practice safely as evidenced by current worksite reports, evaluations, and any other information relating to the licensee's substance abuse; and 3) negative drug screening reports for at least 6 months, two positive worksite monitor reports, and complete compliance with other conditions of the program.

**DIVERSION PROGRAM:**

**PROBATION PROGRAM:** Conforms to the Standard.
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**B&P Code Section 315(c)(12)** Criteria that a licensee must meet in order to petition for reinstatement of a full and unrestricted license.

**#12 UNIFORM STANDARD SUMMARY:** Sets forth criteria licensee must meet to request (petition) for a full and unrestricted license, including: 1) sustained compliance with the terms of the disciplinary order, if applicable; 2) successful completion of recovery program, if required; and 3) continuous sobriety for three (3) to five (5) years.

**DIVERSION PROGRAM:**

**PROBATION PROGRAM:** Does not conform to the Standard. Medical Board did not include this Standard.

**B&P Code Section 315(c)(13)** If a board uses a private-sector vendor that provides diversion services, standards for immediate reporting by the vendor to the board of any and all noncompliance with process for providers or contractors that provide diversion services, including, but not limited to, specimen collectors, group meeting facilitators, and worksite monitors; standards requiring the vendor to disapprove and discontinue the use of providers or contractors that fail to provide effective or timely diversion services; and standards for a licensee's termination from the program and referral to enforcement.

**#13 UNIFORM STANDARD SUMMARY:** Sets forth vendor reporting time for major and minor violations; approval process, criteria, and requirements for specimen collectors, group meeting facilitators, and worksite monitors, treatment providers; and general vendor requirements.

**DIVERSION PROGRAM:** Medical Board does not have a Diversion Program.

**PROBATION PROGRAM:** The Standard does not apply to the Probation Program, but the Medical Board has language set up for this Standard. Though there is language for some the Standard, it does not have all. It does not have information on the subsections Treatment Providers and General Vendor Requirements.



**B&P Code Section 315(c)(14)** If a board uses a private-sector vendor that provides diversion services, the extent to which licensee participation in that program shall be kept confidential from the public.

**#14 UNIFORM STANDARD SUMMARY:** Requires the board to disclose the name, any practice restrictions, and a detailed description of any restrictions to the public for licensees who are participating in a board monitoring/diversion program regardless of whether the licensee is a self-referral or a board referral. However, the disclosure shall not contain information that the restrictions are a result of the licensee's participation in a diversion program.

**DIVERSION PROGRAM:** Does not conform. Medical Board does not have a Diversion Program.

**PROBATION PROGRAM:** The Standard does not apply to the Probation Program.

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**B&P Code Section 315(c)(15)** If a board uses a private-sector vendor that provides diversion services, a schedule for external independent audits of the vendor's performance in adhering to the standards adopted by the committee.

**#15 UNIFORM STANDARD SUMMARY:** Requires an external independent audit at least once every 3 years by a qualified, independent reviewer or review team from outside the department with no real or apparent conflict of interest with the vendor providing the monitoring services. The audit must assess the vendor's performance in adhering to the Uniform Standards established by the board. The reviewer must provide a report of their finding to the board by June 30 of each 3 year cycle. The report shall identify any material inadequacies, deficiencies, irregularities, or other non-compliance with the terms of the vendor's monitoring services that would interfere with the board's mandate of public protection. The board and the department shall respond to the findings of the audit report.

**DIVERSION PROGRAM:** Does not conform. Medical Board does not have a Diversion Program.

**PROBATION PROGRAM:** The Standard does not apply to the Probation Program.

**B&P Code Section 315(c)(16)** Measurable criteria and standards to determine whether each board's method of dealing with substance-abusing licensee protects patients from harm and is effective in assisting in recovering from substance abuse in the long term.

**#16 UNIFORM STANDARD SUMMARY:** The Standard specifies the criteria related to licensees with substance abuse problems who are in the Diversion or Probation Program that the board must report annually to DCA and the Legislature. The report must also specify the drug(s) the licensee abused. The board must analyze the data to determine if there are indicators for lower or higher probability of success of the program. The Standard also sets forth criteria to determine if the program protects patients from harm and is effective in assisting licensees in recovering from substance abuse.

**DIVERSION PROGRAM:** Does not conform. Medical Board does not have a Diversion Program. There will be no reported information

**PROBATION PROGRAM:** Conforms with the Standard. Does not include all of the bullet points because some of them pertain to the diversion program and the Medical Board does not have a diversion program.

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**BOARD OF REGISTERED NURSING**
**Diversion/Discipline Committee**
**Agenda Item Summary**

**AGENDA ITEM:** 9.5
**DATE:** September 18, 2014

**ACTION REQUESTED:** Update: Enacted Amendments - Enforcement-Regulations

- 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

**REQUESTED BY:** Cynthia Klein, RN, Chairperson

**BACKGROUND:**

At its June 2013 meeting, the Board directed staff to proceed with promulgation of a regulatory proposal: 1) delegating to the Executive Officer authority to approve settlement agreements for the revocation, surrender, or interim suspension of a license; 2) defining specified acts such as failure to provide lawfully requested records or to cooperate in a Board-investigation as unprofessional conduct, and 3) prohibiting an administrative law judge from including a stay of revocation in a proposed decision in which there was a finding of fact that the licensee had sexual contact with a patient or had committed an act or been convicted of a sex offense.

The regulatory proposal was submitted to the Office of Administrative Law on July 16, 2013, and a public hearing was held on September 9, 2013. The proposal was submitted to the Office of Administrative Law on June 10, 2014. The proposal was endorsed, approved and became effective on July 23, 2014.

Staff will discuss each change as it relates to the Board, staff and the public.

**NEXT STEP:** 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

# State of California
# Office of Administrative Law

| | |
|---|---|
| **In re:**<br>**Board of Registered Nursing** | **NOTICE OF APPROVAL OF REGULATORY ACTION** |
| **Regulatory Action:** | **Government Code Section 11349.3** |
| **Title 16, California Code of Regulations** | **OAL File No. 2014-0610-02 S** |
| **Adopt sections: 1441**<br>**Amend sections: 1403, 1444.5**<br>**Repeal sections:** | |

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In this regulatory action, the Board is amending two sections and adopting one section in Division 14 of Title 16 of the California Code of Regulations. The regulatory changes delegate to the Executive Officer the authority to enter into settlement agreements, further define the term "unprofessional conduct," and require an administrative law judge to issue a proposed decision revoking the registered nurse license without stay if the licensee is found to have engaged in sexual contact with a patient or has committed or has been convicted of a sexual offense.

OAL approves this regulatory action pursuant to section 11349.3 of the Government Code. This regulatory action becomes effective on 7/23/2014.

Date: 7/23/2014

Thanh Huynh
Senior Attorney

For: DEBRA M. CORNEZ
Director

Original: Louise Bailey
Copy: Ronnie Whitaker

STATE OF CALIFORNIA—OFFICE OF ADMINISTRATIVE LAW

# NOTICE PUBLICATION/REGULATIONS SUBMISSION

REGULAR

(See instructions on reverse)

STD. 400 (REV. 01-2013)

For use by Secretary of State only

ENDORSED FILED IN THE OFFICE OF

2014 JUL 23 PM 1:33

DEBRA BOWEN SECRETARY OF STATE

| OAL FILE NUMBERS | NOTICE FILE NUMBER | REGULATORY ACTION NUMBER | EMERGENCY NUMBER |
|---|---|---|---|
| | Z- 2013-0716-13 | 2014-0610-02S | |

For use by Office of Administrative Law (OAL) only

RECEIVED FOR FILING PUBLICATION DATE

JUL 16 '13 JUL 26 '13

Office of Administrative Law

NOTICE

2014 JUN 10 PM 4:41

OFFICE OF ADMINISTRATIVE LAW

REGULATIONS

AGENCY WITH RULEMAKING AUTHORITY: BOARD OF REGISTERED NURSING

AGENCY FILE NUMBER (If any):

## A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

| 1. SUBJECT OF NOTICE | TITLE(S) | FIRST SECTION AFFECTED | 2. REQUESTED PUBLICATION DATE |
|---|---|---|---|
| ENFORCEMENT | 16 | 1403, 1441, 1444.5 | July 26, 2013 |

| 3. NOTICE TYPE | 4. AGENCY CONTACT PERSON | TELEPHONE NUMBER | FAX NUMBER (Optional) |
|---|---|---|---|
| [X] Notice re Proposed Regulatory Action [ ] Other | Ronnie Whitaker | (916) 574-8257 | (916) 574-7700 |

| OAL USE ONLY | ACTION ON PROPOSED NOTICE | NOTICE REGISTER NUMBER | PUBLICATION DATE |
|---|---|---|---|
| | [ ] Approved as Submitted [ ] Approved as Modified [ ] Disapproved/ Withdrawn | 2013, 302 | 7-26-2013 |

## B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S): Enforcement

1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S):

2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)

**SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)**

ADOPT: 1441

AMEND: 1403, 1444.5

REPEAL:

TITLE(S): 16

3. FILING

[X] Regular Rulemaking (Gov. Code §11346)

[ ] Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)

[ ] Emergency (Gov. Code, §11346.1(b))

[ ] Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.

[ ] Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)

[ ] Emergency Readopt (Gov. Code, §11346.1(h))

[ ] File & Print

[ ] Other (Specify)

[ ] Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)

[ ] Print Only

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

per agency request 7/23/14 (HP)

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

[ ] Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))

[X] Effective on filing with Secretary of State

[ ] §100 Changes Without Regulatory Effect

[ ] Effective other (Specify)

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

[X] Department of Finance (Form STD. 399) (SAM §6660)

[ ] Fair Political Practices Commission

[ ] State Fire Marshal

[X] Other (Specify) Denise D. Brown, Director, Department of Consumer Affairs

Denise D. Brown

| 7. CONTACT PERSON | TELEPHONE NUMBER | FAX NUMBER (Optional) | E-MAIL ADDRESS (Optional) |
|---|---|---|---|
| Ronnie Whitaker | 916 574 8257 | 916 574 7700 | ronnie.whitaker@dca.ca.gov |

8. **I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.**

SIGNATURE OF AGENCY HEAD OR DESIGNEE: Louise R. Bailey

DATE: 6/10/2014

TYPED NAME AND TITLE OF SIGNATORY: Louise R. Bailey, Executive Officer, Board of Registered Nursing

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

JUL 23 2014

Office of Administrative Law

## BOARD OF REGISTERED NURSING

## ORDER OF ADOPTION

The Board of Registered Nursing hereby amends the following regulation in Division 14 of Title 16 of the California Code of Regulations.

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**(1) Amend Section 1403, Adopt Section 1441 and Amend Section 1444.5 of Division 14 of Title 16 of the California Code of Regulations to read as follows:**

**1403. Delegation of Certain Functions.**

(a) The power and discretion conferred by law upon the board to receive and file accusations; issue notices of hearing, statements to respondent and statements of issues; receive and file notices of defense; determine the time and place of hearings under Section 11508 of the Government Code; issue subpoenas and subpoenas duces tecum; set and calendar cases for hearing and perform other functions necessary to the efficient dispatch of the business of the board in connection with proceedings under the provisions of Sections 11500 through 11528 of the Government Code, prior to the hearing of such proceedings; to approve settlement agreements for the revocation, surrender or interim suspension of a license; and the certification and delivery or mailing of copies of decisions under Section 11518 of said Code are hereby delegated to and conferred upon the executive officer, or, in his/her absence from the office of the board, his/her designee.

(b) All settlement agreements for the revocation, surrender, or interim suspension of a license approved pursuant to section 1403(a) shall be reported at regularly scheduled board meetings.

NOTE: Authority cited: Section 2715, Business and Professions Code. Reference: Section 2708, Business and Professions Code.

**1441. Unprofessional Conduct.**

In addition to the conduct described in Section 2761 (a) of the Code, "unprofessional conduct" also includes, but is not limited to, the following:

per agency request 7/23/14 TH

(a) Failure to provide to the board, as directed, lawfully requested copies of documents within 15 days of receipt of the request or within the time specified in the request, whichever is later, unless the licensee is unable to provide the documents within this time period for good cause, including but not limited to, physical inability to access the records in the time allowed due to illness or travel. This subsection shall not apply to a licensee who does not have access to, and control over, the documents.

(b) Failure to cooperate and participate in any board investigation pending against the licensee. 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, within 30 days, any of the following:

(1) The conviction of the licensee, including any verdict of guilty, or pleas of guilty or no contest, of any felony or misdemeanor.

(2) Any disciplinary action taken by another licensing entity or authority of this state or of another state or an agency of the federal government or the United States military.

(d) Failure or refusal to comply with a court order, issued in the enforcement of a subpoena, mandating the release of records to the board.

NOTE: Authority cited: Section 2715, Business and Professions Code. Reference: Sections 2761 and 2765, Business and Professions Code.

**1444.5. Disciplinary Guidelines.**

In reaching a decision on a disciplinary action under the Administrative Procedure Act (Government Code Section 11400 et seq.), the ~~B~~board shall consider the disciplinary guidelines entitled: "Recommended Guidelines for Disciplinary Orders and Conditions of Probation" (1 0/02), which are hereby incorporated by reference. Deviation from these guidelines and orders, including the standard terms of probation, is appropriate where the board, in its sole discretion, determines that the facts of the particular case warrant such a deviation -for example, the presence of mitigating factors; the age of the case; evidentiary problems.

Business and Professions

Notwithstanding the disciplinary guidelines, any proposed decision issued in accordance with the procedures set forth in Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code that contains any finding of fact that the licensee engaged in any acts of sexual contact, as defined in subdivision (c) of Section 729 of the Code, with a patient, or has committed an act or been convicted of a sex offense as defined in Section 44010 of the Education Code, shall contain an order revoking the license. The proposed decision shall not contain an order staying the revocation of the license.

per agency request 7/23/14 TH

NOTE: Authority cited: Section 2715, Business and Professions Code; and Section 11400.20, Government Code. Reference: Sections 726, 729, 2750, 2759, 2761 and 2762, Business and Professions Code; Section 44010, Education Code; and Sections ~~11400.20 and~~ 11425.50~~(c)~~, Government Code.

Louise R. Bailey

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

**BOARD OF REGISTERED NURSING**
**Nursing Practice Committee**
**Agenda Item Summary**

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**AGENDA ITEM:** 10.1
**DATE:** September 18, 7, 2014

**ACTION REQUESTED:** Information: Nurse Practitioner National Certification

**REQUESTED BY:** Trande Phillips, RN, Chairperson
Nursing Practice Committee

**BACKGROUND:** Practice Committee request to continue review and discussion of the attachment "National Certification Organizations that meet the certification equivalency for Nurse Practitioner by the Board of Registered Nursing" at the October 9, 2014 Practice Committee meeting.

National Certification Organizations that meet the certification requirement for Nurse Practitioner Equivalency by the Board of Registered Nursing

1. American Academy of Nurse Practitioners
2. American Nurses Credentialing Center
3. Pediatric Nursing Certification Board
4. National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialty
5. American Association of Critical-Care Nurses (AACN)

Attachment: degree required certification & renewal fees, renewal requirements, accreditation & affiliation and testing services.

**RESOURCES:**

American Academy of Nurse Practitioners National Certification Program(AANPCP)
https://www.aanpcert.org/ptistore/control/index
http://www.aanpcert.org/ptistore/resource/documents/2013%20CandidateRenewalHandbook%20-Rev%2011%2025%202013%20forNCCA(FINAL).pdf
http://www.aanpcert.org/ptistore/control/recert/qualifications
American Nurses Credentialing Center (ANCC) http://www.nursecredentialing.org/Certification
http://www.nursecredentialing.org/AcuteCareNP-Eligibility.aspx
http://www.nursecredentialing.org/RenewalRequirements.aspx
Pediatric Nursing Certification Board (PNCB)
http://www.pncb.org/ptistore/control/exams/cpen/fees
http://www.pncb.org/ptistore/control/resource/content/certs/PC_CPNP_Recert_Guide.pdf
http://www.pncb.org/ptistore/control/about/about_exams
National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialty (NCC)

http://www.nccwebsite.org/resources/docs/2013-exam-core.pdf
http://www.nccwebsite.org/resources/docs/2014-exam-np-bc.pdf
https://www.nccwebsite.org/resources/docs/2014-maintenance-core.pdf
http://www.nccwebsite.org/Certification/HowdoIapply.aspx#how-computer-testing-works
American Association of Critical-Care Nurses (AACN)
http://www.aacn.org/wd/certifications/content/initial-acnpc-certification.pcms?menu=certification
http://www.aacn.org/WD/Certifications/Content/ccrnrenewal.pcms?menu=Certification
http://www.aacn.org/wd/certifications/docs/acnpc-renewal-handbook.pdf
https://www.pncb.org/ptistore/control/resource/content/certs/CPN_Recert_Guide.pdf
http://www.aacn.org/wd/certifications/content/certcorpinfo.pcms?menu=certification&lastmenu=
http://www.aacn.org/wd/certifications/docs/cert-policy-hndbk.pdf

**NEXT STEPS:** Practice Committee for review and discussion October 9, 2014

**FISCAL IMPACT, IF ANY:** None

**PERSON TO CONTACT:**

Janette Wackerly, MBA, BSN, RN
Supervising Nursing Education Consultant
Phone: (916) 574-7686
Email: janette.wackerly@dca.ca.gov

**National Certification Organizations**
**that meet the certification equivalency requirement for Nurse Practitioner by the**
**Board of Registered Nursing**

**Certification & Renewal Certification Requirements**
**Accreditation & Affiliation Testing Services**

| Certification Organization | Degree Required | Certification Fees | Certification Renewal Fees | Renewal Requirements | Accreditation & Affiliation | Testing Service |
|---|---|---|---|---|---|---|
| **American Academy of Nurse Practitioners Certification Program (AANPCP)** | graduates of accredited graduate, post-graduate, or doctoral level ANP programs in the U.S.A. and Canada through 2014 and 500 clinical clock hours of faculty-supervised practice completion APRN core courses- **advanced** physical assessment, pharmacology, pathophysiology | Active RN license AANP member $240<br>non-AANP member $315 | every 5 years<br>Recertification by Examination<br>AANP Member $240, Non-Member $315<br>Recert by Practice Hours & CE:<br>AANP Member $120, Non-Members $195<br>Recert by Practice Hours & CE:<br>AANP Member $120, Non-Members $195 | Active RN license **Option 1**: 1000 clinical hours as NP 75 CE applicatable to population focus within 5 years **Option 2**: take the national certification examination | Accredited by the National Commission for Certifying Agencies (NCCA) & the Accreditation Board for Specialty Nursing Certification (ABSNC). AANPCP is an independent, separately incorporated, nonprofit organization. The Certification Program is affiliated with the national professional membership organization, the American Association of Nurse Practitioners (AANP). **Membership with AANP is not a requirement for certification with AANPCP.** | Professional Examination Service (ProService). AANPCP's National Certification Examinations are developed in cooperation with Professional Examination Service (ProExam, formerly known as PES), a not-for-profit testing company founded in 1941. Examinations are developed in conformity with standards established by the Institute of Credentialing Excellence (ICE), American Psychological Association, American Educational Research Association, National Council on Measurement in Education, and the U.S. Equal Employment Opportunity Commission |
| **American Nurses Association-American Nurses Credentialing Center (ANCC)** | master's, postgraduate, or doctoral degree* from an acute care nurse practitioner program accredited by the Commission on Collegiate Nursing Education (CCNE) or the Accreditation Commission for Education in Nursing (ACEN) (formerly NLNAC \| National League for Nursing Accrediting Commission). A minimum of 500 faculty-supervised clinical hours must be included in the acute care nurse practitioner role and population. | Active RN license ANA Members $270<br>American Psychiatric Nurses Association Members - For Psychiatric Exams Only $290<br>Discount Rate Organizations* $340<br>http://www.nursecredentialing.org/Certification/ExamResources/ExamFees/OrganizationsDiscounts.html<br>Non-ANA Members $395 | every 5 years ANA member $200 Non-ANA member $350 | Active RN license<br>Current certification minimum of 1,000 practice hours in certification role and population/specialty **Option A**: Professional Development Plus Practice Hours **Option B**: Professional Development Plus Testing Category 1 (75 continuing education hours) plus one additional category. (Candidates are allowed to double Category 1, submitting a total of 150 continuing education hours, in order to fulfill the entire professional development requirement<br>Category 1: Continuing Education Hours<br>Category 2: Academic Credits<br>Category 3: Presentations<br>Category 4: Publication or Research<br>Category 5: Preceptor Hours<br>Category 6: Professional Service<br>APRN/CNS 25 of the 75 contact hours All advanced practice nurses (nurse practitioners and clinical nurse specialists) must include at least 25 of the 75 continuing education hours in pharmacotherapeutics in order to fulfill their Category 1 requirement. If Professional Development Category 1 is doubled, then at least 25 of the 150 continuing education hours are required in pharmacotherapeutics. | Accredited by the National Commission for Certifying Agencies (NCCA) & the Accreditation Board for Specialty Nursing Certification (ABSNC). American Nurses Credentialing Center (ANCC), a subsidiary of the American Nurses Association (ANA). **Membership with ANA is not a requirement for certification with ANCC.** | The ANCC certification examinations are developed consistent with the technical guidelines recommended by the American Educational Research Association, the American Psychological Association, and the National Council on Measurement in Education (AERA, APA, NCME; 1999). Additionally, the ANCC certification examinations meet accreditation standards of the Accreditation Board for Specialty Nursing Certification (ABSNC) and the National Commission for Certifying Agencies (NCCA). |
| **Pediatric Nursing Certification Board (PNCB)** | Graduation from an accredited college or university that offers a ACEN or CCNE accredited formal nursing master's or doctoral degree with a concentration in pediatric primary care as a nurse practitioner or formal dual primary/acute care program. | Active RN license $385 | every 7 years<br>$85 per module 2 PNCB Pediatric Updates Modules<br>If purchased individually, the total cost is $170. If two modules are purchased at the same time, the cost is $160.There is no cost to apply previously purchased modules to your Recert application.<br>$130 1 PNCB Pediatric Updates module + 7.5 contact hours of other accepted activity. Pay $85 to order the module in advance of recertifying. Pay $45 to document the other 7.5 hours of activity on the Recert application. There is no cost to apply previously purchased modules to your Recert application.<br>$85 15 contact hours of accepted activities $65 Record Review Year | Active RN license, Minimum of 200 hours worked within 12 months preceding recertification application submission Clinical practice means paid or volunteer direct care work hours with pediatric patients. each year complete 15 contact hours or equivalent activities accepted by PNCB over a period of 7 years, complete required PNCB pediatric update 6 modules (2 Primary Care modules, 2 Pharmacology, and 2 modules of their choice)<br>2015 requirement: 15 contact hours of pediatric pharmacology | Accredited by The National Commission for Certifying Agencies (NCCA). PNCB certification programs are recognized by the National Council of State Boards of Nursing (NCSBN) and individual state boards of nursing. The PNCB is also a member of the American Board of Nursing Specialties (ABNS). PNCB is an independent, non-profit organization and is not affiliated with a professional association and no membership is required. | PNCB utilizes the services of Prometric to assist in the administration, scoring, and analysis of the PNCB's CPN, CPNP and PMHS exams. Prometric is an independent testing agency and the leading provider of testing services and solutions for corporate, academic, government, financial and professional service clients. Our national exams are unique in that they are the only certification exams collaboratively designed by CPNPs®, CPNs®, and pediatricians. |

| Certification Organization | Degree Required | Certification Fees | Certification Renewal Fees | Renewal Requirements | Accreditation & Affiliation | Testing Service |
|---|---|---|---|---|---|---|
| **National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialty (NCC)** | ACEN accredited NP program with Master's, post-master's, DNP with 600 clinical clock hours in Women's Health (WHNP) or Neonatal (NNP). | Active RN license Exam fee $325 Examination must be taken within 8 years of graduation date. | every three years **Maintenance-** Maintenance fee $100 + $70 if 15 CEU completed $60 if 30 CEU completed $50 if 45 CEU completed using the NCC online modules Alternatives to Professional Development Certification Maintenance Progam $175 | Active RN license, two years (24 months) of experience comprised of at least 2000 hours of practice time as a U.S. or Canadian RN in one of the exam specialties. Professional Development Certification Maintenance ProgamAssessment to identify strengths & knowledge gaps to build educational plan + CEU Due March 31, 2014:<br>Use credit earned from the day you take your Stage 2 Assessment to 3/31/14<br>Due June 30, 2014:<br>Use credit earned from the day you take your Stage 2 Assessment to 6/30/14<br>Due September 30, 2014:<br>Use credit earned from the day you take your Stage 2 Assessment to 9/30/14<br>Due December 31, 2014:<br>Use credit earned from the day you take your Stage 2 Assessment to 12/31/14<br>Alternatives to Professional Development Certification Maintenance Progam 50 CEU requirements will be assigned to each of the designated competency areas, an educational plan will be generated and will need to be followed. | Accredited by the National Commission for Certifying Agencies (NCCA), the accreditation body of the National Organization for Competency Assurance (NOCA). NCC is a not for profit organization that provides a national credentialing program for nurses, physicians and other licensed health care personnel. NCC is an independent, not for profit national certification organization and is not affiliated with a professional association and no membership is required. | NCC uses the services of testing vendor, Applied Measurement Professional, Inc (AMP) to asist in administration, scoring and analysis of the NCC's WHNP and NNP exams. |
| **American Association of Critical-Care Nurses (AACN)** | accredited college or university that offers a CCNE or ACEN accredited graduate degree in nursing with a concentration as an adult-gerontology acute care nurse practitioner | Active RN license AACN Members $245<br>Nonmembers $350 | every 5 years<br>Synergy Continuing Education Recognition Point (CERPs)<br>AACN Members $120<br>Nonmembers $200<br>CCRN Renewal by Exam<br>AACN Members $170<br>Nonmembers $275 | Active RN license **Option 1** - Practice Hours and CE Points minimum of 1,000 practice hours 150 CE Renewal Points, 75 of which must be in Category I - Acute Care Education Programs.<br>**Option 2** - Practice Hours and Exam minimum of 1,000 practice hours meeting the hour requirement + the certification exam<br>**Option 3** - CE Points and Exam, complete 150 CE Renewal Points, 75 of which must be in Category I - Acute Care Education Programs + the certification exam 25 of the 75 CE Renewal Points required under Category I must be in pharmacology | Accredited by the National Commission for Certifying Agencies (NCCA). AACN Certification Corporation is a separately incorporated organization from the American Association of Critical Care Nurses. The Certification Corporation is not a membership organization. It is a certifying organization dedicated to consumer protection through certifying and recertifying nurses. **Membership in the American Association of Critical-Care Nurses is not an eligibility requirement for AACN Certification programs.** | The certification programs are administered by AACN Certification Corporation. The certification exams are conducted in cooperation with applied Measurement Professionals, Inc. (AMP). AACM Certification Corporation develops ACNPC and ACNPC-AG*specialty exams. |

**BOARD OF REGISTERED NURSING**
**Nursing Practice Committee**
**Agenda Item Summary**

**AGENDA ITEM:** 10.2
**DATE:** September 18, 2014

**ACTION REQUESTED:** ***Information Only:*** Business and Professions Code Section § 2725.4 Abortion by aspiration techniques; Requirements

Curriculum, Training Plan, and Core Competencies for NPs and CNMs to perform abortion by aspiration technique: Section § 2725.4 to Business and Professions Code, Nursing Practice Act. (HWPP-171)

**REQUESTED BY:** Trande Phillips, RN, Chairperson
Nursing Practice Committee

**BACKGROUND:**

**Business and Professions Code Section 2725.4 Abortion by aspiration techniques;** effective January 1, 2014 was the result of HWPP #171 nurse practitioners (NPs), certified nurse-midwives (CNMs), and physician assistants (PAs) can now provide comprehensive first trimester aspiration abortion care in California.

As part of HWPP #171, ANSIRH (Advancing New Standards in Reproduction Health) researchers evaluated a standardized competency-based curriculum and training plan for education of primary care clinicians in early abortion care. The curriculum and training plan consists of didactic education, problem-based case reviews, and "hands on" clinical experience, along with knowledge testing and periodic clinical assessment, with the goal to train primary care clinicians to competence in all aspects of early aspiration abortion care.
Go to ANSIRH website for their information: http://www.ansirh.org/research/pci/hwpp/hwpp-curriculum-and-competency-resources.php

Contact: Diana Taylor RNP, PhD, FAAN
Office: (510) 986-8950

**NEXT STEPS:** Place on Board agenda.

**FISCAL IMPACT, IF ANY:** None

**PERSON TO CONTACT:** Janette Wackerly MBA, BSN, RN
Supervising Nursing Education Consultant
(916) 574-7686

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.
**BOARD OF REGISTERED NURSING**
PO Box 944210, Sacramento, CA 94244-2100
P (916) 322-3350 F (916) 574-8637 | www.rn.ca.gov
**Louise R. Bailey, MEd, RN, Executive Officer**

**NURSE PRACTITIONERS AND CERTIFIED NURSE MID-WIVES**
**Curriculum, Training Plan, and Core Competencies**

Legislative Session: 2013-2014

## §2725.4 Abortion by aspiration techniques; Requirements

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.

*The HWPP-171 webpage has been updated to include the Curriculum, Training Plan and Core Competencies for Abortion Care generally (secondary prevention of unintended pregnancy) and first trimester aspiration abortion specifically. Here are the links to the web pages:*

- *Curriculum and Core Competencies webpage: http://www.ansirh.org/research/pci/hwpp/hwpp-curriculum-and-competency-resources.php*
- *Direct link to curriculum: http://www.ansirh.org/wp-content/uploads/2014/04/ANSIRH_Early-Abortion-Training-Curriculum-Guidelines.pdf*
- *Direct link to core competencies: http://www.ansirh.org/wp-content/uploads/2014/05/ANSIRH_CoreCompetencies.pdf*

(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 technique pursuant to 2253 without prior completion of training and validation of clinical competency.

Added Stats 2013 ch 662 § 2 (AB 154), effective January 1, 2014.

California Health and Safety Code §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 2253of 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.

AB 154 (Atkins)

Signed into Law Oct 9, 2013 by Gov. Jerry Brown
Effective date: January 1, 2014

**BOARD OF REGISTERED NURSING**
**Nursing Practice Committee**
**Agenda Item Summary**

**AGENDA ITEM:** 10.3
**DATE:** September 18, 2014

**ACTION REQUESTED:** ***Information Only*:** Update to Frequently Asked Questions Regarding Nurse Practitioner Practice

**REQUESTED BY:** Trande Phillips, RN, Chairperson
Nursing Practice Committee

**BACKGROUND:**

The Frequently Asked Questions Regarding Nurse Practitioner Practice updated to include current law and regulation changes that have occurred since the last update 12/2004. This will include updates to the Nursing Practice Act including Section 2725 for example Section 2725.2 Dispensing of self-administered hormonal contraceptives; Injections; Standardized Procedures. Section 2725.4 Abortion by aspiration techniques; Requirements. NP 2835.7 Authorized Standardized Procedure for ordering durable medical equipment, certifying disability in consultation with the physician pursuant to Unemployment Insurance Code, and plan of treatment or plan of care for home health in consultation with the physician. Other related legislated changes that relate to nurse practitioner practice.

**NEXT STEPS:** Place on Board agenda.

**FISCAL IMPACT, IF ANY:** None

**PERSON TO CONTACT:** Janette Wackerly, MBA, BSN, RN
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# FREQUENTLY ASKED QUESTIONS REGARDING NURSE PRACTITIONER PRACTICE

## Practice Questions

Added

***Can a nurse practitioner function in the emergency department?***

Yes. Nurse practitioners are permitted to perform consultation and treatment in an emergency department under certain conditions. Section 1317.1 of the Health and Safety Code, relating to emergency services was repealed and amended September 26, 2011, changing definition of emergency service and care to include appropriately licensed persons, nurse practitioners and physician assistants, under the supervision of a physician and surgeon, to include medical screening, examination, and evaluation by a physician, or to the extent permitted by applicable law, by other appropriate personnel (NP&PA) under the supervision of a physician and surgeon, to determine care, treatment, and surgery by physician necessary to relieve or eliminate the emergency medical condition or active labor, within the capability of the facility.
(SB 233, ch 333. (Pavley), Statutes of 2011)

Added

***Can nurse practitioners authorize durable medical equipment, certify disability and approve, sign, or modify care for home health services within the standardized procedure?***

Yes. (SB 819 ch 158 (Bass) Statutes 2009)

Added

***Can a nurse practitioner authorize disability benefits?***

Yes, the Unemployment Insurance Code was updated to reflect nurse practitioners' authority to authorize disability benefits. (AB 2188 ch 378, (Bradford and Niello) Statues of 2009)

Added

***Can nurse practitioners obtain consent for blood transfusions?***

Yes, nurse practitioners are clearly authorized to obtain consent for autologous blood and direct/non-direct homologous blood transfusions. (SB 102 ch 719 Statutes of 2007).

Added

***Can nurse practitioners sign DMV physical exams for school bus drivers?***

Yes, nurse practitioners have the ability to sign DMV physical exams for drivers of school buses, school pupil activity buses, youth buses, general paratransit vehicles, and farm-labor vehicles. (AB 139, ch 158, Statutes of 2007)

Added

***Can nurse practitioners certify disability for purpose of persons obtaining a disability placard or disability car license plate?***

Yes, a nurse practitioner is authorized to certify disability for purposes of a disability placard or disability license plate. (AB 2120, ch 116 (Liu) Statutes of 2007)

***Do my patient charts need to be countersigned by a physician?***

The Nursing Practice Act (NPA) does not require physician countersignature of nurse practitioner charts. However, other statutes or regulations, such as those for third party reimbursement, may require the physician countersignature. Additionally,

some malpractice insurance carriers require physicians to sign NP charts as a condition of participation. Standardized procedures may also be written to require physicians to countersign charts.

***Can a nurse practitioner dispense medications? If so, what laws should the nurse practitioner know about to perform this function?***

Business and Professions (B&P) Code Section 2725.1 allows registered nurses to dispense (hand to a patient) medication, except controlled substances, upon the valid order of a physician in primary, community and free clinics.

AB 1545, Chaptered 914 (Correa) amended Section 2725.1 to enable NPs to dispense drugs, including controlled substances, pursuant to a standardized procedure or protocol in primary, community and free clinics. Pharmacy law, Business and Professions Code~~,~~ Section 4076 was amended to include NPs dispensing using required pharmacy containers and labeling. This law became effective January 1, 2000.

***Is a nurse practitioner practicing illegally when the physician supervisor is more than 50 miles away?***

The mileage between the nurse practitioner and the supervising physician is not specifically addressed in the NPA. However, the physician should be within a geographical distance, which enables her/him to effectively supervise the nurse practitioner in the performance of the standardized procedure functions.

***Does the nurse practitioner need a physician supervisor who is approved by the medical board?***

No. Nurse practitioner laws do not require that the physician supervisor be approved by the Medical Board.

***I am a pediatric nurse practitioner and the physician wants me to start treating adults. I feel comfortable treating adults, so can we develop standardized procedures to cover this new population, diagnosis/treatments and furnishing?***

You must first be clinically competent to provide care to this new patient population. Clinically competent is defined in California Code of Regulations (CCR) Section 1480(c) as "…to possess and exercise the degree of learning, skill, care and experience ordinarily possessed and exercised by a member of the appropriate discipline in clinical practice.". In this instance, you would have to demonstrate knowledge and skills comparable to those of an adult nurse practitioner. Clinical competence in this new specialty can be achieved by successful completion of theory course(s) and a supervised clinical practicum at an advanced level for the new patient population.

Once competencies are achieved for the adult population, and as required by the Standardized Procedure Guidelines (CCR 1474), the standardized procedures for the adult population must specify the experience, training, and/or education, (Section 1474 (4)) which enables the NP to diagnose and treat the adult population. The standardized procedures must identify the method used to establish initial and continuing evaluation of your competence to perform the standardized procedure functions (Section 1474 (5)).

***How often do my standardized procedures need updating?***

The standardized procedures should be updated frequently enough to ensure that patients are receiving appropriate care. Factors to consider in making the determination to update the standardized procedures include, but are not limited to, patient population and acuity, treatment modalities, and advances in pharmacology and diagnostic technology.

***Can I adopt my nurse practitioner program's standardized procedures as my own when I go out into practice?***

Yes, if the nurse practitioner program's standardized procedures meet the requirements of the Standardized Procedure Guidelines (CCR 1474) and are approved by the organized health care system including nursing, administration, and medicine.

***I am a geriatric nurse practitioner and work with a physician who has patients in a number of long term health care facilities. We have developed standardized procedures for the medical care I will be providing in these facilities. Do the standardized procedures have to be approved by each facility?***

Yes. Standardized procedures are agency specific and must be approved by nursing, administration and medicine in the agency in which they are used.

**What are the requirements for Nurse practitioner practice in a long term care facility?**

Delegation of duties to nurse practitioner in long-term health care facilities

Section 14111 Welfare and Institutions Code describes delegation of duties to nurse practitioners in long term health care facility.

Added

(a) As permitted by federal law or regulation, for health care services provided in a long-term health facility that are reimbursed by Medicare, a physician and surgeon may delegate any of the following to a nurse practitioner:

(1) Alternating visits required by federal law and regulation with a physician and surgeon.

(2) Any duties consistent with federal law and regulation within the scope of practice of nurse practitioner so long as all the following conditions are met:

(A) A physician and surgeon approves, in writing, the admission of the individual facility.

(B) The medical care of each resident is supervised by a physician and surgeon.

(C) A physician and surgeon performs the initial visit and alternate required visits.

(b) This section does not authorize benefits not otherwise authorized by federal law or regulation.

(c) All responsibilities delegated to a nurse practitioner pursuant to this section shall be performed under the supervision of the physician and surgeon and pursuant to standardized procedures among the physician and surgeon, nurse practitioner, and facility.

(d) No task that is required by federal law or regulated to be performed personally by a physician may be delegated to a nurse practitioner.

(e) Nothing in this section shall be construed as limiting the authority of a long-term health care facility to hire and employ nurse practitioners so long as that employment is consistent with federal law and within the scope of practice of a nurse practitioner.

Added Stats 1992 ch 1048 § 2(AB 2849). Amended States 1994 ch 646 § 1(AB 2879)

Tasks of nurse practitioner in long-term health care facility

(a) As permitted by federal law or regulations, for health care services provided in a long-term health care facility that are reimbursed under this chapter, a nurse practitioner may, to the extent consistent with his or her scope of practice , perform any of the following tasks otherwise required of a physician and surgeon:

Added

(1) With respect to visits required by federal law or regulations, making alternating visits, or more frequent visits if the physician and surgeon is not available.

(2) Any duty or task that is consistent with federal law or regulation within the scope of practice of nurse practitioners, so long as all of the following conditions are met.

(A) A physician and surgeon approves, in writing, the admission of the individual to the facility.

(B) The medical care of each resident is supervised by a physician and surgeon.

(C) A physician and surgeon performs the initial visit and alternate required visits.

(b) This section does not authorize benefits not otherwise authorized by visits.

(c) All responsibilities undertaken by a nurse practitioner pursuant to this section shall be performed in collaboration with the physician and surgeon and pursuant to a standardized procedure among the physician and surgeon, nurse practitioner, and facility.

(d) Except at provided in subdivisions (a) to (c), inclusive, any task that is required by federal law or regulation to be performed personally by a physician may be delegated to a nurse practitioner who is not an employee of the long-term health care facility.

(e) Nothing in this section shall be construed as limiting the authority of a long-term health care facility to hire and employ nurse practitioners so long as that employment is consistent with federal law and with the scope of practice of a nurse practitioner

Added Stats 1992 ch 1048 § 3 (AB 2849). Amended Stats 1994 ch 646 § 2 (AB 2879); Stats 1995 ch 91 § 186 (SB 975)

***I am certified as a nurse practitioner by a national certifying body. Do I need to apply to the BRN for a nurse practitioner certificate?***

Yes, you do if you use the title “Nurse Practitioner” (NP) because BRN certification is required if you “hold out” as an NP in California. You also need to apply to the BRN for a certificate if you are certified in another state as an NP and wish to use that title in California.

***Can a nurse practitioner develop and use standardized procedures with a chiropractor? Can the nurse practitioner furnish drugs and devices to these patients?***

No. The law restricts use of standardized procedures to performance of medical functions; therefore, the standardized procedures cannot be developed by the nurse practitioner and chiropractor (BPC 2725 (c))

No. The nurse practitioner cannot furnish drugs and devices for the chiropractor’s patients. The furnishing law, BPC 2836.1, the drugs and devices are furnished or ordered by a nurse practitioner in accord 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 educational preparation or for which clinical competency has been established and maintained.

***May I call myself a nurse practitioner once I have completed my nurse practitioner program?***

No. You cannot use the title nurse practitioner until you have been certified by the BRN as a nurse practitioner. Furthermore, registered nurses who use the title NP without BRN certification may subject their RN license to possible discipline.

***I am a nurse practitioner and I do not have a nurse practitioner furnishing number. Can I still "furnish" medications for patients using a standardized procedure?***

No. There is explicit statutory language, BPC 2836.1 related to furnishing of drugs and devices by nurse practitioners. The furnishing of drugs and devices by nurse practitioners is conditional on issuance of a furnishing number to the nurse practitioner by the BRN. The furnishing number must be included on all nurse practitioner prescriptions transmittal order forms.

Added

***Nurse Practitioner and Medicare Information: Required Qualifications.***

A NP must be a registered professional nurse authorized by the State in which services are furnished by the NP in accordance with state law: Obtain Medicare billing privileges as a NP for the first time on or after January 1, 2003, and:

- Is certified as a NP by a recognized national certification body that has established standards for NPs; and has a Master's degree in nursing or a Doctor of Nursing Practice (DNP) doctoral degree.
- Obtain Medicare billing privilege as a NP for the first time before January 1, 2003, and meets the certification requirements described above, or
- Obtained Medicare billing privileges as a NP for the first time before January 1, 2001

(Department of Health and Human Services, Centers for Medicare and Medicaid Services)

Added

**Nurse Practitioner and Medi-Cal Billing: Required Qualifications.**

Section 14132.41 Welfare and Institutions Code (a) Services provided by a certified nurse practitioner shall be covered under this chapter to the extent authorized by federal law, and subject to utilization controls. The department shall permit a certified nurse practitioner to bill Medi-Cal independently for his or her services; the department shall make payments directly to the certified nurse practitioner. For purposes of this section, "certified" means a nationally board certified in a recognized specialty. (AB 1591 chapter 719 Chan medical: nurse practitioners)

***What are the provisions of the Therapeutic Abortion Act that nurse practitioners need to know?***

The Reproductive Privacy Act deletes the provisions of the Therapeutic Abortion Act, among other things including the name of the act. The changes are found in Business and Professions Code Section 2253 and allow registered nurses, certified nurse practitioners, and certified nurse midwives to assist in the performance of a surgical abortion and to assist in performance of a non-surgical abortion.
(SB 1301 Kuehl, Chapter 385, effective September 5, 2002).

The nurse practitioner may perform or assist in performing functions necessary for non-surgical abortion by furnishing or ordering medications in accordance with approved standardized procedures. (SB 1301 Kuehl, Chapter 385 effective September 5, 2002)

Added

***What does the nurse practitioner need to know about the January 1, 2014 legislation adding Section 2725.4 Abortion by aspiration techniques, requirements?***

Section 2725.4 states 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 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 Work-force Pilot Project (HWPP) No 171 through the Office of Statewide Health Planning and Development will be used. (added Stats 2013 ch 662 § 2 (AB154), effective January 1, 2014)

***Can a nurse practitioner request and sign for complimentary samples of dangerous drugs and devices from a manufacture's sales representative?***

Yes, the certified nurse practitioner and the certified nurse midwife may sign for the request and receipt of complimentary samples of dangerous drugs and devices identified in their standardized procedures or protocol that has been approved by the physician. (SB 1558, Figueroa Chapter 263 effective August 24, 2002).

***Can the certified nurse practitioner and the certified nurse midwife supervise Medical Assistants?***

Yes, 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 instruction to be followed by a medical assistant in performance of tasks or supportive services. These written instructions may provide that the supervisory function for the medical assistant for tasks or supportive services may be delegated to the nurse practitioner, certified nurse-midwife, physician assistant within the standardized procedures or protocol, and that task may be performed when the supervising physician and surgeon is not onsite. The nurse practitioner or certified nurse-midwife is functioning pursuant to standardized procedures, as defined in BPC Section 2725 or protocol. The standardized procedure, including instruction for specific authorization, shall be developed and approved by the supervising physician and surgeon and the nurse practitioner or certified nurse-midwife. (amended Section 2069 of BPC related to healing arts: SB 352 (Pavely) Chapter 286, approved by the Governor September 09, 2013)

***Can the nurse practitioner cosign worker's compensation claimant report?***

Yes, Section 3209.10 of the Labor Code gives nurse practitioners the ability to cosign Doctor's First Report of Occupational injury or illness for a worker's compensation claim to receive time off from work for a period not to exceed three (3) calendar days if that authority is included in standardized procedure or protocols. The treating physician is required to sign the report and to make any determination of any temporary disability.(AB 1194 ch229 (Correa) effective 1, 2001 and AB 2919 (Ridley –Thomas) effective January 1, 2005 extends the operation of this provision indefinitely)

## Furnishing Questions

***What is a formulary?***

A pharmacy formulary is generally regarded as a drug compendium reference utilized by facilities or health plans as a reference. The drug name, dosage, clinical indications, and complications/adverse reactions are generally included. It is most common for the health insurer to identify by means of a formulary those drugs and devices covered by the plan. Nurse practitioners using furnishing numbers can identify a formulary(ies) in their furnishing standardized procedure.

***What is the physician supervision requirement for when obtaining a furnishing number from the BRN?***

Business and Professions Code Section 2836.1 (g) (2) amendment authorizes a physician and surgeon to determine the extent of the supervision necessary pursuant to this section in furnishing or ordering of drugs and devices. ( SB 1524 ch 796 (Hernandez) effective January 1, 2013)

After January 1, 2013 Nurse Practitioners are no longer required to have six (6) months physician-supervised furnishing experience prior to receiving a furnishing number from the Board of Registered Nursing.

***What are the requirements for an NP to furnish or order Schedule ll controlled substances?***

The NPs standardized procedure and protocols address the diagnosis of illness, injury or condition for which the Schedule ll controlled substance is to be furnished. The standardized procedure or protocol for Schedule ll contains patient-specific protocol approved by the treating physician. The NP with a current furnishing number, and DEA registration, completes as a part of his or her continuing education requirement, a course including Schedule ll controlled substances based on the standards developed by the BRN. (AB 1196 (Montañez) Chapter 748 1/2004)

***What is a "patient-specific protocol" for Schedule II an III~~,~~ controlled substances?***

The patient-specific protocol required for nurse practitioners to furnish Schedule ll and III controlled substances, as defined in Health and Safety Code 11055 and 11056, in a protocol, contained within the standardized procedure or protocols, that specifies which categories of patients may be furnished this class of drugs. The protocol may state other limitations, such as the amount of substance to be furnished, and/or criteria for consultation. (AB 1196 (Montañez) Chapter 748 1/2004)

***In my furnishing procedure, do I need to list the drugs and devices that can be furnished or can I use categories of drugs?***

The nurse practitioner cannot use a category of drug to meet the furnishing requirements

The law BPC 2836.1 Furnishing or ordering of drugs and devices by a nurse practitioner requires the identification of the drugs and devices in standardized procedure or protocol (BCP Section 2836.1 (c) (1).

The standardized procedures or protocol covering the furnishing of drugs or devices shall specify which nurse practitioners may furnish drugs or devices, **which drugs or devices may be furnished**, 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 procedures. (NPA, Section 2836.1) (Emphasis added.)

***How many nurse practitioners, with a furnishing number, may a physician supervise at one time within a medical practice?***

The furnishing law requires that the physician supervise no more than four nurse practitioners at a time. If the nurse practitioners are not furnishing, there are no limitations on the number of nurse practitioners the physician may supervise. (BCP Code Section 2836.1 (e))

***I am certified as both a nurse practitioner and a nurse midwife. Do I need to have two furnishing numbers?***

The BRN does not require you to maintain two furnishing numbers. NPs and CNMs are required to have approved furnishing standardized procedures. However, the furnishing laws are different in their authorizations.

## DEA Questions

***The DEA application asks for "State License No.". Which number, RN license number or NPF number, should the NP put on the application?***

The DEA requires the RN license number and the NPF number.

***The DEA application asks for a business address. Can the NP use a work address or personal address?***

The DEA requires a business address that is the physician's address or clinic's address for the DEA Registration Number. The DEA Number is clinic site specific for dispensing, prescribing and administering purposes. If you leave your place of employment, you must submit written notification to the DEA Office with a copy of your DEA Number, the California RN license and the NP Furnishing Number certificate. If you go to another clinic, you must submit a written request for change of address to the DEA. If the physician or office clinic has two locations (business addresses), the primary clinical site should be referenced for the DEA Registration Number.

***Does the NP need a furnishing number issued by the BRN to obtain a DEA number?***

Yes, an nurse practitioner furnishing number is required to obtain a DEA number for Schedule II through V Controlled Substances. (AB 1196 Montañez Chapter 748 1/2004 added Schedule II controlled substances)

The provisions of SB 816 added "order" to Business and Professions Code, Section 2836.1. SB 816 did not change the requirement to furnish using standardized procedures for controlled substances, Schedule III, IV, and V.

***Does having a DEA number eliminate the need for a furnishing number?***

No, the DEA number only allows NPs to write and or "order" controlled substances, Schedule II, III, IV, and V. NPs are required to have a furnishing number to make drugs and devices available to their patients using a transmittal form (prescription pad) and are to be furnished pursuant to approved standardized procedures. DEA

registration numbers are site specific and used by the DEA for tracking prescribing of controlled substances.

***On the DEA application, it asks "Administer, Dispense, Prescribe". Can an NP as a result SB 816 and now 1/2004 AB 1196 Montañez Chapter 748 prescribe?***

Yes, the B&P Code refers to furnishing or ordering a Schedule II through V controlled substance for the purposes of obtaining DEA registration.

***Are NPs now considered "prescribers"?***

For the purpose of obtaining a DEA number for (ordering) Schedule II, III, IV, V the NP with a furnishing number is considered by the DEA to be a prescriber.

***Can the NP with a furnishing number use the physician's DEA number?***

No, the NP with a furnishing number may not use the physician's DEA number. The new law requires the nurse practitioner with the furnishing number to obtain his or her own DEA number to furnish controlled substances.

***What is required to be printed on the prescription pad/transmittal order/drug order for Schedule II through V?***

When furnishing a controlled substance, Schedule II, III, IV, or V, write the "order" and include your name, title, furnishing number, and DEA number.

***How long is a controlled substance prescription (Schedule II –V) valid?***

The controlled substance prescription is valid for 6 months from the date of issuance. (SB 151 Burton Chapter 406 1/2004)

***Do nurse practitioners have prescriptive authority and can nurse practitioners get DEA numbers?***

Furnishing is a delegated authority and is done in accordance with approved standardized procedures. Physician supervision is required and the physician must be available, at least by telephonic means, at the time the nurse practitioner examines the patient. (BCP 2836.1(d))

**History of laws related to Furnishing schedule III-V and schedule II controlled substanses**

SB 816, Chapter 749, (Escutia), effective January 1, 2000, authorizes NPs with furnishing certificates to apply for a DEA number and furnish or order Schedule III-V controlled substances. The new law added "order" and "drug order" to Section 2836.1. The intent of this legislation is furnishing can now be known as an "order", and can be considered the same as an "order" initiated by the physician.

AB 1196 Montañez Chapter 748 1/2004 expands NP furnishing to Schedule II controlled substances that require~~s~~ a United States Drug Enforcement Registration in addition to the Schedule III through V. This law requires NPs to use the new controlled substance prescription forms for Schedule II controlled substances prescriptions. January 1, 2005, triplicate prescription forms are no longer valid and all written controlled substance prescriptions (oral or faxed for Schedule II through V are permitted) shall be on controlled substance prescription forms. (SB 151, Burton 406 1/2004).

The Drug Enforcement Agency (DEA) monitors all prescribers who write for controlled substances. NPs, pursuant to Section 2836.1 of the Business and Professions Code, are legally authorized to furnish and "order" controlled substances, Schedule II, III, IV, V.

***Where can a nurse practitioner find information on controlled substances such as the Drug Enforcement Administration (DEA) and pharmacy laws? Phone numbers subject to change.***

DEA Main office, San Francisco: 1-888-304-3251
DEA Field office, San Diego: (858) 616-4329
DEA Field office, Los Angeles: (213) 621-6960
Board of Pharmacy: (916) 445-5014
Web: www.deadiversion.usdoj.gov

**BOARD OF REGISTERED NURSING**
**Nursing Practice Committee**
**Agenda Item Summary**

**AGENDA ITEM:** 10.4
**DATE:** September 18, 2014

**ACTION REQUESTED:** ***Information Only:*** Nurse Practitioner Laws and Regulations--Title 16 of the California Code of Regulations, Article 8, Section 1480-1484

**REQUESTED BY:** Trande Phillips, RN Chairperson
Practice Committee

**BACKGROUND:**

Grandfathering will be in accord with Section 2835.5 Submission of credentials; issuance of certificate, Persons already found qualified. Section 2836.5 (c), (d), (1), (2), (3).

Draft regulations for discussion last updated on 7/27/2014 include the grandfathering clause for CNP is on page 7 of 21.

The BRN staff APRN workgroup has continued review of Article 8, Nurse Practitioner Laws and Regulation, the NCSBN Model Act, and language implemented by other states. The attached from the workgroup is the current working document which includes the existing regulations and draft suggested language. At the May 7, 2014 committee meeting an un-numbered section called work in progress-Requirements for Clinical Practice Experience for Nurse Practitioner Students Enrolled in Out-of- State Based APRN-NP program was included. SNEC identified that BRN learns about out-of-state schools when NP nursing students are applying for certification in CA. There is interest to have the out-of-state NP educational programs identified to the BRN.

**NEXT STEPS:** Place on Board agenda.

**FISCAL IMPACT, IF ANY:** None

**PERSON TO CONTACT:** Janette Wackerly, MBA, BSN, RN
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|---|---|---|
| **1482. Requirements for Holding Out As a Nurse Practitioner**<br>The requirements for holding oneself out as a nurse practitioner are:<br>(a) Active licensure as a registered nurse in California; and<br>(b) One of the following:<br>(1) Successful completion of a program of study which conforms to board standards; or<br>(2) Certification by a national or state organization whose standards are equivalent to those set forth in Section 1484; or<br>(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~~:~~<br>(A) Documentation of remediation of areas of deficiency in course content and/or clinical experience, and<br>(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.<br><br>**Authority cited:** Section 2715, Business and Professions Code.<br>Reference: Sections 2835 and 2836, Business and Professions Code.<br>**History:**<br>1. Amendment filed 12-4-85; effective thirtieth day thereafter (Register 85, No. 49). | | **1482. Requirements for Nurse Practitioner Certification**<br>[1],[3],[4],[6],[7],[13]<br>(a) Hold active, unencumbered registered nurse license in California;<br>(b) Meet the following educational requirements:<br>(1) Master's Degree in Nursing or a higher degree in Nursing or a post-graduate certificate from a CCNE (Commission on Collegiate Nursing Education) or ACEN (Accreditation Commission for Education in Nursing) accredited graduate nursing program or other accreditation as approved by the Board. Graduate nursing degrees obtained outside of the U.S. which meets educational requirements of an accredited U.S. graduate nursing degree as approved by the Board.<br>(2) Satisfactory completion of an APRN-NP program accredited by a nursing accrediting body that is recognized by the U.S. Secretary of Education and/or the Council for Higher Education Accreditation (CHEA), or its successor organization, as acceptable by the board.<br>(c) Hold a current national certification, if such certification is available, as APRN-CNP in the CNP role and population focus congruent with the educational preparation from a national organization recognized by the board.<br>***Grandfathering clause for CNP-added 7/22/14***<br>*(d) A person who has been found to be qualified by the board and certified as a nurse practitioner prior to the effective date of this section (i.e., currently certified nurse practitioner) shall not be required to submit any further qualification to the board and shall be deemed to have met the requirements of this section.*<br>*(1) Currently certified nurse practitioner shall submit an application by (date to be determined) for CNP category of practice per section 1481(c) by selecting a category consistent with his/her current practice;*<br>**Authority:** Section 2835.5, Business and Professions Code. |