

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

DATE: April 1-2, 2015

LOCATION: DoubleTree by Hilton San Francisco Airport
835 Airport Boulevard
Burlingame, CA 94010

PRESENT: Raymond Mallel, President
Michael D. Jackson, MSN, RN, Vice President
Cynthia Klein, RN
Beverly Hayden-Pugh, MA, RN – late 4/1
Elizabeth A. Woods, MSN, FNP, RN
Trande Phillips, RN (absent 4/2)
Imelda Ceja-Butkiewicz

ABSENT: Jeanette Dong

ALSO PRESENT: Louise Bailey, M.Ed., RN, Executive Officer
Stacie Berumen, Assistant Executive Officer
Christina Sprigg, Deputy Chief, Licensing and Administrative Services
Beth Scott, Deputy Chief, Discipline, Probation and Diversion
Shannon Silberling, Deputy Chief, Complaint Intake and Investigations
Janette Wackerly, Supervising NEC
Miyo Minato, Supervising NEC
Katie Daugherty, NEC
Leslie Moody, NEC
Carol MacKay, NEC
Susan Engle, NEC
Julie Campbell-Warnock, Research Program Specialist
Claire Yazigi, Legal Counsel
Ronnie Whitaker, Legislative and Regulatory Analyst
Rose Ramos, Administrative Assistant
Regina Brown, Administrative Law Judge
Char Sachson, Deputy Attorney General

Wednesday, April 1, 2015 – 9:00 am

1.0 Call to Order – Michael Jackson, Vice President called the meeting to order at 9:05 am and had the members introduce themselves.

2.0 Public Comment for Items Not on the Agenda

No public comment.

3.0 Disciplinary Matters:

<u>Reinstatements</u>	<u>Early Termination/Modification of Probation</u>
Patricia Jordan Virginia Lockett Joni Loomis Carmena Marquez Ingrid Rill (Walch)	JoAnn Anderson Poonam Chandra Elizabeth Densmore Lester Ferrer Corin Helling

Meeting adjourned at 12:13 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.

5.0 Adjournment

Raymond Mallel, President, called the first closed session meeting to order at 12:24 pm. The closed session adjourned at 1:09 pm. Second closed session meeting to order at 2:08 pm. The second closed session adjourned at 4:37 pm.

Thursday, April 2, 2015 – 9:00 am

1.0 Call to Order

Raymond Mallel, President, called the meeting to order at 9:20 am and had the Board Members introduce themselves.

2.0 Public Comment for Items Not on the Agenda

No public comment.

3.0 Review and Vote on Whether to Approve Minutes:

➤ February 4-5, 2015, Board Meeting Minutes

No public comment.

Motion: Michael Jackson made a motion that the Board approve the Minutes from February 4-5, 2015 Board Meeting.

Second: Elizabeth Woods

Votes	MJ	ICB	RM	EW	BHP	CK
	Y	Y	Y	Y	Y	Y

➤ March 4, 2015, Board (Discipline) Meeting Minutes

No public comment.

Motion: Michael Jackson made a motion that the Board approve the Minutes from March 4, 2015 Board Meeting.

Second: Elizabeth Woods

Votes	MJ	ICB	RM	EW	BHP	CK
	Y	Y	Y	Y	A	A

4.0 Report on Board Members' Activities

No Board Members' activities to report.

5.0 Board and Department Activities – Executive Officer Report

Louise Bailey, Executive Officer presented this report.

5.1 Board's Budget Update

The Board's budget update will be discussed as part of the Administrative Committee

5.2 Audit Results for Department of Consumer Affairs BreEZe System

The Joint Legislative Audit Committee requested the California State Auditor to conduct an audit of the Department of Consumer Affairs, Department of Technology and the Board of Registered Nursing (BRN) in relation to the planning, development and implementation of BreEZe. The California State Auditor released the BreEZe audit report on February 12, 2015.

The audit report provided recommendations to each entity within the audit. The BRN has three recommendations from the state auditor. As stated by the state auditor's report:

“To ensure that the BRN has adequate data to effectively utilize its resources and manage its workload, it should do the following:

1. Formally track and monitor timeliness of its processing of applications, by type, and the cause of any delays.

2. Formally track and monitor its pending workload of applications by type and original receipt date.
3. Conduct an analysis no later than June 30, 2015 of its application processing since implementing BreEZe to identify the workload capability of its units, such as the licensing support unit, and to the extent it determines additional resources are necessary, BRN should submit a request for these resources that is appropriately justified.”

The BRN was provided the opportunity to respond to recommendations prior to the release of the final audit report to the public. The BRN agreed with and acknowledged the importance of the recommendations. The BRN outlined what we are currently doing to implement changes and what its plans are to meet the recommendations. Attached is the BRN's response to the audit recommendations.

The BRN is required to provide updates to the auditor at 60 days, six months and one year regarding the recommendations.

5.3 Fee Audit

The BRN has sent out a request for offer (RFO) to conduct a fee audit. The fee audit will provide the board with information related to the appropriate level in which licensing and renewal fees should be charged. Vendors responded to the RFO and the information is currently being reviewed. We hope to choose a company and have a contract in place very soon.

5.4 National Practitioner Data Bank July 1, 2015 Compliance Activity

The California BRN has been identified as one of the states to undergo an audit by the National Practitioner Data Bank to ensure the BRN is in compliance with all NPDB reporting requirements for Registered Nurses and Advanced Practitioners. The BRN successfully completed this audit process in the fall of 2012. The NPDB is looking at actions between January 1, 2012 and December 31, 2013. The National Council for State Boards of Nursing is the BRN's agent to submit disciplinary actions and will work with the BRN to complete the audit. The audit findings are expected to be reported in July 2015.

5.5 2014/2015 Biennial Language Survey Results

On February 10, 2015 the BRN received the results for the Biennial Language Survey. The survey was conducted in July and September 2014. The Equal Employment Opportunity office received the preliminary results of the Survey generated by the California Department of Human Resources database. No indicators of bilingual position deficiencies were identified during the survey period.

5.6 Assembly Business and Professions Committee Orientation Session

On February 24, 2015 Louise Bailey attended the 2015-2016 Orientation Session for the Assembly Committee on Business and Professions and provided a brief greeting to members of the Committee. The purpose of the session was to orient members of the Committee to the jurisdiction of the committee, the sunrise and sunset review processes,

and the oversight relationship the committee has with various regulatory entities including those housed within the Department of Consumer Affairs.

5.7 Public Health Nurse (PHN) Directors

Louise Bailey met with the PHN Directors on March 6, 2015 in Sacramento to discuss PHN practice related issues.

- Supervision of PHNs
- Medical diagnosis vs. nursing diagnosis
- PHN experiences for students

5.8 Implementation of AB 2102-Requirement to Survey all New and Renewal Applicants

On February 17, 2015, BRN staff and BRN legal representative from DCA, Claire Yazigi, along with other representatives from DCA, attended an initial implementation meeting for AB 2102 at OSHPD headquarters in Sacramento. AB 2102 requires the BRN along with a few other health care Boards within DCA (Vocational Nursing, Respiratory Care and Physician Assistants) to collect and share with OSHPD six data elements at the time of application and at least biennially upon renewal for all applicants. The data elements include:

1. Location of practice, including city, county and zip code
2. Race or ethnicity (optional for respondent)
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

Data requirements, specific survey questions, implementation strategies, current DCA systems (BreEZe, CAS, etc.) and systems interface between OSHPD and DCA were some of the significant issues discussed.

On March 12, 2015, BRN staff attended another meeting with DCA Office of Information Services, Legal Counsel and staff from other Boards to continue to discuss the implementation details. Some issues discussed included online surveying and the possibility of paper surveying, reviewed draft questions for consistency between Boards and systems to put in place to collect and share the data in the interim since it will take time to build the necessary parameters into BreEZe.

The BRN currently has an MOU with OSHPD that expires June 30, 2015 that is an agreement to supply some data from BreEZe and data from the biennial RN survey for the six data elements above, however, this data is for a sample of licensees. The AB 2102 requirement for surveying will replace the need for the MOU with OSHPD. BRN staff will continue to attend meetings and work with DCA staff to implement the surveying requirements.

5.9 BRN Website Information

BRN staff is in the process of reconvening the website committee to review and revise information to streamline the website and make it as useful and as user-friendly as possible. In addition, the committee will review the Frequently Asked Questions sections and add additional information regarding BreZze services available to the public, applicants and licensees.

5.10 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 January 23, 2015 through March 19, 2015, the BRN received and processed 20 public record requests.

5.11 Personnel

NEW HIRES		
Name	Classification	Program
Clarissa Rangel-Okoegwale	Office Technician	Complaint Intake
Matthew Murray	Office Technician	Complaint Intake
Fallon Adams	Youth Aid	Licensing Support Unit
Christian Espiritu	Office Technician	Discipline
Barbara De Helena	Staff Services Analyst	Discipline
PROMOTIONS		
Name	Classification	Program
Don Walker	Staff Services Manager I	Diversion
Long Dau	Staff Services Manager I	Licensing
Curtis Gardner	Staff Services Analyst	Discipline
Jessica Hardwick	Staff Services Analyst	Decisions & Appeals
Latasha Billoups	Office Technician	Probation

6.0 Report of the Administrative Committee

Raymond Mallel, President, Chairperson

6.1 Budget Update

Taylor Schick, Department of Consumer Affairs, Budget Officer presented an update to the board on the status of the Board of Registered Nursing's budget.

6.2 Sunset Hearing

The Board's Sunset Oversight Hearing took place on March 23, 2015 before the Senate Business, Professions and Economic Development and Assembly Business and Professions Committees (the Committee). Board President, Raymond Mallel; Board Vice President, Michael Jackson; Executive Officer, Louise Bailey; and Assistant Executive Officer, Stacie Berumen, provided testimony and answered questions before the Committee. The

Committee provided a list of issues and questions for the Board to address at the Hearing and also a Background Paper which included 22 issues and Committee Staff recommendations. The Board addressed some of these issues at the hearing and has 30 days from the hearing date to provide a written response.

Board staff has drafted responses to all 22 issues and recommendations and will provide this to the Board Members under separate cover. Once finalized, Board staff will submit the response to the Committee.

6.3 Posting of Nursing Program Information on Website

- Warning Status
- Program Accreditation
- Retention
- Attrition

In accordance with recommendations made at the BRN's sunset hearing in 2011 and 2014 regarding availability of important information such as program accreditation, retention and attrition rates to students, the board discussed on whether to post this information on its website. The Board voted to move issue to ELC Meeting in May for discussion.

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:

- National University Baccalaureate Degree Nursing Program
- University of San Francisco Entry Level Master's Degree Nursing Program
- Carrington College LVN to RN Associate Degree Nursing Program
- Rio Hondo College Associate Degree Nursing Program

- San Diego State University Nurse Practitioner and Nurse Midwifery Programs
- United States University Nurse Practitioner Program

Acknowledge Receipt of Program Progress Report:

- California State University, San Marcos Baccalaureate Degree Nursing Program
- Dominican University of California Baccalaureate Degree Nursing Program
- Holy Names University LVN to Baccalaureate Degree Nursing Program
- Mt. Saint Mary's College Baccalaureate Degree Nursing Program
- San Diego State University Baccalaureate Degree Nursing Program
- Carrington College LVN to RN Associate Degree Nursing Program
- East Los Angeles College Associate Degree Nursing Program
- ITT Technical Institute, Rancho Cordova Associate Degree Nursing Program
- Mission College Associate Degree Nursing Program
- Unitek College Associate Degree Nursing Program

No public comment.

Motion: Michael Jackson made a motion to ratify approval of minor curriculum revisions and acknowledge receipt of programs' progress reports.

Second: Beverly Hayden-Pugh

Votes	MJ	ICB	RM	EW	BHP	CK
	Y	Y	Y	Y	Y	Y

7.2 Vote On Whether to Approve Education/Licensing Sub-Committee Recommendations
 Leslie Moody, NEC presented this report.

BACKGROUND:

The Education/Licensing Committee met as a Sub-Committee due to lack of quorum on March 5, 2015 and makes the following recommendations:

- A. Continue Approval of Prelicensure Nursing Program
 - National University Baccalaureate Degree Nursing Program
 - Cuesta College Associate Degree Nursing Program
 - Mt. San Jacinto College, MVC Associate Degree Nursing Program
- B. Approve Major Curriculum Revision
 - College of Marin Associate Degree Nursing Program

No public comment.

Motion: Michael Jackson made a motion to continue approval of *National University* Baccalaureate Degree Nursing Program; continue approval of *Cuesta College* and *Mt. San Jacinto College*, MVC Associate Degree Nursing Program; and approve major curriculum revision for *College of Marin* Associate Degree Nursing Program.

Second: Elizabeth Woods

Votes	MJ	ICB	RM	EW	BHP	CK
	Y	Y	Y	Y	Y	Y

7.3 Vote On Whether To Grant Initial Approval Of Prelicensure Nursing Program

Katie Daugherty, MN, RN, NEC presented this report.

- University of California Davis Entry Level Master's Degree Nursing Program

BACKGROUND:

Dr. Theresa A. Harvath, FAAN was appointed the Program Director effective May 29, 2014. Dr. Harvath is recognized internationally for her expertise in nursing education and gero nursing. She was selected to lead the development of the pre-licensure Master's Entry Program (MEPN) shortly after the BRN accepted UCD's feasibility study in March/April 2014.

Initial Program Approval Findings: The program submitted the required initial program approval official self-study report and supporting evidence on January 12, 2015. An initial program approval site visit was conducted by Katie Daugherty, NEC on January 28-29, and February 2, and 9, 2015 following an earlier series of clinical site visits to verify the appropriateness and adequacy of selected clinical placements for the proposed MEPN program.

The program was found to be in compliance with the Board's rules and regulations and no recommendations were made. Please refer to the consultant's Report of Findings and Initial Program Approval Report documents as attached.

UCDavis: Academic and UCD Medical Center-Health Care System Description:

UCD has more than an estimated 32,000 students, 2,500 faculty and 2,100 staff. UC Davis is rated as one of the nation's top research institutions and is WASC accredited through 2024. It is ranked as one of the nation's top medical schools and hospitals. UCD has established itself as a national leader in telehealth, rural medicine, comprehensive cancer care, neurodevelopmental disorders, vascular medicine and trauma/emergency medicine. The Betty Irene Moore School of Nursing (BIMSON) is housed on the 140-acre Sacramento UCD Medical Center and Health System campus, 21 miles east of the university's main Davis campus.

The BIMSON was established in 2008-2009 as a result of the nation's largest grant of 100 million dollars to UCD from the Gordon and Betty Moore Foundation (GBMF). The unique public-private partnership grant has supported the launch of the UCD BIMSON. In 2010, the SON admitted graduate students to its PhD and M.S. Nursing Science and Health Care Leadership (NSHL) programs. Then in 2012, the FNP and PA graduate and certification programs became part of the BIMSON when these two programs moved from the UCD

School of Medicine to the SON. The proposed MEPN pre-licensure program will become the fifth graduate program in the SON, once approved by the Board of Registered Nursing. The addition of the MEPN program completes the originally conceived plans for the launch of the UCD BIMSON. The SON is accredited by the Commission for Collegiate Nursing Education (CCNE) through 2017. The MEPN graduate degree program will be added to the BIMSON's accreditation listing through a CCNE's substantive change process when BRN approved.

Initial Program Approval Compliance Summary: Listed below is a brief summary of key compliance evidence provided as part of the self-study initial program approval processes. It highlights major regulatory compliance information pertaining to sections such as CCR 1420 Definitions, CCR 1424 Program Administration, CCR 1425 and 1425.1 Faculty, CCR 1426 and 1426.1 Curriculum, and CCR 1427 Clinical Facilities. Please refer to the attached reports and supporting documents for further information.

CCR 1420 Definitions and CCR1424 Program Administration and Organization:

- The MEPN program philosophy serving as the basis of curriculum is well developed and evidences integration of pertinent research and evidence-based practices as it relates to nursing education/active learning, clinical judgment, inter-professional education, health systems leadership and change, and the innovative use of health care technologies throughout the program of study.
- The vision and goals for all of the SON graduate programs is to prepare nurses as leaders, educators, and researchers in health care. UCD's nursing education model is designed to further improvements in health outcomes, promote safety and quality of care, and inform health policy decisions through broad team-based, collaborative efforts involving the health care communities UCD serves.
- SON and MEPN program lines of authority and communication, program policies and procedures, student grievance procedures etc. are already well developed.
- Dr. Harvath, the approved MEPN program director (PD), has 75% (30 hrs/wk) administrative time and sufficient administrative support staff (25% of 23 staff) to assist in managing all aspects of the program.
- SON faculty member, Dr. Ackerman-Barger is eligible for immediate approval as the program assistant director (AD) following initial program approval. She will have 25% (10 hrs/wk) to perform administrative as assigned by the program director.
- The planned MEPN Program faculty staffing mix includes 11-14 doctorally prepared FTE faculty and 2-18 part time faculty (may be BSN, MSN, or doctorally prepared). Larger numbers of part time faculty will be hired to support ongoing clinical instruction once the full time faculty have taught both theory and clinical courses for all the CRL theory and clinical courses for the first MEPN class. The number of full and part time faculty teaching each quarter will vary depending on student enrollments. The proposed faculty staffing mix is adequate in type and number to ensure sufficient "back up" faculty to cover planned and unplanned faculty changes and the established instructor to student clinical ratio of 1:8 in all CRL courses.
- Full time faculty generally teach in all the SON graduate programs, schedule permitting. Currently there are 8 of the existing SON faculty potentially eligible to teach in the MEPN

program; 3 of the 8 are immediately eligible for BRN approval. Besides the 8 potential faculty member already teaching in the SON, 6 additional full time faculty are being hired for fall 2015.

- Among the existing SON faculty, three (Gero, M/S, Psych) of the five content experts are already identified.
- Potential OB and PEDS full time faculty/content experts have been interviewed. The program is not anticipating any difficulty hiring the necessary OB and PEDS faculty/content experts based on the considerable number (~30) of applicants for faculty positions received to date.
- Clearly, there are sufficient resources to support initial (24 students in summer 2016) and continuing program enrollment (32 in 2017 and 48 in 2018 and beyond-up to a capacity of 96) including physical space, equipment, technology, library and support services, faculty, and clinical facilities.
- Physical space already available to the SON includes three buildings (Education/Ci. Skills Ctr.; Ctr. for Hlth & Technology/Ctr. for Virtual Care; and Adm. Services). These facilities have sufficient classrooms, skills and simulation labs, and offices for administrative/support staff and faculty. Classrooms and meeting spaces are equipped with the necessary state-of-the-art technology to support program teaching-learning activities. A fourth, \$45 million dollar UCD funded, 70,000 sq. ft. three story building (Health Sciences Education) with additional learning studios (for 60,125,175 students), skills and simulation, and administrative and academic offices is slated to be ready for occupancy in the last quarter of 2017.
- The BIMSON remains well funded (~\$50 million in funds remain). The GBMF grant funding provides the fiscal support for the MEPN program through 2018; at that time, it is expected the MEPN will be self-supporting/self-sustaining through student tuition and fees. A reserve of \$500,000 has been allocated to cover contingencies including any type of MEPN applicants/enrollment short fall. Once GBMF funding is no longer available, alternative funding sources such as public funds, other philanthropic support and research funding will be used to sustain the five SON graduate degree programs.
- Estimated MEPN program tuition is ~\$93,000 for the 18 months-six quarters program of study; the SON estimates approximately 20% (~\$18,720) of financial support will be available for the first 2016 cohort of program students. Awards will be based on student needs and made in compliance with federal, state and UCD university requirements.
- UCD does not anticipate any difficulty meeting projected MEPN enrollment targets (24 in June 2016; 32 in June 2017; 48 in June 2018 and beyond). Current MEPN listserv members have grown to ~985. This is consistent data relative to MEPN programs, that is many having many more (3X or more) applicants than slots available for admission.
- Online applications for MEPN program enrollment is slated to start in October 2015 pending initial program approval by the Board of Registered Nursing.
- At capacity the SON is expected to enroll ~440 students across all five programs (PhD=48; MS-L=50; FNP=100; PA=140; MEPN=48); faculty support/staffing at this point is expected to be ~48 FTEs.

CCR 1425 and 1425.1 Faculty Qualifications, Changes, and Responsibilities:

- During the last two years, the SON faculty already teaching in the existing graduate degree programs have been actively participating in the MEPN program development along with the entire SON Education Programs team of professional staff. The SON's in-depth planning and comprehensive review during the development of the MEPN program is an exemplar for others considering pre-licensure program development.
- Prudently, the SON has made the decision to staff and orient 11-14 full time FTE MEPN program faculty beginning in fall 2015, three quarters before the start of the MEPN program in summer 2016.

CCR 1426 Curriculum and 1426.1 Preceptorship:

- The MEPN pre-licensure graduate degree program is designed for individuals with a bachelor's degree in a field other than nursing. The program requires completion of 132 units for the MSN degree and to be eligible to make BRN application for licensure by exam and eligible to sit for the NCLEX-RN examination.
- The program of study (132 units) requires completion of six consecutive 10 week quarters (18 months) MSN degree full time course work following completion of the specified prerequisite courses (40 units) with the required cumulative (3.0) and science GPA (2.7 each course).
- The required forty (40) units of prerequisite courses include (physical, social and behavioral sciences with required labs) totaling 31 units, and (9) units of group, oral and written communication. These must be completed prior to program admission.
- CRL nursing units total 59 units; 32 units of CRL nursing theory/didactic coursework and 27 units of CRL clinical coursework that also meets the concurrent theory and clinical requirements. All CRL units total 99 units. This includes 31 units of sciences, 9 units of communication, and 59 units of nursing. Calculations for theory and clinical hours and units meet the regulations as reflected on the attached CRL/TCP forms.
- Required curriculum content and content integration is clearly evident per 1426 and 1426.1 regulation subsections and BPC section 2725 and CCR 1443.5.
- The "other degree" MEPN MSN degree courses total 33 units and include courses such as leadership in health care, research, implementation science & system change, health status and care systems, community health, and the collaborative practice course series. The MSN curriculum deals with a variety of nursing roles that assist the RN to assume direct and indirect patient care leader roles. Please refer to the attached supporting documents including the MEPN curriculum plan and CRL/TCP forms etc., for more detail, the quarter-by-quarter course sequencing and expected student learning outcomes (SLOs) for this program reflective of the AACN Baccalaureate and Master's Education in Nursing Essentials.
- The 240 hours nursing capstone clinical preceptorship is in compliance with CCR 1426.1. Clinical agency partners commented favorably regarding the number of hours in the course.

CCR 1427 Clinical Facilities:

- The program has identified a sufficient number and type of clinical facilities and placement slots to support initial and full program enrollment at 96 students in 2018 and beyond without displacing students.
- All clinical agreements/MOUs/amendments have been signed or are in the final signature phase of completion.
- Clinical sites secured for initial start-up and ongoing use are within 30 minutes travel time from the SON. Very detailed clinical placement information has been provided and validated by the NEC during the self-study/initial program approval processes.
- **Three acute care hospital clinical sites have been secured: UC Davis Medical Center-** Acute Care Hospital (619 beds- with an avg.daily census(ADC) of 485 pts.-includes 12 bed ED psych pod and two M/S-psych units; students will have access to acute care and ICU units in specialty areas including: Accelerated Access, Acute Rehab, Bariatric, Burn, Cardiac, ENT/Transplant, GI/Vascular, M/S Specialty, Multiple ICUs-, Cardiothoracic, Medical, Neurosurgical, Surgical, Transfer/Receiving, Neuro, OB(20 L&Ds; 20 PP/couplets/ Newborn nursery ADC varies); Oncology, Ortho, Ortho Trauma, PEDS (see below), etc.; **Kaiser South Sacramento** (200++ beds-ADC~140 pts. includes ED psych pod, 6 M/S units, ICU, OB-200 normal births/mo., general Peds ADC 1-2 pts.). RN and C.N.A staffing in M/S. Student have access to all units. **VA Mather** (50 beds-ADC of 32 pts. includes a 6 bed psych unit on a separate floor from the medical surgical unit). RN and C.N.A. staffing in M/S and students have access to all inpatient units/services.
- For the initial cohort of 24 students UCDMC/Health System services will provide most clinical placements, especially the OB and PEDS placements because of the volume, variety, and complexity placements available to support student progression throughout the program.
- The use of the KP and VA inpatient clinical placements will be refined in collaboration with the program Director, AD, and content experts once the full complement of FT MEPN faculty are hired. Other available outpatient and ambulatory placements will be added at UCD, KP, and VA as appropriate to meet program learning objectives and to achieve student learning outcomes.
- Also of note, all three of acute care facilities have acute inpatient psych/medical beds for placements. Available learning experiences include medical/psych stabilization and ECT learning opportunities (KP).
- Program students will have access to OR, PACU, Endoscopy, Procedural Sedation and other inpatient diagnostic services at all three selected acute care facilities.
- **Two large inpatient acute care psychiatric facilities: Heritage Oaks** (125 beds-ADC109 -7 units) adult, adolescent and gero psych; **Sierra Vista Hospital** (120 beds-ADC108-110 pts.-6 units; five adult units and one adolescent unit); with pt. Consent access to observe psych-hold legal hearings.

Outpatient learning experiences will be added as the clinical sites have these programs developed for student placements.

- **Inpatient/Acute Care OB:** UCDMC will be the primary placement site for all program students because UCDMC provides both normal and high risk learning experiences and includes 20 L&Ds, 20 PP/couplets and regular newborn nursery as needed. Services include both normal and high risk Prenatal/Antenatal and Perinatal learning experiences. Only RNs staff these units. Outpatient and ambulatory clinic experiences will be developed over time.
- **Inpatient/Acute Care PEDS:** UCDMC has four PEDS units including a 30 beds/30 ADC general unit; a PEDS ICU (14 ADC), and PEDS NICU/SCN (58 ADC). Only RNs staff these units.

UCD Health System Home Health and Hospice: HH M/S (ADC 65), PEDS (ADC 20), Gero (ADC 40); Hospice services include PEDS (ADC 3) and Gero (ADC 40): Clinical placements available in all areas; MEPN students will go on home visits with RN staff; typically 1 student in each of the areas listed here. All RN staffing ~ 16 per/day.

Other UCD Health Systems Clinical placements: UCD MIND Institute: Located on the UCD Sacramento Health System Campus: This site will provide (a half to one day) clinical experience for 1-2 program students at a time. Students will become familiar with the services and research associated with the causes, prevention, clinical assessment, treatments, and education for neurodevelopmental disorders such as autism spectrum disorders, Fragile X syndrome, Attention Deficit/Hyperactivity Disorder, Chromosome 22q 11.2 Deletion Syndrome.

Students will be able to observe services provided to individuals and families with school age children and teens ages 18 years or younger. Observational/participation opportunities working with inter-professional staff composed of psychiatrists, geneticists, genetic counselors, licensed clinical social workers, child development specialists, and other medical support staff and in future nurse researchers.

Clinical evaluations services to be observed will include developmental testing and neuropsychological examination, psychiatric diagnostic interview, medical and pharmacological consultation and management. Clinics include a family clinic, social skills training program, ADHD clinical and clinical trials services. Students will also have access to the Distinguished Lecturer series and onsite resource library.

Observation of clinical evaluations services may include developmental testing and neuropsychological examination, psychiatric diagnostic interview and medical and pharmacological consultation and management in the family clinic, social skills training program, ADHD clinic and clinical trials services. Students will have access to the Institute's Distinguished Lecture Series and public resources library.

UCD Ambulatory Health Management/Care Coordination and Education Services (Lawrence J. Ellison Ambulatory Care Clinic): MEPN student learning opportunities (1-2 students at a time) encompass two major types of services. Services are provided M-F 8am-5pm. Students will observe/participate in weekly education classes for self-care, chronic disease management and life-style changes. Students will be able to observe and use motivational interviewing and patient-empowerment models to assist patients. These classes

are taught by an inter-professional/interdisciplinary team of professionals including registered nurses (9), dietitians, and health education professionals using a team-based teaching model. RNs typically teach 3-4 hours weekly.

Students will also have a rotation through the Care Management/Care Coordination program. Program services include telephone-based disease management calls to patients at high risk for hospital re-admissions and/or emergency department visits. A nurse and social worker team maintain case loads of 50-100 patients and average about 6-9 daily patient contacts with calls lasting 20-40 minutes in length. Phone calls focus on assisting patients with the management/coordination of needed care and services in a timely manner.

Beginning in Spring 2016, the program RNs will travel to primary care network clinics to conduct face to face care management visits. MEPN students will have the opportunity to buddy with RNs providing these services to patients. Learning activities will focus on managing chronic conditions, facilitating lifestyle changes and reducing emergency visits and hospital re-admissions. The nurse administrator for these services is a registered nurse, certified diabetic educator (CDE), with MSN and CNS expertise.

Rotations of MEPN students are welcomed and do not displace the occasional RN student rotations through these services.

Geriatrics: University Retirement Center (UCR): In addition to the UCD Health System Gero placements the UCR site provides students learning experiences with all levels of senior care including senior apartments-independent living (207-ADC 205), assisted living (37 beds-ADC 34); Memory Care (14 beds-ADC 13); and SNF (37 beds-ADC 34) care. RN staffing ranges from 2-4 for each level. Rotations at this facility will be faculty-led with 8 students per section. UCR was selected because the facility demonstrates high standards of resident care across the wellness-illness continuum of care has a high functioning inter-professional team and interdisciplinary model of care implemented across all levels of care.

Miscellaneous Clinical Placements Information:

- It is anticipated that as more of the faculty are hired and become familiar with course objectives/SLOs, other clinical placements will be added. Any additions will supplement, augment and strengthen initially planned and approved clinical placements. Added sites will likely include some rural clinical sites so interested program graduates wishing the opportunity to work in rural settings upon graduation obtain some exposure to these agencies. This is also consistent with the BIMSON mission.
- Clinical facility representatives verified the availability of the proposed clinical slots/placements for the MEPN program students without displacing other R.N. program students already using the clinical facilities. Additionally, as part of the final phase of the initial program approval visit, the NEC re-verified by phone/letter that local nursing education program directors (ARC, CSUS, SCC, SC, SM) continue to support the UCD MEPN program start up effective Summer 2016.
- Dr. Harvath continues to participate in the various clinical facilities regional planning meetings such as Healthy Community Forum (HCF) and the Psych/Mental Health

planning group. There have been no issues or concerns expressed by the planning group members interviewed in relation to the establishment of the UCD MEPN program. As of February 2015, Dr. Harvath will be joining the separate Kaiser Permanente and VA clinical placement planning groups.

CCR 1428-1432: Please refer to the Consultant's Report for a description of the detailed compliance evidence.

Conclusion: There is sufficient compliance evidence to support initial program approval. Based on a program start date in June 2016, NEC site visits will be made in Quarter 3 (winter quarter 2016) and Quarter 6 (fall 2017) to verify program implementation as initially approved and ongoing compliance with the regulations.

No public comment.

Motion: Michael Jackson made a motion to grant initial program approval of Prelicensure Nursing Program for University of California Davis; Betty Irene Moore School of Nursing; and entry level Master's Degree Nursing Program.

Second: Imelda Ceja-Butkiewicz

Votes	MJ	ICB	RM	EW	BHP	CK
	Y	Y	Y	Y	Y	Y

7.4 Vote On Whether To Accept Feasibility Study For Prelicensure Nursing

Carol Mackay, MN, RN, NEC presented this report.

- Chamberlain College of Nursing Baccalaureate Degree Nursing Program

BACKGROUND:

Jan DeMasters, PhD, MSN, RN is responsible for the development of a new Baccalaureate Degree Nursing (BSN) program for Chamberlain College of Nursing (CCN) in California. Her title at CCN is Senior Manager, State Licensing and Regulation.

The Chamberlain College of Nursing Feasibility Study dated August 9, 2014 is the first FS submitted by CCN. Following review of this FS, the BRN requested additional information to demonstrate compliance with the BRN requirements. CCN submitted a revised FS November 14, 2014.

CCN FS was on the agenda of the January 8, 2015 BRN Education Licensing Committee (ELC) meeting held in Los Angeles. The ELC, however, postponed the CCN FS report until the March 5, 2015 meeting in Northern California. The purpose of the postponement was to provide the opportunity for existing nursing programs in the geographic area where the new program will be located to attend the ELC meeting.

The following summary describes how CCN meets the BRN requirements as outlined in Step 3 of the *Instructions for Institutions Seeking Approval of New Prelicensure Registered Nursing Program (EDP-1-01(REV03/10))*.

Description of the Institution

Chamberlain College of Nursing, formerly Deaconess College of Nursing, is a private degree granting institution of higher learning. The roots of the College date back to 1889, and over the years the College has evolved into an institution that provides professional nursing education at all levels (ADN, BSN, MSN, and DNP). In March 2005, DeVry Education Group Inc. acquired Deaconess College of Nursing. In 2006, the name was changed to Chamberlain College of Nursing.

CCN is a multi-state organization. The college currently offers the onsite BSN degree program on 16 campuses in eleven states. The administrative offices for DeVry Education Group and Chamberlain College of Nursing are located in Downer's Grove, Illinois.

The CCN FS is seeking approval for an onsite prelicensure BSN degree program in Sacramento, California. The proposed Chamberlain campus will be located at 10971 Sun Center Drive, Rancho Cordova, CA 95670.

CCN is institutionally accredited by the Higher Learning Commission (HCL) and is a member of the North Central Association of Colleges and Schools (NCACS). The next ten-year reaffirmation visit by NCACS will be in 2015-2016. Chamberlain's BSN degree program is accredited by the Commission on Collegiate Nursing Education (CCNE). A ten-year reaccreditation visit was conducted in February 2014, and the results of the review are expected in November 2014. CCN is exempt from approval by the California Bureau of Private Postsecondary Education based on the College's NCACS accreditation.

In Fall 2013, 5,320 students were enrolled in the prelicensure BSN degree program across 13 Chamberlain campuses in nine states. In 2013, CCN awarded 1,126 prelicensure BSN degrees. The CCN NCLEX-RN pass rates for 2010-2014: 2010-84.19%; 2011-89.04%; 2012-92.32%; 2013-83.48%; and, 2014 2Q- 86.07%.

Geographic Area

The CCN FS includes an overview of the Sacramento area, including a description of the community and its population.

Type of Program

CCN intends to implement its existing prelicensure BSN program on the Sacramento campus. CCN offers the BSN program on a year round basis: three 16-week semesters per year. The nine semester BSN program can be completed in three years of full time enrollment.

Applicant Pool

The greater Sacramento area has a total of seven nursing programs: six ADN and one BSN. In addition, two universities have satellite campuses located in Sacramento: Samuel Merritt University (BSN/ELM) and University of San Francisco (BSN). A large applicant pool exists in the Sacramento region. In 2012-2013, existing RN programs in the area received 2,680 qualified applications for just 600 spaces.

The CCN Sacramento campus enrollment and admissions projections were developed based on CCN admission experience on other campuses. Factors influencing projections include: attrition and retention data; availability of faculty and clinical placement; direct admission into the nursing program; program offered on a year round basis; and, new student cohort admitted three times a year.

An additional factor applied to nursing course enrollment projections are the trends based on CCN past experience: 10% of each cohort will enroll with no GE transfer credit and take nine semesters to complete the program; 40% will enroll with some GE transfer credit and complete the program in eight semesters; and, 50% will enroll with significant amount of GE transfer credit and complete the program in seven semesters.

In the CCN projection model, the number of students admitted each semester in a year varies: for example in YR 1, 25 students - SEM 1, 40 students - SEM 2, and 45 students - SEM 3. The number of students admissions also increases each year: for example in YR 4, 55 students - SEM 1, 60 students - SEM 2, and 65 students - SEM 3. Based on the proposed CCN admission numbers, the total nursing course enrollment YR 4 of the program would be 276 students. These projection numbers include both GE and nursing courses.

In order to determine student enrollment in nursing clinical courses, CCN was asked to prepare a Table reflecting student placement needs for clinical nursing courses. The Table, Clinical Placement Need Projection, is attached to this report. The first clinical nursing course in the CCN BSN program occurs in YR 2 – SEM 1. Clinical course placement needs for the total program increase yearly as follows: 3/2017 – 13 placements; 3/2018 – 105; 3/2019 – 200; 3/2020 – 244; and, 3/2021 – 271. By years 2020 and 2021, CCN will be admitting 51-55 students three times per year to the first clinical nursing course.

Concern was communicated with CCN regarding the high enrollment numbers and the rapid program growth. It was explained that typically the BRN approves a fixed number for student admissions and program growth is slow. The requirement that Schools of Nursing must seek BRN approval to make changes in enrollment numbers was also clarified.

New program implementation will occur no later than two years from BRN acceptance of the CCN FS (4/2017).

Curriculum

The CCN course of instruction is presented in semester credit hours. A CCN semester credit hour is equivalent to the BRN semester credit unit. The CCN BSN program consists of 129 credit hours: 60 credit hours in liberal arts and sciences provided through a consortium agreement with DeVry university, and 69 credit hours in the nursing major. The FS includes a description of the courses and the course sequence.

Resources

CCN is leasing 24,262 square feet of a building located in Rancho Cordova to house the proposed program. The space was empty when the lease was executed. The space was

allocated for all instructional and support services following established Chamberlain guidelines for a campus. The renovation will be completed in February 2015. Space has been allocated for faculty and administrative offices, six classrooms, library, Center for Academic Success, conference rooms, laboratories (wet science lab, SIMCARE CENTER, and Nursing Learning Labs), and space for private student advisement.

Also in line with student support services on other Chamberlain campuses, the Sacramento campus will provide the following services: admissions advisors; Student Service Advisors; Center for Academic Success; library; computer lab; simulation lab; Registrar; counseling services; and, technology resources.

Essential faculty positions are filled in advance of campus start-up, and are expanded as the campus grows. Chamberlain creates a specific staffing plan for each campus. Faculty FTEs were projected for the first five years of Sacramento campus operations. Thirteen (13) FTEs will be required by year 4 of program implementation to support the proposed student enrollment.

Budget

CCN has sufficient fiscal resources to support a BSN program in Sacramento. Net income from all Chamberlain program and campus operations is held in reserve to sustain a new program and campus during its initial years. Ultimately, resources for the development and sustainability of a new campus are insured by DeVry Educational Group.

Total program tuition and fees will be \$80,915. It is projected that the program revenues and expenses will be approximately equal by Year 4 of program implementation.

Clinical Facilities

The Chamberlain clinical support team has done extensive work securing clinical placements in the Sacramento area for the proposed program. When meeting with the clinical facilities, the team discussed with the facility if there was capacity for additional student placement without displacing any existing student placements.

The FS included 17 BRN Facility Verification Forms and 12 executed contracts for clinical placement. The following summarizes the information from the Facility Verification Forms.

- 1) Colusa Regional Medical Center (Average daily census-10; MS 2 student placement, OB 1 student placement & Geri 1 student placement)
- 2) Dameron Hospital (Acute; MS-average daily census 100, OB average daily census 5, & Peds average daily census 2)
- 3) Heritage Oaks Hospital (Acute Psych; average daily census 100; 4 student placement)
- 4) Norwood Pines Alzheimer Center ((SNF – Alzheimer's Dementia; average daily census 150; 6 student placement on day and evening shifts)
- 5) Sierra Vista Hospital (Acute Hospital with large Psych unit-100 patients; 2 student placement)

- 6) Sutter Medical Center Sacramento (Acute Care & Psych; average daily census acute care 341 & psych 52; MS 2-6 each unit, OB Cohort of 10, Peds Cohort of 12, and Psych Cohort of 10)
- 7) Vibra Hospital (LTAC; average daily census 40; MS 8 student placement)
- 8) Bristol Hospice (Average daily census 160; community health placement)
- 9) Doctors Hospital of Manteca (Acute; MS census 25 - 4 student placement, OB census 6 - 2 student placement)
- 10) Marshall Medical Center (Acute; MS census 50/ place 4-6 students)
- 11) Marshall Medical Center (Home Care – average daily census 80-100/ place one student)
- 12) NorthBay Medical Center (Acute; MS – average daily census 65/place 8 students, OB - average daily census 10/place 3 students)
- 13) Pro-Care Home Health SVC (Home Health; 130 patients per month/place 2-8 students)
- 14) Queen of the Valley Community Outreach (Community Health; serves 400 patients per year/ place 1 student in spring, 1 in summer and 1 in fall)
- 15) Snowline Hospice (Hospice - average daily census 70; RCFE – census varies/ place one student; SNF 65-99 average daily census/place one student)
- 16) Saint Claire's Nursing Center (SNF; average daily census 95)
- 17) Sutter VNA and Hospice (average daily census 450; Home Health/place 2 students)

Table 19 Clinical Placements (CCN FS page 61) documents the total number of secured placements and the clinical facilities for each nursing course. Based on this Table, there is evidence of inpatient clinical placement for all BRN required clinical areas (M/S, OB, Peds, Psych, and Geri). Mental Health nursing clinical learning will occur at four sites at which a wide variety of services are provided to adolescent, adult, and geriatric patients.

Of note, the secured clinical placement numbers reported in Table 19 do not match the number of student placements available on the Facility Verification Forms. The availability of all reported clinical sites will be thoroughly evaluated during the Self Study phase of the initial approval process for new nursing programs.

Conclusion

The Chamberlain College of Nursing Feasibility Study meets all BRN Feasibility Study requirements. Outstanding concerns are the admission and enrollment projections and the availability of clinical placements.

Addendum to Agenda Item 7.4

BACKGROUND:

At the March 5, 2015 ELC meeting, the committee members expressed concern regarding Chamberlain College of Nursing's (CCN) projected enrollment numbers and asked multiple questions regarding clinical placements.

Subsequent to the ELC meeting, CCN has submitted new information for their Feasibility Study: specifically new enrollment projections and clarification regarding clinical placements.

Chamberlain's annual enrollment projections were revised and are displayed in the attached Projected Enrollment Table. CCN is projecting admissions of 30 students three times per year for the first three years of the operation.

Also attached is a Table titled Chamberlain Clinical Support for Sacramento. This document reflects the days and shifts available at each clinical facility for CCN students by course for the first three years of the program.

Three attachments accompany this Agenda Item Addendum: Cover Letter; Projected Student Enrollments; and, Sacramento support Facilities Table.

No public comment.

Motion: Michael Jackson made a motion to accept Feasibility Study for Chamberlain College of Nursing Baccalaureate Degree Nursing Program.

Second: Beverly Hayden-Pugh

Votes	MJ	ICB	RM	EW	BHP	CK
	Y	Y	Y	Y	Y	Y

7.5 Vote on Whether to approve Guideline: CA RN Licensure Qualifications for Persons Serving in Medical Corps of Armed Services

Leslie Moody, NEC presented this report.

BACKGROUND:

Persons with prior healthcare related military education and service frequently have questions regarding eligibility for RN licensure. This guideline will be posted to the BRN website to provide convenient access to information for these potential applicants.

No public comment.

Motion: Cynthia Klein made a motion to approve Guideline: CA RN Licensure Qualifications for persons serving in Medical Corps of Armed Services.

Second: Michael Jackson

Votes	MJ	ICB	RM	EW	BHP	CK
	Y	Y	Y	Y	Y	Y

7.6 2013-14 Regional Annual School Reports

Julie Campbell-Warnock, Research Program Specialist presented this report.

BACKGROUND:

The Regional Annual School Reports present the historical analyses of nursing program data from the 2004-2005 BRN Annual School Survey through the 2013-2014 survey for the nine economic regions in California. Each region has a separate report. All data are presented in aggregate form, and describe the overall trends in these regions over the specified time periods. The data items addressed include the numbers of nursing programs, enrollments, completions, retention rates, student and faculty census information, simulation centers and student access to clinical sites and experiences.

The nine regions include: (1) Northern California, (2) Northern Sacramento Valley, (3) Greater Sacramento, (4) Bay Area, (5) San Joaquin Valley, (7) Central Coast, (8) Southern California I (Los Angeles and Ventura Counties), (9) Southern California II (Orange, Riverside, and San Bernardino Counties), and (10) Southern Border Region. Counties within each region are detailed in the corresponding report. The Central Sierra (Region 6) does not have any nursing programs and was, therefore, not included in the analyses.

Final reports will be made available to the public on the BRN website after review by the full Board.

No public comment and no motion required.

7.7 Licensing Program Report

Christina Sprigg, Deputy Chief of Licensing and Administration presented this report.

PROGRAM UPDATE:

The Licensing Program evaluators are currently processing the initial review of exam and endorsement applications within our regulation timeframes. Spring graduation is approaching and the Board is expecting another successful season.

The vacant Licensing Program manager position has been filled by Long Dau. Long was promoted on February 24th and brings with him his wealth of licensing knowledge having started with the BRN in 2006 with the Licensing Unit and worked diligently from a support staff to an analyst. He will continue his role as a BreEZe Subject Matter Expert by participating in DCA's BreEZe Report User Group and his new role as the chair of the Licensing User Group. With his promotion, the Board is currently working on revamping the vacated Associate Governmental Program Analyst position in Licensing. The position will continue to focus on Advanced Practice evaluations with emphasis on licensing statistics and training current and new staff on all business processes. The board has also advertised for a Supervising Program Technician I and Staff Services Analyst in the Licensing Unit.

We continue to improve processes within the Licensing Program and released the Nurse Anesthetist application online at the end of February. Once an applicant or licensee has created a BreEZe profile they can apply and pay for the Nurse Anesthetist certification

application. The next application scheduled to go online is the Clinical Nurse Specialist certification. This is currently in the development/testing phase and expected to be released sometime in June 2015.

Licensing's Subject Matter Experts will meet with the DCA's SOLID Training and Planning Solutions Strategic Planners to map the Board's licensing types. The purpose of mapping the Board's licensing types will give us a better understanding of the licensing cycle processing times, additional ways to streamline process to ensure efficiency and will assist in determining the need for additional staff.

STATISTICS:

Board management and staff continue to work collaboratively on statistics with the Department of Consumer Affairs BreEZe Reports Team. Executive Order B-13-11 requires DCA to establish licensing performance measures to implement a performance-based budgeting model for all Boards and Bureaus. The FY 2015-16 Budget states DCA will establish licensing performance measures and targets for all exam and initial license applications. The language also states that DCA will differentiate between incomplete applications and complete applications. This requires a standard method in Breeze for all Boards and Bureaus to differentiate between a complete and incomplete application and be able to measure how long the application was deficient in order to identify process efficiencies and inefficiencies as part of performance-based budgeting.

The BreEZe system does not have a standard tool for all Boards and Bureaus to mark all exam and initial license applications as complete or deficient at time of initial review. To remedy this DCA is in the process of making changes to the BreEZe system to include the addition of action steps which will allow the manual entry of deficiency start and end dates. This information is vital in providing statistical information for the licensing performance measures as well as assisting the BRN with determining timeliness in application processing. These changes are expected to be in place in July 2015 to ensure Boards are able to obtain an entire fiscal year worth of data.

No public comment and no motion required.

8.0 Report of the Legislative Committee

Imelda Ceja-Butkiewicz, Chairperson

Ronnie Whitaker, Legislative and Regulatory Analyst presented this report.

8.1 Discuss Bills of Interest to the Board and Recommend that the Board Adopt or Modify Positions on the Bills, and any other Bills of Interest to the Board Introduced During the 2015-2016 Legislative Session

AB 172

Public comments:

Tricia Hunter, MN, RN, ANA/C

Katherine Hughes, RN, SEIU

DeAnn McEwen, RN, CNA

Motion: Imelda Ceja-Butkiewicz that the Board Watch AB 172.

Second: Michael Jackson

Votes	MJ	ICB	RM	EW	BHP	CK
	Y	Y	Y	Y	Y	Y

AB 637

No public comment.

Motion: Imelda Ceja-Butkiewicz that the Board Watch AB 637.

Second: Michael Jackson

Votes	MJ	ICB	RM	EW	BHP	CK
	Y	Y	Y	Y	Y	Y

AB 840

Public comment received by Katherine Hughes, RN, SEIU.

Motion: Michael Jackson that the Board Watch AB 840.

Second: Raymond Mallel

Votes	MJ	ICB	RM	EW	BHP	CK
	Y	N	Y	Y	Y	N

AB 1306

Public comments:

DeAnn McEwen, RN, CNA

Dianne Moore, President, ANA/CA

Motion: Imelda Ceja-Butkiewicz that the Board Watch AB 1306.

Second: Raymond Mallel

Votes	MJ	ICB	RM	EW	BHP	CK
	Y	Y	Y	Y	Y	Y

SB 319

Public comments:

Bill Grimm, Senior Council, National Center for Youth Law

Angela Ball, ACPHD

Mike Ranga, ACPHD

Motion: Beverly Hayden-Pugh that the Board Watch SB 319.

Second: Raymond Mallel

Votes	MJ	ICB	RM	EW	BHP	CK
	Y	Y	Y	Y	Y	Y

SB 323

Public comments:

Tricia Hunter, MN, RN, ANA/C
DeAnn McEwen, RN, CNA
Nancy Trego, DNP, GNP, CANP
Dianne Moore, President, ANA/CA

Motion: Michael Jackson that the Board Watch SB 323.

Second: Raymond Mallel

Votes	MJ	ICB	RM	EW	BHP	CK
	Y	Y	Y	Y	Y	Y

SB 390

Public comments:

Tricia Hunter, MN, RN, ANA/C
DeAnn McEwen, RN, CNA

Motion: Imelda Ceja-Butkiewicz that the Board Watch SB 390.

Second: Elizabeth Woods

Votes	MJ	ICB	RM	EW	BHP	CK
	Y	Y	Y	Y	Y	Y

SB 466

No public comments.

Motion: Imelda Ceja-Butkiewicz that the Board Support SB 466.

Second: Michael Jackson

Votes	MJ	ICB	RM	EW	BHP	CK
	Y	Y	Y	Y	Y	Y

SB 531

No public comments.

Motion: Michael Jackson that the Board Watch SB 531.

Second: Imelda Ceja-Butkiewicz

Votes	MJ	ICB	RM	EW	BHP	CK
	Y	Y	Y	Y	Y	Y

- 8.2 **Vote on Whether to Approve Regulatory Proposal to Increase Fees in California Code of Regulations, Article 1, Section 1417, Fees and Whether to Proceed as an Emergency Regulation**
 Ronnie Whitaker Legislative and Regulatory Analyst and Stacie Berumen, Assistant Executive Officer presented this report.

No public comments.

Motion: Cynthia Klein made a motion to give the Executive Officer the authority to make non-substantive and technical changes to the proposed regulations and to move forward with the rulemaking file.

Second: Raymond Mallel

Votes	MJ	ICB	RM	EW	BHP	CK
	Y	Y	Y	Y	Y	Y

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

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

PROGRAM UPDATES

COMPLAINT INTAKE:

Staff

We have a vacancy for one Office Assistant (OA).

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 a priority.

INVESTIGATIONS:

Staff

We have a vacancy for one northern Special Investigator.

Program

Investigators are focused on clearing all aging cases. There are approximately 14 cases over one year old that have not been completed. The new field investigators will help us keep cases in house that are more appropriate for investigation by the board.

Investigative staff continues to attend Task Force meetings and develop working relationships with allied agencies.

Statistics

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

BRN Investigation Unit	Mar 2014	Apr 2014	May 2014	June 2014	Jul 2014	Aug 2014
Total cases assigned	223	242	244	236	225	218
Total cases unassigned (pending)	49	74	70	71	88	116
Average days to case completion	326	229	230	209	228	227
Average cost per case	\$3,529	\$3,772	\$2,289	\$3,106	\$3,743	\$3,453
Cases closed	33	37	45	31	28	39

BRN Investigation Unit	Sep 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015
Total cases assigned	285	287	290	303	333	329
Total cases unassigned (pending)	47	80	-104	144	134	170
Average days to case completion	219	294	221	218	232	201
Average cost per case	\$2,809	\$3,481	\$2,641	\$3,400	\$3,753	\$2,909
Cases closed	47	37	34	35	43	36

As of March 10, 2015, there were 351 DOI investigations pending.

No public comment and no motion required.

9.2 Discipline and Probation Update

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

PROGRAM UPDATE

Staff

The Probation Unit filled the vacant Office Technician (OT) vacancy with an internal candidate from the licensing unit. One Probation Monitor is out on an extended leave, and we have filled this position with an internal candidate on a temporary basis.

The Citation and Fine Unit has filled the vacant Staff Services Analyst position with an internal candidate from our licensing unit. The Discipline Unit has filled the vacant discipline analyst position and the candidate began on March 9, 2015.

Program – Discipline

The Continuing Education audit staff is referring cases to the Cite and Fine unit when it is determined that an RN has not completed appropriate Continuing Education Units. The Cite and Fine unit has issued approximately 160 citations since January 2015. The citation could result in as much as a \$2500 fine.

In addition to auditing individual RNs, the Citation and Fine Unit will issue citations to any Continuing Education Provider (CEP) without a valid and appropriate CEP number. The citation could result in as much as a \$2500 fine.

The Discipline Unit is currently reviewing past discipline cases to ensure that all historical information related to revoked or surrendered licenses are posted to our website.

The Discipline Unit is working with the Attorney General's office to complete our cases in a timely manner and streamline our processes for efficiency.

Below reflects FY2015 (July 1, 2014 – March 23, 2015) decision statistics:

Decisions Adopted	1133
Pleadings served	721
Petitions to Revoke Probation served	85
Surrenders signed by E. O.	222

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 157.

Statistics – Probation

Below are the statistics for the Probation program from July 1, 2014 to March 26, 2015.

Probation Data	Numbers	% of Active
Male	254	26%
Female	724	74%
Chemical Dependency	430	44%
Practice Case	236	24%
Mental Health	2	0%
Conviction (Alcohol/Drug = 106)	310	32%
Advanced Certificates	97	10%
Southern California	525	54%
Northern California	438	45%
Tolled at the AG	15	01%
Pending with AG/Board	121	13%
License Revoked YTD	25	02%
License Surrendered YTD	71	07%
Terminated YTD	15	01%
Successfully completed YTD	90	09%

Active in-state probationers	978	
Completed/Revoked/Terminated/ Surrendered YTD	201	
Tolled Probationers	281	
Active and Tolled Probationers	1,259	

Program -Diversio

Effective February 12, 2015, Don Walker was appointed as the Diversion Program Manager. Don has been with the Board since December 2011 and has served in the capacity of Discipline Program Analyst, Probation Monitor, and Diversion Program Analyst. We welcome Don to the management team and feel confident he will follow in Carol Stanford's footsteps and carry out the mission of the Diversion Program.

The Office Technician position for the Diversion Unit has been filled and recruitment efforts are under way for the vacant Associate Governmental Program Analyst position.

The Diversion Unit is focusing on cost-efficient out-reach opportunities to provide information and resources for nurses in need.

Diversion Program Contractor Update

Maximus, the Diversion Program Contractor is in the process of planning training for Diversion Evaluation Committee Members on accessing the records through the Maximus secure server. These technological upgrades will provide added security and increased efficiency.

Diversion Evaluation Committees (DEC)

There are currently three physician member vacancies at this time, San Jose (DEC 7); Oakland (DEC 13), and Los Angeles (DEC 3).

There is currently on RN vacancy in Fresno (DEC 5).

Statistics – Diversion

The Statistical Summary Report for December 2014 through January 31, 2015 is after this update. As of January 31, 2015, there were 1,944 successful completions.

No public comment and no motion required.

**BOARD OF REGISTERED NURSING
DIVERSION PROGRAM
STATISTICAL SUMMARY
December 1, 2014 - January 31, 2015**

	CURRENT MONTHS	YEAR TO DATE (FY)	PROGRAM TO DATE
INTAKES COMPLETED	17	80	4,937
INTAKE INFORMATION			
Female	14	58	3,864
Male	3	22	1,046
Unknown	0	0	27
Average Age	30-59		
Most Common Worksite	Unemployed		
Most Common Specialty	Med Surg/ER/		
Most Common Substance Abused	Alcohol/Norco		
PRESENTING PROBLEM AT INTAKE			
Substance Abuse (only)	10	48	3,124
Mental Illness (only)	0	3	160
Dual Diagnosis	7	26	1,578
Undetermined	0	3	75
REFERRAL TYPE*			
Board	8	54	3,610
Self	9	26	1,327
*May change after Intake			
ETHNICITY (IF KNOWN) AT INTAKE			
American Indian/Alaska Native	0	0	36
Asian/Asian Indian	0	1	113
African American	0	1	159
Hispanic	0	4	207
Native Hawaiian/Pacific Islander	1	2	25
Caucasian	14	68	4,057
Other	2	4	74
Not Reported	0	0	266
CLOSURES			
Successful Completion	15	51	1,944
Failure to Derive Benefit	1	1	121
Failure to Comply	1	5	965
Moved to Another State	0	0	52
Not Accepted by DEC	1	3	58
Voluntary Withdrawal Post-DEC	1	7	330
Voluntary Withdrawal Pre-DEC	1	16	502
Participant Withdrawn-Failure to sign con	0	1	1
Closed Public Risk	3	11	310
No Longer Eligible	0	0	16
Clinically Inappropriate	0	2	27
Client Expired	1	1	40
Sent to Board Pre-DEC	0	0	1
TOTAL CLOSURES	24	98	4,367
NUMBER OF PARTICIPANTS: 443 (as of January 31, 2015)			

9.2.1 Diversion Evaluation Committee Members

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

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.

APPOINTMENT

Below is the name of the candidate who is being recommended for appointment to the Diversion Evaluation Committees (DEC). Her application and résumé is attached. If appointed, her term will begin on July 1, 2015 and expire June 30, 2019.

<u>NAME</u>	<u>TITLE</u>	<u>DEC</u>	<u>NO</u>
Millicent Lowery	Public	Sacramento	1

TRANSFERS

Below are the names of DEC member transfers.

<u>NAME</u>	<u>TITLE</u>	<u>DEC FROM</u>	<u>DEC TO</u>
Marilyn Dray	RN	13 – Oakland	1 – Sac
Mary Kropf	RN	2 – Bay Area	13 – Oak
Pamela Moore	RN	7 – San Jose	5 – Fresno
Jeremy Martinez	MD	9 – Ontario	3 – LA

RESIGNATIONS

Gordon Ogden resigned from DEC 5 for personal reasons.

Scott Reiter resigned from DEC 3 for personal reasons.

No public comment.

Motion: Cynthia Klein made a motion to approve Millicent Lowery’s appointment as a Diversion Evaluation Committee Member.

Second: Michael Jackson

Votes	MJ	ICB	RM	EW	BHP	CK
	Y	Y	Y	Y	Y	Y

9.2.2 Proposed Name Change for the Diversion Program

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

BACKGROUND:

On January 9, 2015 the Board submitted a legislative proposal to the Senate Business, Professions and Economic Committee to modify language in 2770 et. al. to change the name of the "Diversion Program" to "Intervention Program for Registered Nurses."

It is anticipated that this change will encourage greater participation and provide a better description of how the program **benefits the participants and protects the public.**

No public comment and no motion required.

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

Ronnie Whitaker Legislative and Regulatory Analyst presented this report.

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.

Staff will continue to facilitate discussion of each standard in conjunction with the attachments.

The committee reviewed the following standards:

Standard #1-Clinical Diagnostic Evaluations

Are the BRN evaluations considered "clinical diagnostic evaluations?"

Standard #2-Temporary Removal of Licensee from Practice due to Clinical Diagnostic Evaluation

Public Comment made by ANA/C who opposes testing two times per week.

Standard #3-Ability to Communicate with Licensee's Employer	No issues identified.
Standard #4-Standard for Required Testing	<ul style="list-style-type: none"> • Concerns with number of tests for Diversion Program participants when they are not working and have no income. • Cost of testing is \$62.50 plus collection fee. Total of \$10,000 to test each year. • Mandatory testing each week takes away board's discretion and ability to conduct "random" testing. • Public comment made by ANA/C and SEIU relative to opposition of this uniform standard.
Standard #5-Standard for Required Group Meeting Attendance	No issues identified.
Standard #6-Standard for Type of Treatment	How many additional staff would BRN need with appropriate training in chemical dependency and/or mental health?
Standard #7-Worksite monitoring requirements.	No issues identified.
Standard #8-Procedures when a licensee tests positive for a banned substance	Standard does not allow for due process rights of licensee.

No public comment and no motion required.

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

10.1 Review and Vote Whether to Approve Goals and Objectives 2015-2016
Janette Wackerly, Supervising NEC presented the Nursing Practice reports.

BACKGROUND:

Practice Committee members to discuss goals and objectives making changes as indicate:

Goal 1: In support of consumers' right to quality care, identify and evaluate issues related to registered nursing tasks being performed by unlicensed assistive personnel.

Goal 2: Promote patient safety as an essential and vital component of quality nursing care.

Goal 3: Develop and implement processes for the Board to interact with stakeholders to

identify current trends and issues in nursing practice and health care delivery systems.

Goal 4: Identify and implement strategies to impact trends and issues.

Goal 5: Develop and implement processes for the Board to interact with stakeholders to identify and evaluate issues related to advanced practice nursing and to promote maximum utilization of advanced practice nursing.

No public comments.

Motion: Michael Jackson made a motion to approve the 2015-2016 Goals and Objectives.

Second: Cynthia Klein

Votes	MJ	ICB	RM	EW	BHP	CK
	Y	Y	Y	Y	Y	Y

10.2 Information: Community Paramedicine Pilot Project: A Model for Integrating Emergency and Primary Care- five different concepts at twelve project sites throughout California

BACKGROUND:

Office of Statewide Health Planning and Development (OSHPD), Health Workforce Pilot Project HWPP # 173 program, Community Paramedicine.

The project has an Advisory Committee and a Council of Advisors; the Advisory Committee (comprised of 13 members) and Council of Advisors (5 subject matter experts). Major responsibilities include participation and attendance at meetings, advisement on the efficacies of training, competence and the collection of data, review and advisement of project protocols related to triage and patient safety, participation and attendance at site visits, and advisement on evaluation of project reports as needed. Both groups will make recommendations on various aspects of the project. The Advisory Committee has voting ability while the Council of Advisors does not.

The following information is as a result of the meeting minutes published by OSHPD December 8, 2015 including PowerPoint presentations-

Phase I:

Pilot Project Concepts:

- Transport patients with specified conditions to alternative locations other than acute care emergency departments (Los Angeles, Carlsbad, Orange Counties)
- Alternative Destination Behavioral Health Issues to Mental Health Facilities (Stanislaus County)
- Frequent 9-1-1 Users, address needs by helping access primary care, social, or psychological services (City of San Diego, Alameda County)

- Post Discharge Support short term home follow-up care for recently discharged from hospital with increased risk of return to ER or readmission to acute referral by hospital, clinic, or medical provider (Solano, Alameda, Butte, San Bernardino, Orange, and Los Angeles Counties)
- TB Directly Observed Support, TB Specialty Clinic (Ventura County)
- Hospice Support to improve care and service to hospice patients who have activated 9-1-1 system. Provide comfort care using patient's own comfort care kit and supplemental medications until hospice clinicians can take over care (Ventura County)

Pilot Project Partners: See Attachment

Phase II:

Community Paramedicine "Core" Education Plan will be coordinated and delivered by the UCLA Center for Prehospital Care using affiliated faculty made up of nurses and physician Educators (didactic and clinical January 13, 2015- February 19, 2015). The curriculum was developed by Community Healthcare and Education Cooperative (CHEC). The curriculum was reviewed and approved by EMSA Curriculum Advisory Review Committee.

Community Paramedicine Site Specific Training (didactic and clinical) approved curricula will be taught locally by physicians and nurse educators with experience in emergency medicine and Public Health (March 2015-April 2015)

Numbers of individuals or groups will complete both statewide and local training and be considered "Community Paramedics."

Phase III:

Employment and Intervention Phase where pilot projects begin employment/interventions phase following completion of Core and Site Specific Training (May/June 2015-November 2015)

History:

HWPP #173 Community Paramedicine is sponsored by the California Emergency Medical Services Authority (EMSA) and will be testing five different concepts at twelve project sites throughout California. The five concepts include alternate destinations, post-discharge follow-up, 9-1-1 frequent users, direct observed treatment of tuberculosis, and hospice patient support.

Community Paramedicine: A Promising Model for Integrating Emergency and Primary Care, report was prepared for the California HealthCare Foundation and California Emergency Medical Services Authority (EMSA). Grant funded by California HealthCare Foundation (Grant Number 17119, Regents of University of California). The organization providing leadership and support is UC Davis Institute for Population Health Improvement.

No public comment and no motion required.

10.3 Information: Status of Certified Nurse Midwives Association bill to remove supervision

BACKGROUND:

CNMA President Linda Walsh requested presentation of CNMA Bill. Bill language attached; no bill number assigned.

No public comment and no motion required.

10.4 Discussion and possible vote on whether to approve regulatory language for aspiration abortion techniques implementing Section 2725.4 of the Business and Professions Code

BACKGROUND:

In order to perform an abortion by aspiration techniques pursuant to Section 2725.4, 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. The proposed regulatory action will set forth parameters in order to comply with BCP Section 2725.4.

Public comments:

- Dianne Moore, President, ANA/CA
- DeAnn McEwen, RN, CNA
- Tricia Hunter, MN, RN, ANA/C
- Katherine Hughes, RN, SEIU
- Linda Walsh, President, CNMA
- Nancy Trego, DNP, GNP, CANP

Motion: Imelda Ceja-Butkiewicz made a motion to approve the proposed regulatory language with amendments and to set for a 45-day public comment period; delegate to the Executive Officer the authority to adopt to the language as modified if there are no adverse comments received during the public comment period; and to delegate to the Executive Officer the authority to make any technical or non-substantive changes that may be required in completing the rulemaking file.

Second: Elizabeth Woods

Votes	MJ	ICB	RM	EW	BHP	CK
	N	Y	A	Y	Y	Y

11.0 Public Comment for Items Not on the Agenda

No public comments.

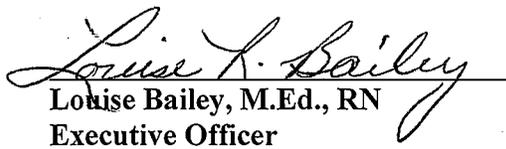
12.0 Closed Session

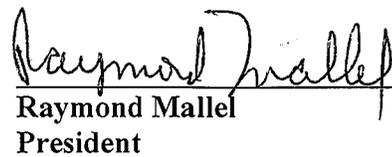
Disciplinary Matters

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.

13.0 Reconvene in Open Session for Purposes of Adjournment

The meeting adjourned at 3:04 pm.


Louise Bailey, M.Ed., RN
Executive Officer


Raymond Mallet
President