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

DATE: February 5-6, 2014
LOCATION: Hilton Garden Inn Emeryville
1800 Powell Street
Emeryville, CA 94608

PRESENT: Raymond Mallei, President
Michael D. Jackson, MSN, RN, Vice President
Cynthia Klein, RN
Trande Phillips, RN
Beverly Hayden-Pugh, MA, RN

NOT PRESENT: Jeanette Dong
Joshua Groban
Erin Niemela

ALSO PRESENT: Louise Bailey, M.Ed., RN, Executive Officer
Stacie Berumen, Assistant Executive Officer
Janette Wackerly, Supervising NEC
Miyo Minato, Supervising NEC
Shelley Ward, NEC
Katie Daugherty, NEC
Leslie Moody, NEC
Kay Weinkam, NEC
Kelly McHan, NEC
Julie Campbell-Warnock, Research Program Specialist
Gina Sanchez, Licensing Program Manager
Claire Yazigi, Legal Counsel
Don Chang, DCA Legal Counsel
Beth Scott, Discipline, Probation and Diversion Deputy Chief
Carol Stanford, Diversion Program Manager
Christyl Cobb, Decisions and Appeals Analyst
Christina Sprigg, Administration and Licensing Deputy Chief
Rose Ramos, Administrative Assistant
Ayet Kidane, Chief Deputy Director
Christine J. Lally, Deputy Director, Board & Bureau Relations
Diane Schneider, Administrative Law Judge
Leslie Brast, Deputy Attorney General
Wednesday, February 5, 2014 – 9:00 am

1.0 Call to Order – Raymond Mallei, President called the meeting to order at 9:08 am and had the members introduce themselves.

Members: Raymond Mallei, President
Michael D. Jackson, MSN, RN, Vice President
Cynthia Klein, RN
Trande Phillips, RN
Beverly Hayden-Pugh, MA, RN

Members Not Present: Jeanette Dong
Joshua Groban
Erin Niemela

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

The Board welcomed students from City College of San Francisco, and Samuel Merritt College.

2.0 Public Comment for Items Not on the Agenda

No public comment.

3.0 Disciplinary Matters

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<tr>
<th>Reinstatements</th>
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<tr>
<td>Robert Baker</td>
<td>Victor Cortez</td>
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<td>Catherine Moore (Mena)</td>
<td>Lisa Ecker</td>
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<td>Diana Sims</td>
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<td>Dwayne Whitehead</td>
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Meeting adjourned at 11:54 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 Mallei, President, called the closed session meeting to order at 1:39 pm. The closed session adjourned at 4:20 pm.
Thursday, February 6, 2014 – 9:00 am

1.0 Call to Order
Raymond Mallei, President, called the meeting to order at 9:10 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:

   ➢ November 6-7, 2013 Meeting Minutes
   ➢ January 9, 2014 (Discipline) Meeting Minutes

No public comment.

MSC: Klein/Jackson that the Board approve the Minutes from November 6-7, 2013 Board Meeting. 5/0/0

MSC: Phillips/Jackson that the Board approve the Minutes from January 9, 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.

Current Registered Nurse Licensee Population is: 408,413

Board’s Budget Update
2013/2014 BRN Budget and Reserve
Governor’s budget for FY 2013/2014 is $31 million. The Board’s fund condition shows a reserve for current year 2013/2014 of 2.9 months.

Budget Change Proposals (BCPs)
The Board was approved for 28 PYs and the funding for these positions; it is currently under review with the Legislature. The Board was also approved to augment the attorney general budget line item by $2.5 million and the Office of Administrative Hearings by $200,000.
Current Year AG Budget
Pursuant to the Budget Bill Language in item 110-402 related to AG expenditures contained in the 2010 Budget Act, and based on the FY 2013-14 expenditure projections (thru Dec. 2013), the Board is requesting an additional augmentation of $3.5 million, for the Attorney General line. Assuming that its enforcement costs do not exceed current projections, this augmentation request would also allow for only a minimal 0.1% reversion.

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

5.2 Regulation Updates
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. The rulemaking file is currently under review by the Departments budget office and will be sent to the Director for review within a week.

License Renewal
Reporting Traffic Violations: The regulatory proposal increases the fine level for traffic violations that the registered nurse is required to report at the time of license renewal from $300 to $1,000. The rulemaking file was submitted to Agency on January 28, 2014; staff is closely monitoring the proposal’s progress.

5.3 Multi-State Licensure Compact – Update
During the November Board meeting, the following concerns relative to the “Compact” were expressed:

- **Fingerprints and background checks** are not required in 14 states, and 5 of these states are currently in the “Compact”.
- **Enforcement** of disciplinary actions varies from state-to-state.
- **Educational standards** are not the same in all states.
- **Continuing Education** requirement is not required in all states.
- **Fiscal Impact** was not available at this meeting.

The 2012 Survey of Registered Nurses in California, published in October 2013 documents that nearly 15 percent (52,978) of RNs with active California licenses live in other states. There would be a loss of $7,948,050 ($7,416,920 for renewals and $529,780 for the RN Scholarship Program) each renewal period.
5.4 Nursing Workforce Advisory Committee
The Nursing Workforce Advisory Committee (NWAC) met on January 14, 2014 in Sacramento in a conference room at the BRN. The main focus of the meeting was to review and provide recommendations for the 2014 biennial RN survey instrument. Committee members also shared recent information and data collection related to the nursing workforce in California. Below is a list of current committee members:

- Lupe Alonzo-Diaz, MPA - Health Workforce Development Division, OSHPD
- BJ Bartleson, RN, MS, NEA-BC - California Hospital Association/North
- Judee Berg, RN, MS, FACHE - California Institute for Nursing and Health Care
- Marti Smith, RN - California Nurses Association
- Denise Duncan, BSN, RN - UNAC/UHCP
- Jeannine Graves, MPA, BSN, RN, OCN, CNOR - Sutter Medical Center
- Tricia Hunter, MN, RN - American Nurses Association
- Deloras Jones, RN, MS - Independent Consultant/Former Executive Director for California Institute for Nursing and Health Care
- Stephanie Leach - Kaiser Permanente National Patient Care Services
- Pat McFarland - Association of California Nurse Leaders
- Doug Perkins, M.Ed. - Pacific Gateway Group
- Tammy Rice, MSN, RN - Saddleback College
- Joanne Spetz, Ph.D. Phillip R. Lee Institute for Health Policy Studies University of California, San Francisco

This committee was originally appointed by the Board in November 2001 and last met in October 2011. The purpose of the Committee is to advise the Board members and staff of the BRN on current and projected issues affecting the nursing workforce including supply and demand, and issues affecting the ability of nurses to provide safe, accessible patient care and also to share information and data between agencies.

5.5 2012–2013 California New Graduate Hiring Survey
To better understand the employment experience of newly licensed RNs, a fourth annual statewide survey was conducted in fall 2013 through the efforts of the California Institute for Nursing & Health Care (CINHC), the California Board of Registered Nursing (BRN), the Association of California Nurse Leaders (ACNL), the California Student Nurses Association (CSNA), and the UCLA School of Nursing with funding provided by Kaiser Permanente Northern California. A summary of this survey will soon be available on the CINHC website and will provide an update on employment of newly licensed RNs in California from the RNs perspective.

5.6 BRN Report Newsletter
The 2013 winter edition of the BRN Report Newsletter is now available on the BRN website. It includes BRN updates, information about recent legislative changes, overviews of BRN activities, updates on NCLEX and much more. The 2013 BRN Report can be found under the Forms/Publications tab or there is a link on the announcement under the “What’s New” section, both on the homepage.

5.7 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
October 31, 2013 through January 30, 2014, the BRN received and processed 5 public record requests.

5.8 Personnel

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<thead>
<tr>
<th>Name</th>
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<th>Program</th>
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<tr>
<td>Gina Sanchez</td>
<td>Staff Services Manager I</td>
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<td>Regina McLellan</td>
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<td>Enforcement</td>
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<td>Tram Hoang</td>
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<tr>
<td>Long Dau</td>
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<td>Laura Brann</td>
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<td>Jason Alley</td>
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<td>Clarissa Rangel</td>
<td>Office Technician</td>
<td>Investigations</td>
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6.0 Report of the Administrative Committee
Raymond Mallei, Chairperson

6.1 BreEZe Update

Awet Kadani, Deputy Director provided an update on BreEZe.

Public comments received by:

Tricia Hunter, MN, RN, ANA/C
Brad O'Brien, Student, Simpson University
Benjamin Villareal, Student Graduate of Samuel Merritt University
7.0 Report of the Education/Licensing Committee
Michael Jackson, MSN, RN, Chairperson

7.1 Vote to Ratify Minor Curriculum Revision
Leslie Moody, NEC presented this report.

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

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

The following programs have submitted minor curriculum revisions that have been approved by the NECs:
- Holy Names University Baccalaureate Degree (LVN to BSN) Nursing Program
- Point Loma Nazarene University Baccalaureate Degree Nursing Program
- San Francisco State University Baccalaureate Degree Nursing Program
- Azusa Pacific University Entry Level Master's Degree Nursing Program
- United States University Accelerated Baccalaureate and Entry Level Master’s Degree Nursing Program
- University of California, Los Angeles, Baccalaureate Degree and Entry Level Master’s Degree Nursing Program
- University of California, San Francisco, Entry Level Master’s Degree Nursing Program
- Citrus College Associate Degree Nursing Program
- College of the Redwoods Associate Degree Nursing Program
- College of the Siskiyous Associate Degree Nursing Program
- ITT Technical Institute Rancho Cordova Breckinridge School of Nursing Associate Degree Nursing Program
- Los Angeles Trade Technical College Associate Degree Nursing Program
- Mira Costa College Associate Degree Nursing Program
- Mission College Associate Degree (LVN to RN) Nursing Program
- Sacramento City College Associate Degree Nursing Program
- Yuba College Associate Degree Nursing Program
- United States University Nurse Practitioner Program
- University of California, Los Angeles, Nurse Practitioner Program

Acknowledge Receipt of Program Progress Report:
- California State University, Dominguez Hills, Entry Level Master’s Degree Nursing Program
- Merritt College Associate Degree Nursing Program

No public comment.
MSC: Jackson/Phillips to ratify the minor curriculum revisions and acknowledge receipt of program progress reports. 5/0/0

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

The Education/Licensing Committee met on January 8, 2014 and makes the following recommendations:

Continue Approval of Prelicensure Nursing Program
- Everest College Associate Degree Nursing Program
- Mission College Associate Degree (LVN to RN) Nursing Program
- Santa Monica College Associate Degree Nursing Program
- Solano Community College Associate Degree Nursing Program
- Southwestern College Associate Degree Nursing Program

No public comment.

MSC: Jackson/Phillips motion to approve the ELC recommendations as submitted for continued approval of prelicensure nursing program, continue approval of advanced practice nursing program, and approve major curriculum revision. 5/0/0

7.3 East Los Angeles College Associate Degree Nursing Program
Shelley Ward, NEC presented this report.

BACKGROUND:
Lurelean Gaines, RN, MSN, Program Director/Chairperson.
The program is being presented subsequent to the Board’s decision to Defer Action to Continue Approval of Prelicensure Nursing Program issued in September 2012, as recommended at the August 2012 Education and Licensing Committee meeting. Given that the routinely scheduled continuing approval visit for this program was conducted on October 7-8, 2013, this report will address both the status of the prior outstanding areas of non-compliance, and findings issued at the visit conducted in October 2013.

A non-routinely scheduled continuing approval visit was conducted in March 2012, to address NCLEX examination pass rates being below the required pass rate of 75% for two consecutive years, to follow-up on resolution of student concerns regarding a faculty member, and to address other NCLEX examination related issues. Consultants had also conducted a non-routinely scheduled interim visit in December 2011, and a scheduled interim visit in May 2010.

At the August 2012 ELC committee meeting, the program presented sufficient evidence of addressing two of the four findings of non-compliance that was issued during the March 2012 consultant visit. The two remaining areas of non-compliance were related to CCR Section 1425 – Faculty Qualifications and Changes, and to CCR Section 1426.1 – Preceptorship. Several faculty members needed to complete the remediation and reclassification process for teaching assignments to be consistent with their BRN faculty...
approval status. The program also needed to complete the curriculum revision process to discontinue the preceptorship course due to a sustained lack of available preceptors.

The program subsequently submitted progress reports to the assigned NEC conveying completion of faculty remediation/reclassification as required, prior to the routinely scheduled continuing approval visit conducted in October 2013. The program also completed the curriculum revision changes to discontinue the preceptorship course, as previously reported to the Board in October 2012. Therefore, the program was in compliance with all (4) prior CCR section regulation violations at the initiation of the October 2013 continuing approval visit.

Shelley Ward, NEC and Miyo Minato, SNEC conducted the scheduled continuing approval visit on October 7 & 8, 2013. The program was found to be in non-compliance with (5) CCR Section areas and (1) recommendation was given.

Non-Compliance (s):
CCR SECTION 1424(b)(1) - Administration/Organization - Program Evaluation
CCR SECTION 1424(d) - Administration/Organization - Sufficient Resources
CCR SECTION 1424(h) - Administration/Organization - Faculty Adequacy
CCR SECTION 1426(b) - Required Curriculum
CCR SECTION 1431 - Licensing Examination Pass Rate Standard

Recommendation:
CCR SECTION 1425.1(b) - Faculty Orientation

The program has a written plan for systematic evaluation of the total program that was updated and presented as a component of the progress report for a similar area of non-compliance identified during the program visit in 2012. Documentation presented in the program’s self-study report, or in program records during the October 2013 visit did not substantiate that the plan was being fully implemented as designed. This was particularly evident as related to determination of the program’s attrition rate, and data analysis related to NCLEX examination outcomes not meeting regulatory requirements in the last and in several prior academic years. Faculty also communicated a general lack of familiarity with the plan elements, and expressed the need to better understand how to develop, implement and evaluate the program. Students conveyed their perceptions that the Kaplan learning resources that have been added to the curriculum to improve NCLEX examination success as not useful.

The nursing building that houses the classrooms, nursing skill/simulation lab, and faculty offices has had a history of unresolved temperature regulation issues that impact the staff and students who use the building. This building is shared with other campus disciplines. There are areas that did not appear clean or generally maintained. Some clinical practice equipment is located in classrooms, and had equipment to be used for simulation that had not been installed in view. In speaking to staff and the program director the nursing building is viewed as a low priority for receiving campus maintenance/restoration services. Students complained that there are insufficient supplies to practice skills with when they are in the skills/simulation lab outside of scheduled class time. Consultants were informed that there is no specific budget allocated by the college to acquire supplies.
The program admits approximately 60 students twice a year. A total of (225) students were enrolled at the time of the visit (184 generic, 41 LVN). There were (6) full-time and (18) part-time faculty excluding the director position, which is designated as a 100% administrative position. One of the (6) full-time faculty members was on leave. Fifty-percent of the full-time faculty reported working in overload assignment time. Two part-time faculty were assigned as lead faculty for 2nd and 4th semester medical/surgical courses; and the director was teaching (3) courses at the time of the visit. The full-time faculty vacancies were created most recently by (2) retirements and (2) resignations. Three faculty that were already teaching in the program recently moved into full-time tenure track positions, and the program was successful in recruiting one external candidate (full-time). The program director identified that a minimum of (9) full-time faculty are needed to effectively implement the program. Budget reallocation to resume recruitment would also have to be reauthorized by administration and supported by the campus hiring committee.

The program's curriculum was reviewed via course syllabi, through tools and other modalities such as Moodle, a course management system that is available. Faculty have made minor adjustments over time, however the curriculum structure and content is not evidencing that it is preparing students with the knowledge, skills and abilities to function as competent registered nurses and for successful NCLEX examination outcomes. It also needs updating to be in compliance with all aspects for the focus of instructional outcomes stated in CCR Section 1426 (d). Program evaluation documentation has not been provided to validate that the existing curriculum is effective.

The program's NCLEX examination pass rates have been below 75% for (5) of the last (7) academic years. Results were at 62.28% in 2012-2013, and were at 54.17% in July-September 2013 (48 taken/26 passed) The program instituted changes such as modifying admission GPA, revising medication examination competency requirements and adopting the use of Kaplan integrated learning resources to address examination outcomes. Students have access to a live Kaplan NCLEX examination review course. Faculty are also working towards revision of other program policies and selected tools/rubrics that students are using.

NCLEX – RN examination results for first-time candidates in prior years were:

2011-2012 – 82.26%
2010-2011 – 69.05%
2009-2010 – 61.67%
2008-2009 – 74.77%
2007-2008 – 64.44%
2006-2007 – 75.68%

Several administrative changes have occurred at the college that impact the nursing program. The dean who was responsible for the ADN program at the time of the approval visit in 2012 has moved into a vice-president position at the college. Additionally, both the dean responsible for the nursing program and the college president assumed responsibility at the campus after the 2012 BRN visit.

Consultants met with the new Dean of Workforce Education and Economic Development with the program director present to review the history of BRN visits, and to explain the current defer continuing approval status designation, as well as the concerns about the
findings at this October 2013 visit. The dean expressed concern regarding the visit findings. Consultants explained that the program would need the assistance of college administration to remedy the areas of non-compliance.

NECs recommended that the program strongly consider hiring a consultant to assist with curriculum evaluation and revision, to consider the appointment of a 2nd assistant program director to serve as a facilitator to coordinate faculty responsibilities for curriculum revision and for the overall program evaluation processes, and to engage resources that may be needed for faculty education related to nursing-specific program evaluation. Consultants also recommended that the new dean personally conduct an inspection of the nursing building and consult with staff and faculty about resources needed in this setting for students and faculty, and to provide the support needed to continue full-time faculty recruitment efforts.

He commented on his commitment to communicate the issues to the college president and a willingness to work with the program director and other campus departments to address the issues.

Students were enthusiastic in recognition of the program director and faculty as reasons for selecting this program, and for the support they provide to students in this program. The director has been influential in continuing to secure grants and scholarships used for a variety of student tutoring and remediation services.

The East Lost Angles College (ELAC) nursing program has also joined with other partners implementing the collaborative model for nursing education with CSU Los Angeles. Eleven students from the program began and successfully completed the first quarter of the BSN program during the summer of 2013, and returned to resume the 3rd semester of the ADN program at ELAC.

The program submitted an initial progress report as requested to address the October 2013 visit findings, and communicated with the NEC on efforts in progress at the time this report was submitted to the Board.

Education/Licensing Committee recommendations of January 8, 2014:

- 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.
- 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.

No public comment.

MSC: Jackson/Mallei to accept ELC’s recommendations listed above. 5/0/0
BACKGROUND:

Carla Carter, MSN, M.Ed., RN was approved as the Program Director (PD) on 11/15/13 replacing former PD, Dr. M. Popoola (8/12/13-10/18/13). Dr. Mott, DNP, MSN, RN replaced Program Assistant Director (AD) Ms. Widman, MSN, RN (2/19/13-10/16/13) on 10/22/13. PD Ms. Carter has 100% (40 hrs/wk) administrative time and AD Dr. Mott has at least 20% (8 hrs/of 40 hrs/wk) assigned administrative time each quarter.

The program enrolled the first cohort in March 2012, the second cohort in September 2012 and third cohort in March 2013. Total program enrollment is 71 students: Cohort #1 (19), Cohort #2 (22), and Cohort #3 (30) students. A continuing 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 resulting in no acute care clinical placements for Cohort #1 to complete the required Adult Nursing II clinical hours in Summer 2013.

Detailed findings of the July 2013 continuing approval visit are described in the Education Licensing Committee (ELC) 8/7/13 meeting materials and the September 11, 2013 Board meeting reports. The July 2013 continuing approval visit findings included seven areas of non-compliance(s) and six areas of recommendations. The 7/13 summary Report of Findings is attached.

On September 11, 2013 (see attached Board action letter), the Board placed the program on Warning Status with Intent to Withdraw Program Approval, required the program to suspend enrollment indefinitely and submit evidence of full compliance with all nursing education regulations and statues by December 1, 2013. In October 2013, a minor curriculum change for Cohort #1 students authorizing re-sequencing of quarters 7, 8, and 9 nursing courses was approved so Cohort #1 students could continue to progress in the program given the October 2013 program leadership changes referenced above. The minor curriculum changes for Cohort #1 (only), moved the initially approved Quarter 7 Gerontology course to Quarter 8 (Winter 2013 quarter) to be taken along with the Quarter 8 OB/PEDS course and moved the Quarter 8 Nursing Roles II course to Quarter 9 to be taken along with the final nursing Capstone Advanced Med.Surg/Preceptorship (Spring 2014). Cohorts #2 and 3 with continue to follow the June 2011 approved nine quarters curriculum and course sequence for program completion.

ITTRC’s December 1, 2013 Program Compliance Report (PCR) pgs. 1-13 and the essential pertinent Exhibits/supporting evidence are attached to the agenda item summary and supporting Board documents. The complete set of ITTRC compliance evidence is available to committee and board members at the January and February 2014 meetings, but is not attached in its entirety because of the extensive nature and volume of evidence provided by the program. As required, program representatives will be in attendance for the ELC and full Board meetings when program information is presented.
The ITTRC’s December 2013 PCR and supporting documents provide sufficient evidence demonstrating correction of and full compliance in the seven areas of deficiencies identified in the July 2013 continuing approval report. Cohort #1 completed the required AN II clinical coursework at Doctors Medical Center and Sacramento Post-Acute Care by October 19, 2013 and then the Quarter 7 Psych/Mental Health coursework in a compressed instructional format by the end of the Fall 2013 quarter per the approved minor curriculum changes applicable to Cohort #1. In Fall 2013, Cohort #2 and Cohort #3 also completed the required program coursework on time without any identified difficulties.

ITTRC’s December 2013 Program Compliance Report (PCR) and supporting evidence shows ITTRC has secured the necessary acute care clinical placements at Sutter General and Sutter Memorial Hospitals and other clinical facilities to implement the program’s full course of instruction and clinical practice/learning including Nursing Fundamentals (CC I and II), Gero, Psych/MH, OB/PEDS, Medical Surgical Nursing (AN I and II), and Advanced Medical Surgical/Preceptorship Nursing Capstone clinical placements as listed below.

**Note:** The signed Sutter Health clinical agreement specifies clinical placements are available for the current 71 program students at Sutter General and Sutter Memorial Hospitals through the graduation of Cohort #3 students in mid-June 2015. A new agreement would need to be written and signed to accommodate any new program enrollment or other Sutter facility placements such as Sutter Roseville which ITTRC used in the past.

**For Winter 2013:** two Sutter Health acute care facilities (Sutter General and Sutter Memorial) and one LTC/Post-Acute Rehab facilities will provide placements for all three cohorts as described here and on the attached Exhibit 7b Winter 2013 Cohort 1, 2, and 3 schedules.

- Sacramento Post-Acute Care to be used for Cohort #1 (Gero G1,2) and Cohort #3 (CC II G1,2,3).
- Sutter General Hospital-new contract 11/1/13; for Cohort #2 (AN II M/S G1,2).
- Sutter Memorial Hospital-new contract 11/1/13; for Cohort #1 (OB/PEDS G1,2).

**Spring 2014:** Note: Cohort #1 students will graduate at the end of the Spring quarter in mid-June 2014.

- Sacramento Post-Acute Care Cohort #2 (Gero G1,2); Cohort #3 (ANI G1,2,3).
- Sierra Vista Cohort #2 (Psych/Mental Health G1,2).
- Sutter General Hospital for Cohort #1 (Adv. M/S/Preceptorship G1,2).
- Sutter Memorial Hospital Cohort #1 (Adv. M/S/Preceptorship G1,2).

**Summer 2014:** only Cohort #2 and #3 (52 students) will be in the program.

- Sutter Memorial Hospital Cohort #2 (OB/PEDS G1,2).
- Sutter General Hospital Cohort #3 (AN II M/S G1,2,3).

**Potential Back up/Alternative Clinical Sites Exhibit 7c as attached**
- Oak Valley Medical Center acute care medical surgical-2 hrs. from Sacramento in Oakdale (contract in place; no placements scheduled for the next three quarters).
• Delta Rehab Lodi (contract in place; approved for Gero; no placements scheduled).
• Asbury Park LTC/Rehab Sacramento area (contract in place; approved for CCI and II-nursing fundamentals; no placements scheduled).
• Western Slopes Health Center Placerville (contract in place; used from 5/13 thru Fall 2013; future placements for CCI pending BRN approval status per WS request).

Additional clinical site contacts made by new PD Carter and AD Dr. Mott (Oct-Dec 2013); no signed written agreements or definitive placement commitments secured.
• Doctors' Medical Center Acute Care Hospital and Cancer Center on 11/13/13; PCR pg.4.
• Dignity Health Acute Care on 11/7/13 and conference call 11/15/13; PCR pgs.4, 9.
• Marshall Acute Care Hospital on 12/3/13; PCR pg.4.

Summary of ITTRC PCR evidence in each area of Non-Compliance CCR 1420 (c), (h) PD/AD Insufficient/Ineffective coordination, direction .... per the July 7/13 BRN reports
• Refer to ITTRC PCR pgs.1-13; Binder Exhibits 1- 8 and 10-12a; this includes Cohort #1, 2, 3 Winter 2013 schedules as attached.
• A signed limited term clinical agreement with Sutter Memorial and General Hospitals (covering only current Cohort 1, 2, and 3 students thru June 2015) effective November 1, 2013. Binder Exhibit 3b.
• Winter 2013 and draft Spring and Summer 2014 clinical placement schedules included as Binder Exhibits 7a-b. These documents demonstrate availability of adequate clinical sites to implement the course of instruction for Cohorts 1,2, and 3 as needed.
• Fall 2013 Cohort #1 Sierra Vista (SV) Psych clinical rotations implemented effectively Binder Exhibits 4a. SV will be utilized again in Spring 2014.
• Fall 2013 Cohort #2 completed ANI at Sacramento Post-Acute Care and Cohort #3 completed CCI at Western Slopes. Overall, students and faculty rated these learning experiences as effective in meeting course learning outcomes. Binder Exhibits 4a-d 4.5 a-c.

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 pg.3 for details related to the timely effective communication by ITTRC PD/AD and other ITTRC/ITTESI representatives. Ongoing phone and email communications have also been 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.1-4; Binder Exhibits 3a, 4a, 7a-c for the detailed summary of the PD/AD management/administration of clinical affiliations, clinical site visits, etc. and success in securing required Winter 2013 clinical placements as well as working draft schedules for Spring and Summer 2014 clinical placements as needed.
CCR 1424 (b) (1) Total Program Evaluation per the 7/13 BRN visit reports:

- Refer to ITTRC PCR pgs.5-8 Binder Exhibits 4a-b, 5a-b. Includes raw data course evaluations for Fall 2013. PD and the program faculty have adopted the total program evaluation plan-Systematic Program Evaluation Plan (SPEP) Ms. Carter used at a previous ITT Associate Degree Nursing program with minor modifications in progress reflecting pertinent data collection intervals and benchmarks for ITTRC.
- Membership in the ITTRC Program Advisory Board (PAB) reviewed and augmented by PD Carter. The first meeting will occur 12/18/13 and outcomes reported thereafter.
- HESI NCLEX predictive testing processes, analysis/reporting/monitoring and student remediation activities are being completed as needed and on time.
- Fall 2013 course evaluation data was collected for all three program cohorts with markedly improved response rates; formal faculty analyses and action planning will occur in Winter 2013 through the appropriate program committees.

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.7-8 and Binder Exhibit 5a-5b as well as the Winter 2013 Cohort 1, 2, and 3 course schedules as attached.
- New 5 years program budget developed; adjustments to the 2015-17 budgets may occur based on student enrollment patterns moving forward with required BRN review and approval prior to adjustment.
- As of December 2013, program faculty includes a total of 9 full time and 3 part time/adjuncts plus the FT PD Ms. Carter. Nine faculty including PD are MSN prepared and the remaining four faculty are BSN prepared assistant instructors. The required faculty content experts and a schedule for program content expert reviews are in place. Appropriate “back up” faculty is identified and the PD continues to recruit/interview in all five specialty areas.

CCR 1425.1 (d) Clinically Competent Faculty per the 7/13 BRN visit reports

- Refer to ITTRC PCR pg.8 and Binder Exhibits 4b and 7b.
- Appropriate faculty competency re-validation completed by PD Ms. Carter and AD Dr. Mott on 11/19/13. PD/AD is conducting ongoing weekly clinical site visits as well as required faculty observational visits per submitted evidence.
- No faculty supervision or competence issues/concerns identified by PD/AD, clinical agency staff, program students or the NEC during Fall 2013. Should any future concerns or issues occur, PD Carter indicates immediate follow up and actions will be taken.

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.1-13, Exhibits 7b Winter 2013 schedules and Exhibit 7c as attached for secured OB, PEDS and Medical Surgical clinical placements.
Draft Spring/Summer 2014 clinical placement schedules included in Binder Exhibits 7b.

**ITTRC Program Compliance Report (PCR) evidence for Recommendations per the 7/13 BRN visit reports:** Please refer to ITTRC December 2013 PCR pgs.9-13 and Binder Exhibits 1-8b, and 10-12a for supporting evidence.

**Summary NEC Comments:**

- Accept ITTRC’s December 2013 Program Compliance Report (PCR) as providing sufficient evidence of correction of the seven areas of non-compliance and adequate progress in addressing the six recommendations with no other areas of non-compliance identified at this time.
- Acknowledge, new ITTRC program director, Ms. Carter (since 11/15/13) and program AD Dr. Mott (since 10/22/13), have demonstrated appropriate, effective, and timely program planning, implementation, evaluation activities and communication for the period 10/22/13-December 2013 (approximately 5-6 weeks).
- Validate the program has in place the adequate and appropriate program resources such as a program specific 5 years budget and adequate type and number of faculty including faculty content experts as of December 2013.
- Confirm necessary clinical sites at Sutter General, Sutter Memorial, Sacramento Post-Acute and Sierra Vista have been secured. These placements have the capacity to provide required clinical practice experiences to support the program’s full course of instruction including Nursing Fundamentals, Gero, Psych/Mental Health, OB, PEDS, Medical Surgical Nursing, and Advanced Medical Surgical/Preceptorship placements for all three existing program cohorts at this time.
- Note the current PD and AD are demonstrating appropriate actions to obtain additional and “back up” acute care clinical placements with Dignity Health, Marshall Hospital, and Doctors Medical Center although no signed agreements or such placements have been secured.
- Recognize in 2012-2013, ITTRC has not demonstrated a consistent, sustained pattern of program stability and full compliance with the nursing education statutes and regulations for a full quarter (12 weeks) or from quarter to quarter (Fall/Winter 2012, Spring 2013, Summer/Fall 2013) for several quarters. This fact is of significant importance and warrants careful consideration in making any immediate changes in the program’s current approval status per the September and November 2013 Board Action letters.

**Education/Licensing Committee recommendations of January 8, 2014:**

- 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 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.

No public comment.

MSC: Jackson/Klein to accept the ELC recommendations listed above. 5/0/0

7.5 Feasibility Study For Prelicensure Nursing Program
Carol Mackay, NEC presented this report.

➤ American Career College Associate Degree Nursing Program

BACKGROUND:
Ellen M. Lewis, MSN, RN, FAAN, is responsible for development of the proposed new Associate Degree Nursing (ADN) Program at American Career College (ACC). Her title is Director, Nursing, ADN Program. The American Career College Feasibility Study dated February 12, 2013, is the first feasibility study submitted by ACC. At the request of the BRN, additional information dated November 27, 2013 was received. 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
ACC is a private, for-profit, postsecondary education institution approved to operate in California since 1978. ACC consists of the Los Angeles main campus, the Orange County branch campus and the new Long Beach branch campus opened in February 2013. The proposed ADN program will be housed on the Los Angeles main campus.

ACC-LA campus has been located at 4021 Rosewood Avenue (Hwy 101 and Vermont Street) since 1989. This campus consists of a 50,000 square foot, three-story building which houses its existing programs.

ACC-LA campus currently offers 10 health related programs: Medical Assistant, Dental Assisting, Surgical Technology, Optical Dispensing, Massage Therapy, Respiratory Therapy, Pharmacy Technician, Vocational Nursing, Health Claims Examiner/Medical Billing, and Health Information Technology. The number of students admitted to these programs from July 1, 2011 to June 30, 2012 was approximately 1472 students. Upon successful completion of these programs, ACC awards a diploma to all the programs with the exception of the Surgical Technology program which awards an Associate of Science Degree.

ACC is approved to operate by the Bureau of Private Postsecondary Education (BPPE) and is accredited by the Accrediting Bureau of Health Education Schools (ABHES).
Both of these are valid through December 2017. ACC will submit an ADN program application to ABHES pending BRN approval of the Feasibility Study in January 2014. Once ABHES accreditation is obtained, notification to the BPPE will take place. ACC’s approval by the BPPE is by means of the ABHES accreditation. ACC plans to award an Associate of Science degree to ADN program graduates.

ACC maintains programmatic accreditation for several of its programs: Medical Assistant, Surgical Technology, and Pharmacy Technician. ACC also maintains state board approvals for the Vocational Nursing and Dental Assisting programs. All ACC programs are in good standing with all relevant state regulatory boards, and institutional and programmatic accrediting bodies.

The NCLEX-PN pass rates for graduates of ACC vocational nursing program for the past five years are: 2009-69% (N226), 2010-74% (N190), 2011-75% (N164), 2012-75% (N153), and 2013 to date-71% (136). The minimum pass rate standard used by the BRN to monitor how successful RN programs are in preparing graduates is 75%. ACC-LA has initiated an intensive remediation plan to improve its pass rates.

**Geographic Area**

The ACC-Feasibility Study (FS) includes an overview of the demographics for LA County, plus a description of its health care needs.

**Type of Program**

The proposed program will be a generic ADN program. ACC offers its programs on a year round basis with an academic term spanning 10-weeks. The ADN program will consist of eight (8) academic terms extending over 1.6 calendar years.

**Applicant Pool**

ACC has documented interest (internal student survey and telephone inquiries) in the proposed program by future applicants. ACC also has an active marketing program for attracting qualified applicants not accommodated by existing RN programs in the geographic area due to capacity limits. ACC is planning to admit 40 students in the initial student cohort September 2014. In 2015 and each subsequent year, a total of 120 students will be admitted with either four cohorts of 30 students or three cohorts of 40 students. ACC is still analyzing the cohort size.

The date for implementation of the proposed program is September 2014. ACC has been advised of the BRN recommendation of a two year time frame between approval of a college’s feasibility study by the BRN and the projected enrollment of the first student cohort. However, ACC is confident that the required resources and the self-study phase of the initial approval process will be finished by then.

**Curriculum**

ACC intends to offer all BRN required courses for the ADN program including all science and GE courses. The proposed curriculum consists of 97 academic quarter units: 41 prerequisite quarter units and 56 nursing quarter units (28 nursing theory and 28 of
clinical practice). The Feasibility Study includes a brief description of all the courses and the proposed course sequence.

Resources

The proposed program will be housed on the third floor of ACC’s existing building. This will involve a major renovation of the existing space. The ACC communication dated November 27, 2013 includes four Exhibits: ADN Program Space Plans Construction Schedule, Construction Budget, and Example of Faculty Work Station. The renovation timeline schedules completion for June 24, 2014.

ACC expects to hire and has budgeted for 47 faculty members: thirty-seven (37) nursing faculty and 11 GE and science faculty. Of the 37 nursing faculty, four will be full-time and the remainder part-time.

ACC has a full array of student support services in place. Staffing levels are projected annually during budget discussion. Each program is taken into account and the campus is staffed accordingly to meet the needs of each program and student population as a whole.

Budget

ACC has made a substantial financial commitment of $2,000,000 to program development. These funds, in addition to funds generated by existing programs, will support the costs of both the renovation and the budget line deficits for the first two years of operation of the proposed program. The tuition, books and fees for the length of the proposed program will be $64,950. It is anticipated that the program will be self-sufficient by year three of operation.

ACC sets aside a percentage of revenues from the entire college (across all campuses) on an annual basis specifically for new program development and unforeseen circumstances. In the event of an emergency, these funds are accessed to assist in sustaining a program until such time as the program is stabilized or a new strategy developed.

Clinical Placements

The ACC-FS documents clinical placements from a total of sixteen (16) health care facilities. There are signed Facility Verification Forms from all of these facilities. The majority of these facilities are acute care. These forms demonstrate availability of clinical placements in all BRN required clinical areas (MS, OB, Peds, Psych and Geri). In addition, there are acute care experiences in all of these areas. The instructor to student ratio in the clinical setting will be one to ten with the exception of the Advanced Medical/Surgical II clinical where a one to five ratio will be implemented.

Currently, the LA county area does not have a clinical placement consortium. The ACC Clinical Acquisition Team works with each facility to ensure that new program placements do not result in displacement of existing students.

Conclusion

The American Career College Feasibility Study meets all the BRN Feasibility Study requirements. Continuing areas of concern are: the history of average and substandard NCLEX-PN pass rates; the student enrollment plan; the short time period planned for the
self-study phase of the initial approval process; the curriculum course sequence; and the few full-time and the large number of part-time faculty planned to support the proposed program.

No public comment.

MSC: Jackson/Hayden-Pugh to accept ELC's recommendations of January 8, 2014, to accept the American Career College Feasibility Study with the revision of proposed enrollments reduced to a maximum number of 30 students admitted twice each year. And areas that need further development for the Self-Study document include full-time to part-time faculty ratio and securing adequate and appropriate clinical placements. 5/0/0

7.6 2012-2013 Annual School Survey Reports (Draft)
Julie Campbell-Warnock, Research Program Specialist presented this report.

BACKGROUND:
The BRN 2012-2013 Annual School Survey was conducted from October 1, 2013 to November 15, 2013. The survey was sent to all California pre-licensure nursing programs and was conducted on behalf of the BRN by the Research Center at the University of California, San Francisco. BRN and UCSF staff work each year with nursing program directors representing various prelicensure programs from around the state who review and edit the survey questions if needed. This allows the survey to be a current document that can be used to capture data on new and emerging trends.

The draft of the Annual School Reports includes data on new and continuing student enrollments, graduations, faculty, etc. from California pre-licensure nursing programs. There are two reports; one is a trend report which includes historical data for the past ten years on some of the more significant data and the second includes current year data from most all of the questions asked on the survey.

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.

<table>
<thead>
<tr>
<th>JURISDICTION</th>
<th>TOTAL TAKING TEST</th>
<th>PERCENT PASSED %</th>
</tr>
</thead>
<tbody>
<tr>
<td>California*</td>
<td>11,086</td>
<td>84.03</td>
</tr>
<tr>
<td>United States and Territories</td>
<td>155,095</td>
<td>83.04</td>
</tr>
</tbody>
</table>
CALIFORNIA NCLEX RESULTS – FIRST TIME CANDIDATES
By Quarters and Year January 1, 2013-December 31, 2013*

<table>
<thead>
<tr>
<th></th>
<th>1/01/13-3/31/13</th>
<th>4/01/13-6/30/13</th>
<th>7/01/13-9/30/13</th>
<th>10/01/13-12/31/13</th>
<th>1/1/13-12/31/13</th>
</tr>
</thead>
<tbody>
<tr>
<td># cand. % pass</td>
<td>3,748 90.90</td>
<td>2,335 83.00</td>
<td>4,057 81.69</td>
<td>946 69.45</td>
<td>11,086 84.03</td>
</tr>
</tbody>
</table>

*Includes (6), (3), (4) and (5) “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 (CCR1431) 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.
### California Board of Registered Nursing

**NCLEX-RN Pass Rates First Time Candidates**
Comparison of National US Educated and CAEducated Pass Rates

By Degree Type

#### Academic Year July 1, 2013-June 30, 2014

<table>
<thead>
<tr>
<th>Academic Year July 1-June 30</th>
<th>July-Sept #Tested</th>
<th>% Pass</th>
<th>Oct-Dec #Tested</th>
<th>% Pass</th>
<th>Jan-Mar #Tested</th>
<th>% Pass</th>
<th>April-June #Tested</th>
<th>% Pass</th>
<th>2013-2014 Cumulative Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>National US Educated- All degree types *</td>
<td>53,734</td>
<td>(80.7)</td>
<td>12,565</td>
<td>(69.0)</td>
<td>4,057</td>
<td>(81.6)</td>
<td>946</td>
<td>(69.4)</td>
<td>53,734</td>
</tr>
<tr>
<td>CA Educated- All degree types*</td>
<td>4,057</td>
<td>(81.6)</td>
<td>946</td>
<td>(69.4)</td>
<td>2,327</td>
<td>(83.3)</td>
<td></td>
<td>434</td>
<td>(67.0)</td>
</tr>
<tr>
<td>National-Associate Degree rates**</td>
<td>28,656</td>
<td>(79.5)</td>
<td>7,406</td>
<td>(64.8)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CA-Associate Degree rates**</td>
<td>2,327</td>
<td>(83.3)</td>
<td>434</td>
<td>(67.0)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>National-BSN+ELM rates**/***</td>
<td>23,710</td>
<td>(82.0)</td>
<td>4,880</td>
<td>(75.3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CA-BSN+ELM rates**/***</td>
<td>1,724</td>
<td>(79.4)</td>
<td>507</td>
<td>(71.4)</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

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

Note: This report includes quarter to quarter corrections NCSBN has made in data. April 1, 2013 the NCLEX RN Test Plan changed and the Passing Standard became 0.00 logit.

Source: National Council of State Boards Pass Rate Reports
Public comment received by Tricia Hunter, MN, RN, ANA/C.

No motion required.

7.8 Licensing Program Report
Christina Sprigg, Administration and Licensing Deputy Chief and Gina Sanchez, Licensing Program Manager presented this report.

BACKGROUND:
Program Update:
Staff:
Since our last Board update, we have hired a new Licensing Manager, Gina Sanchez. Gina has worked for the Department for 7 years most recently in the Human Resources department. Gina started with the BRN on December 23, 2013 and has jumped right in to learn all of the licensure processes as well as learning to use BreEZe. Gina has worked with staff to streamline pre-BreEZe application review processes to better flow with the new system. She continues to work with staff to improve the workflow within the unit.

The computer conversion to BreEZe was implemented on October 8, 2013. As with any new system, it will take time to work out the information technology issues along with the learning curve to train and retrain staff as we adjust our processes. Until these issues are worked out there will continue to be an increase in the time it takes to complete application evaluations when compared to our prior statistics.

The Licensing unit is currently processing fall graduate applications and applications received in early November. Due to the production time it takes to process a file since the implementation of BreEZe, the Licensing Unit has adjusted the US Evaluators processes to efficiently and systematically review applicant files in a timely manner. The Licensing unit continues to offer overtime to licensing staff to assist with the workload. During this time staff is able to process complete applicant files, creates files and attach incoming transcripts and other documents to already existing files. We continue to re-direct any available staff we have at our disposal to ensure the work is processed as timely as possible. The BRN executive staff has been in constant contact with the Department of Consumer Affairs’ (Department) administration and they have been very diligent in offering any resources available to assist us during this transition.

Currently all applicants that are made eligible to exam are successfully being transmitted to Pearson Vue. Since October the Board was experiencing severe technical difficulties with our transmissions and staff had to re-transmit the data one file at a time. This was a timely process that was causing a severe delay for already eligible students. The Department was aware of our trials and needs and has since resolved this issue. All applicants that were made eligible since we went live with BreEZe have now been successfully transmitted and each applicant was issued an authorization to test.

Issues:
These issues remain the same and were previously reported at the November Board Meeting.
• Applications are still being received from students who attended nursing programs in the Philippines beginning in 2004/2005 who do not complete the clinical cases, required as part of the curriculum, concurrently with the associated theoretical instruction. California Code of Regulations Section 1426 (d) requires that theory and clinical practice be concurrent in the following nursing areas: geriatrics, medical-surgical, mental health/psychiatric nursing, obstetrics and pediatrics.

Because the schools are aware of the issue, applicants previously found to not meet requirements are resending the same clinical case information; however, the dates have been changed so they appear to have been completed concurrently with the associate theoretical instruction.

• We are still receiving questionable transcripts and nursing licenses from the Cameroon, Philippines, Nigeria, Sierra Leone, and Armenia. We are routinely contacting nursing programs and asking if the applicant(s) attended the program. This is a lengthy process, but one we feel is necessary to have a level of assurance that the student(s) really attended the program.

• Another increasing problem is the receipt of multiple sets of documentation from the same nursing program for the same applicant. Each set contains different information; i.e., different hours of completed theoretical instruction and clinical practice. Because of the discrepancies we cannot always determine if the completed nursing program meets our education requirements.

• We are still receiving applications from students who attended on-line programs offering degrees based on work and/or life experiences. The student can receive a degree without ever speaking to an instructor, opening a book or attending classes. The degree can be awarded in as few as 7 days. A transcript for an applicant who completed one of these programs was sent from a company based in the United Arab Emirates.

• The Board has noticed an influx in applications from internationally educated applicants who currently reside in other states. Since California does not limit the amount of times an applicant can exam, they are relocating to California to continue reapplying to take the NCLEX-RN.

• The National Council of State Boards of Nursing (NCSBN) is developing an electronic International Nurse Manual for Boards of Nursing (BON). In addition, the NCSBN is creating an electronic manual for international nurses who are interested in being licensed in the U.S. The NCSBN has requested the BRN to participate on the International Task Force for information sharing purposes and to review the newly created manuals.

Public comment received by Audrey Berman, Dean of Nursing, Samuel Merritt University

No public comment and no motion required.
8.0 Report of the Legislative Committee
Erin Niemela, Chairperson

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

AB 809 was presented to the Board Members but no action was required.

No public comment.

8.2 Summary of Legislation Chaptered in 2013

A summary of the bills chaptered in 2013 has been compiled for review.

2013 Legislative Summary

During the two-year 2013-2014 Legislative Session, many bills of general interest to the Board, or those having potential impact on the administration of the Board, were followed. Although these bills address many subjects, each affects registered nursing in some way. In 2013, the Board followed twenty-five bills of which nine were signed into law by the Governor. One bill was vetoed, and one bill no longer applies. Because 2013 is the first year of a two-year session, the respective legislative bodies may act in 2014 on the fourteen bills that remain. The following is a brief description of some of the bills followed by the Board that were chaptered. Please refer to the bills themselves for more details. Unless otherwise stated, the statutes of 2013 became effective January 1, 2014.

AB 154 (Atkins)
Chapter 662, Statutes of 2013
Abortion

AB 154 allows nurse practitioners, nurse-midwives, and physician assistants who complete 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 authorizes a nurse practitioner, nurse-midwife, or physician assistant who already completed a specified training program and achieved clinical competency to continue to perform abortions by aspiration techniques. 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. The bill deletes references to a nonsurgical abortion and deletes the restrictions on assisting with abortion procedures.
AB 512 (Rendon)
Chapter 111, Statutes of 2013
Healing arts: licensure exemption

AB 512 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 (Salas)
Chapter 591, Statutes of 2013
Emergency medical services: civil liability

AB 633 prohibits an employer from having a policy of prohibiting an employee from providing voluntary emergency medical services, including cardiopulmonary resuscitation, in response to a medical emergency, except as specified. This bill states that these provisions do not impose any express or implied duty on an employer to train its employees regarding emergency medical services or cardiopulmonary resuscitation.

AB 1057 (Medina)
Chapter 693, Statutes of 2013
Professions and vocations: licenses: military service

AB 1057 requires, effective January 1, 2015, that each board within the Department of Consumer Affairs inquire in every application for licensure if the individual applying for licensure is serving in, or has previously served in, the military.

SB 271 (Hernandez, E.)
Chapter 384, Statutes of 2013
Associate Degree Nursing Scholarship Program

SB 271 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 Office of Statewide Health Planning and Development to post the Program’s statistics and updates on its Web site.
SB 352 (Pavley)
Chapter 286, Statutes of 2013
Medical assistants: supervision

SB 352 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 (DeSaulnier)
Chapter 400, Statutes of 2013
Controlled substances: reporting

SB 809 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. This bill requires, by January 1, 2016, or upon receipt of a federal Drug Enforcement Administration registration, specified health care practitioners and pharmacists to apply to the Department of Justice to obtain approval to access information stored on the Internet regarding the controlled substance history of a patient under their care.

No public comment.

MSC: Phillips/Klein to accept the Board of Registered Nursing’s Legislative Committee Summary of the Bills Chaptered in 2013. 5/0/0

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
Complaint Intake is fully staffed.
We are pleased to announce we have finally hired our first NEC to work with the Enforcement Division. She started on December 18, 2013. She began orientation and will continue to learn about the BRN and her duties in enforcement.

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

Enforcement management met with BRN fingerprint 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). There are approximately over 170,000 nurses where record of submission no longer exists in the DOJ system or no FBI result from 1990-June 2008. However, we are experiencing issues with the fingerprint interface with DOJ. BRN subject matter experts are working to resolve these issues with DCA BreEZa staff. It will be very difficult to have such a large group of licensees fingerprinted if we are having issues processing the results.

There is no delay entering complaints into BreEZe however we are experiencing a decrease in the number of applicant conviction complaints which may be as a result of the delays in fingerprint results in BreEZe.

Statistics
As of October 3, 2013, we received 2,408 complaints. The average time to close a complaint not referred to discipline went from 164 days in July 2012 to 125 days.

INVESTIGATIONS:

Staff
The southern California Investigation unit has two vacant investigator positions and is currently recruiting to fill the positions.

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 80 cases over one year old that have not been completed.

In January 2014, southern investigators will provide continuing education training with the Drug Enforcement Agency to RNs and law enforcement personnel.

A southern investigator continues to participate in the California Partnership to Improve Dementia Care. The most recent meeting attended via call in was on November 20, 2013. It is a working group and staff will continue to participate as needed.

Two investigators attended the second annual National Elder Abuse Symposium provided by the California District Attorney’s Association in Anaheim in December 2013. The investigators learned valuable information and made many new contacts.
The southern supervising investigator will provide the report writing module training at the January 2014 Enforcement Academy in Sacramento.

Statistics

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

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Total cases assigned</td>
<td>268</td>
<td>341</td>
<td>272</td>
<td>272</td>
<td>267</td>
<td>253</td>
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<tr>
<td>Total cases unassigned (pending)</td>
<td>135</td>
<td>136</td>
<td>123</td>
<td>117</td>
<td>72</td>
<td>104</td>
</tr>
<tr>
<td>Average days to case completion</td>
<td>293</td>
<td>311</td>
<td>261</td>
<td>272</td>
<td>238</td>
<td>292</td>
</tr>
<tr>
<td>Average cost per case</td>
<td>$4,223</td>
<td>$5,421</td>
<td>$3,215</td>
<td>$3,561</td>
<td>$3,028</td>
<td>$3,105</td>
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<tr>
<td>Cases closed</td>
<td>19</td>
<td>13</td>
<td>32</td>
<td>29</td>
<td>37</td>
<td>42</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total cases assigned</td>
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<td>279</td>
<td>270</td>
<td>256</td>
<td>252</td>
<td></td>
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<tr>
<td>Total cases unassigned (pending)</td>
<td>83</td>
<td>64</td>
<td>104</td>
<td>89</td>
<td>59</td>
<td></td>
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<tr>
<td>Average days to case completion</td>
<td>275</td>
<td>263</td>
<td>212</td>
<td>278</td>
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<tr>
<td>Average cost per case</td>
<td>$3,211</td>
<td>$3,194</td>
<td>$2,920</td>
<td>$3,447</td>
<td>$2,792</td>
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<tr>
<td>Cases closed</td>
<td>35</td>
<td>34</td>
<td>23</td>
<td>36</td>
<td>34</td>
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</tbody>
</table>

As of October 3, 2013, there were 598 DOI investigations pending.

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

No public comment and no motion required.

9.2 Discipline and Probation Update
Beth Scott, Discipline, Probation and Diversion Deputy Chief.

PROGRAM UPDATE

Staff

The Probation Unit is fully staffed with 6 monitors and one office technician (OT).

The Discipline Unit is staffed with five case analysts, two legal support analysts, and two OTs. We have filled our Staff Services Analyst (SSA) vacancy in cite and fine with an OT from our complaint intake unit. We still have an Associate Governmental Program Analyst (AGPA) vacancy in Cite and Fine that we hope to have filled within the next couple weeks. We have hired one seasonal staff for cite and fine; however, this person is currently assisting Diversion. We have also hired an additional seasonal staff for discipline and this position assists both probation and discipline. The discipline analyst that was working on the Breeze project part-time has now begun to slowly receive a case load.
Program – Discipline

There are 1,909 open discipline cases with an average case load per analyst at 382. There are approximately 2,098 (total reflects discipline & probation) cases at the AG’s office. These stats are based on October 2013 stats due to the inability to obtain accurate statistical information from the BreEZe system.

The limitations of the BreEZe system to provide reports have hindered our ability to identify our oldest cases and allow us to focus our attention to complete them.

The Legal Support Analyst began preparing default decision for the San Diego office effective January 1, 2014; therefore, the BRN now prepares all default decision.

Below reflects FY 2014 to present (July 1, 2013-January 26, 2014) decision statistic:

<table>
<thead>
<tr>
<th>Decisions Adopted by Board</th>
<th>772</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pending Processing by legal support staff</td>
<td>65</td>
</tr>
<tr>
<td>Accusations/ PTR served</td>
<td>892</td>
</tr>
</tbody>
</table>

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

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

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

Citation information below reflects FY2014 to present (July 1, 2013 – October 3, 2013).

<table>
<thead>
<tr>
<th>Number of citations issued</th>
<th>187</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total fines ordered</td>
<td>$96,075.00</td>
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<tr>
<td>Fines paid (amounts only include payments from fines issued in current fiscal year)</td>
<td>$62,778.00</td>
</tr>
<tr>
<td>Citations pending issuance</td>
<td>2000+</td>
</tr>
</tbody>
</table>

Statistics - Discipline

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

Program – Probation

The case load per probation monitor is approximately 134.

With the implementation of the Breeze program there has been a significant increase in processing times in the probation unit. It takes considerable more time to prepare and set up a file for monitoring; however, this may improve with staff becoming more comfortable with the system.
A significant issue with the BreEZe system for probation cases is the inability to retrieve reports; therefore, the manager must maintain an Excel spread sheet for probation cases. With the number of probationers and the monitoring of the cases, this is a very time consuming task. Comparisons are made on a weekly basis in order to ensure the information is correct.

The cost recovery on-line payment capability of the BreEZe system has been a beneficial feature for probationers and probation staff. Probationers can log into their information on-line to make payments to their cost recovery amount due which decreases that work load from the probation staff.

Two of the probation monitors, Don Walker and John Knowles presented the “Probation & Monitoring” module at the “Enforcement Academy” training conducted by DCA training unit, Solid during the week of January 13-17. The comments from the participants were very positive.

**Statistics – Probation**

Below are the statistics for the Probation program from July 1, 2013 to January 27, 2014. Since the beginning of October probation has received 152 new probationers with 31 probationers exiting the program.

<table>
<thead>
<tr>
<th>Probation Data</th>
<th>Numbers</th>
<th>% of Active</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>221</td>
<td>28%</td>
</tr>
<tr>
<td>Female</td>
<td>590</td>
<td>72%</td>
</tr>
<tr>
<td>Chemical Dependency</td>
<td>413</td>
<td>52%</td>
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<tr>
<td>Practice Case</td>
<td>215</td>
<td>27%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>2</td>
<td>0%</td>
</tr>
<tr>
<td>Conviction (Alcohol/Drug = 79)</td>
<td>181</td>
<td>21%</td>
</tr>
<tr>
<td>Advanced Certificates</td>
<td>81</td>
<td>9%</td>
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<tr>
<td>Southern California</td>
<td>425</td>
<td>52%</td>
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<tr>
<td>Northern California</td>
<td>371</td>
<td>45%</td>
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<tr>
<td>Talled at the AG</td>
<td>15</td>
<td>1%</td>
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<tr>
<td>Pending with AG/Board</td>
<td>93</td>
<td>11%</td>
</tr>
<tr>
<td>License Revoked YTD</td>
<td>16</td>
<td>1%</td>
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<tr>
<td>License Surrendered YTD</td>
<td>40</td>
<td>4%</td>
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<tr>
<td>Terminated YTD</td>
<td>13</td>
<td>1%</td>
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<tr>
<td>Completed YTD</td>
<td>68</td>
<td>8%</td>
</tr>
<tr>
<td><strong>Active in-state probationers</strong></td>
<td>811</td>
<td></td>
</tr>
<tr>
<td>Completed/Revoked/Terminated/Surrendered YTD</td>
<td>137</td>
<td></td>
</tr>
<tr>
<td>Tolled Probationers</td>
<td>240</td>
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<tr>
<td><strong>Active and Tolled Probationers</strong></td>
<td>1051</td>
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No public comment and no motion required.
9.3 Enforcement Statistics
Stacie Berumen, Assistant Executive Officer presented this report.

The following are the statistics for the Enforcement Division.
COMPLAINT INTAKE

<table>
<thead>
<tr>
<th></th>
<th>JUL-13</th>
<th>AUG-13</th>
<th>SEP-13</th>
<th>OCT-13</th>
<th>YTD</th>
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<tbody>
<tr>
<td>COMPLAINTS</td>
<td></td>
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<tr>
<td>RECEIVED</td>
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<td>496</td>
<td>399</td>
<td>25</td>
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<td>CLOSED W/O INV ASSIGNMENT</td>
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<td>67</td>
<td>64</td>
<td>13</td>
<td>191</td>
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<tr>
<td>ASSIGNED FOR INVESTIGATION</td>
<td>133</td>
<td>457</td>
<td>350</td>
<td>34</td>
<td>974</td>
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<td>AVG DAYS TO CLOSE OR ASSIGN</td>
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<td>47</td>
<td>10</td>
<td>21</td>
<td>28</td>
</tr>
<tr>
<td>PENDING</td>
<td>130</td>
<td>104</td>
<td>86</td>
<td>64</td>
<td>64</td>
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<td>CONVICTIONS/ARREST REPORTS</td>
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<td>509</td>
<td>284</td>
<td>54</td>
<td>1294</td>
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<td>518</td>
<td>357</td>
<td>41</td>
<td>1358</td>
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<td>11</td>
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<td>9</td>
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<tr>
<td>PENDING</td>
<td>89</td>
<td>80</td>
<td>7</td>
<td>20</td>
<td>20</td>
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<td>1005</td>
<td>683</td>
<td>79</td>
<td>2403</td>
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<td>84</td>
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<td>955</td>
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<tr>
<td>AVG DAYS TO CLOSE OR ASSIGN</td>
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<td>10</td>
<td>12</td>
<td>18</td>
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<tr>
<td>PENDING</td>
<td>219</td>
<td>184</td>
<td>93</td>
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### INVESTIGATIONS

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<td>658</td>
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<td>721</td>
<td>738</td>
<td>75</td>
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<tr>
<td>Assignments</td>
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<td>44</td>
<td>39</td>
<td>16</td>
<td>129</td>
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<td>22</td>
<td>35</td>
<td>43</td>
<td>5</td>
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<td>Average Days to Close</td>
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<td>505</td>
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<td>Up to 90 Days</td>
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<td>502</td>
<td>548</td>
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<td>1616</td>
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<td>91 to 180 Days</td>
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<td>55</td>
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<td>250</td>
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<td>1 to 2 Years</td>
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<td>112</td>
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<td>315</td>
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<tr>
<td>2 to 3 Years</td>
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<td>31</td>
<td>6</td>
<td>82</td>
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<tr>
<td>Over 3 Years</td>
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<td>22</td>
<td>23</td>
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<td>56</td>
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<td>162</td>
<td>114</td>
<td>196</td>
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ENFORCEMENT ACTIONS

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<th>SEP-13</th>
<th>OCT-13</th>
<th>YTD</th>
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<td>AG CASES</td>
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<td>AG CASES INITIATED</td>
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<td>SOIs/ACCUSATIONS</td>
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<td>SOIs FILED</td>
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<td>4</td>
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<td>24</td>
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<td></td>
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<tr>
<td>PROP/DEFLT DECISIONS</td>
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<td>1</td>
<td>0</td>
<td>9</td>
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<td>4</td>
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<td>15</td>
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<td>ACC DECISIONS/STIPS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PROP/DEFLT DECISIONS</td>
<td>61</td>
<td>50</td>
<td>48</td>
<td>0</td>
<td>159</td>
</tr>
<tr>
<td>STIPULATIONS</td>
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<td>45</td>
<td>41</td>
<td>9</td>
<td>140</td>
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<td>SOI DISCIPLINARY ORDERS</td>
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<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>SOI FINAL ORDERS (DEC/STIPS)</td>
<td>12</td>
<td>7</td>
<td>5</td>
<td>0</td>
<td>24</td>
</tr>
<tr>
<td>AVERAGE DAYS TO COMPLETE</td>
<td>600</td>
<td>690</td>
<td>644</td>
<td>0</td>
<td>636</td>
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<td>ACC DISCIPLINARY ORDERS</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACC FINAL ORDERS (DEC/STIPS)</td>
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<td>89</td>
<td>9</td>
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<tr>
<td>AVERAGE DAYS TO COMPLETE</td>
<td>699</td>
<td>686</td>
<td>671</td>
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<tr>
<td>TOTAL DISCIPLINARY ORDERS</td>
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<td></td>
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</tr>
<tr>
<td>TOTAL FINAL ORDERS (DEC/STIPS)</td>
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<td>102</td>
<td>94</td>
<td>9</td>
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<tr>
<td>TOTAL AVERAGE DAYS TO COMPLETE</td>
<td>689</td>
<td>686</td>
<td>670</td>
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<tr>
<td>TOTAL ORDERS AGING</td>
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<td></td>
<td></td>
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<tr>
<td>UP TO 90 DAYS</td>
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<td>181 DAYS TO 1 YEAR</td>
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<td>10</td>
<td>14</td>
<td>1</td>
<td>40</td>
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<tr>
<td>1 TO 2 YEARS</td>
<td>61</td>
<td>51</td>
<td>46</td>
<td>6</td>
<td>164</td>
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<tr>
<td>2 TO 3 YEARS</td>
<td>32</td>
<td>29</td>
<td>25</td>
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<td>85</td>
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<td>OVER 3 YEARS</td>
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<tr>
<td>SOIs WDRWN DSMSSD DCLND</td>
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<tr>
<td>SOIs WITHDRAWN</td>
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<tr>
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</tr>
<tr>
<td>SOIs DECLINED</td>
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<tr>
<td>ACCUSATIONS WDRWN DSMSSD DCLND</td>
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<td>AUG-13</td>
<td>SEP-13</td>
<td>OCT-13</td>
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<td>--------</td>
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<td>67</td>
<td>42</td>
<td>14</td>
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<td>AVERAGE DAYS TO COMPLETE</td>
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<td>427</td>
<td>476</td>
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<td>OTHER LEGAL ACTIONS</td>
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<tr>
<td>INTERIM SUSP ORDERS ISSUED</td>
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PERFORMANCE MEASURES

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<tr>
<th>Measure</th>
<th>Jul-13</th>
<th>Aug-13</th>
<th>Sep-13</th>
<th>Oct-13</th>
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<tr>
<td>PM1: COMPLAINTS VOLUME</td>
<td>189</td>
<td>496</td>
<td>399</td>
<td>25</td>
<td>1109</td>
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<td>PM1: CONV/ARREST RPRTS VOLUME</td>
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<td>284</td>
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<td>PM2: CYCLE TIME-INTAKE</td>
<td>10</td>
<td>29</td>
<td>10</td>
<td>12</td>
<td>18</td>
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<td>PM3: CYCLE TIME-NO DISCIPLINE</td>
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<td>162</td>
<td>114</td>
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<td>125</td>
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<td>PM4: CYCLE TIME-DISCIPLINE</td>
<td>689</td>
<td>648</td>
<td>663</td>
<td>603</td>
<td>666</td>
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</tbody>
</table>

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

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

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

PM4: CYCLE TIME-DISCIPLINE
Average Number of Days to complete the Enforcement process (Complaint Intake, Investigation, and Formal Discipline steps) for Cases Closed which had gone to the Formal Discipline step during the specified time period.
No public comment and no motion required.

9.4 **Diversion Program Update and Statistics**
Carol Stanford, Diversion Program Manager presented this report.

**BACKGROUND:**

**Program Update**
The Diversion Liaison Committee (DLC) was held on October 28, 2013, in Los Angeles, California. Louise Bailey, Executive Officer, representative chairs of the Diversion Evaluation Committees, representatives of the Nurse Support Groups, north and south, the case managers and Program Director of the Maximus contractor, Beth Scott, the Deputy Chief, Sheila Granby, the Probation Program Manager, Carol Stanford the Diversion Program Manager and Diversion Program Staff attended the committee meeting. The meeting is usually held annually allowing pertinent decisions to be made to enhance the Diversion Program. Current information regarding trends and changes related to the program were disseminated. Presentations and training were provided by Dr. Stephen Grinstead and Dr. James Ferguson. Dr. Grinstead has authored several books regarding addiction, has a master’s degree in Counseling Psychology, is a Licensed Marriage and Family Therapist, a California Certified Alcohol and Drug Counselor and has a Doctorate in Addictive Disorders. Dr. Ferguson is a Doctor of Osteopathy and is certified by the National Board of Osteopathic Examiners, the American Society of Addiction Medicine and the Medical Review Officer (MRO) Certification Council. He is the Director of the MRO Certification Council and Course Director for the American Society of Addiction Medicine Comprehensive MRO training program.

Dr. Grinstead’s training on the “Inner Saboteur,” dealt with the denial process that is inherent in the disease of addiction, provided information and another tool for the program to use when aiding nurses suffering from a substance use disorder and/or mental illness. Dr. Ferguson is the Medical Review Officer for First Lab and provided information regarding the role of the MRO and Lab Testing Updates as it relates to testing participants in the program. Both presentations were very informative and are available upon request.

DEC Member Orientation was held on October 29, 2013, in Los Angeles, California. The new DEC members were informed of their responsibilities regarding public protection and instructed regarding the requirements and their obligations to the BRN and the registered nurses who enter the program. Dr. Grinstead and Dr. Ferguson provided similar training to the new DEC members.

The healthcare professionals and staff who attended and participated in these meetings are commended for their continued dedication to the field of addiction and mental health.

The Diversion Program Manager, Carol Stanford, and the Maximus Director, Virginia Matthews, provided educational Diversion Program presentations to hospitals in the San Dimas area and to the SEIU Nursing association. Both presentations were well attended and attendees indicated they appreciated the opportunity to learn about the Diversion Program and its role in public protection.
**Contractor Update**
The Diversion Program Manager and staff are diligently working to develop a new Request for Proposal (RFP) for the new Diversion Program contract on the Diversion Program Committee, DPC. Upon completion, the RFP will be available for interested parties on the Department of General Services Web site at www.dgs.ca.gov.

**Diversion Evaluation Committees (DEC)**
There are currently two vacancies at this time: two physician positions. Staff has interviewed two physicians to fill these final two vacancies. Applications are included in today’s materials for your review and approval.

**Statistics**
The following is the Statistical Summary Report for November. As of November 30, 2013, there were 1,830 successful completions.
# BOARD OF REGISTERED NURSING
## DIVERSION PROGRAM
### STATISTICAL SUMMARY
September 1, 2013 - November 30, 2013

<table>
<thead>
<tr>
<th>INTAKES COMPLETED</th>
<th>CURRENT MONTHS</th>
<th>YEAR TO DATE (FY)</th>
<th>PROGRAM TO DATE</th>
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<tr>
<td></td>
<td>26</td>
<td>59</td>
<td>4,723</td>
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<th>INTAKE INFORMATION</th>
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<tr>
<td>Female</td>
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<td>50</td>
<td>3,700</td>
</tr>
<tr>
<td>Male</td>
<td>4</td>
<td>9</td>
<td>996</td>
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<td>Unknown</td>
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<td>0</td>
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<tr>
<td>Average Age</td>
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<tr>
<td>Most Common Worksite</td>
<td>Unemployed/Hospital</td>
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<tr>
<td>Most Common Specialty</td>
<td>ER/Critical Care</td>
<td></td>
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<tr>
<td>Most Common Substance Abused</td>
<td>Alcohol/Norco</td>
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<table>
<thead>
<tr>
<th>PRESENTING PROBLEM AT INTAKE</th>
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<tr>
<td>Substance Abuse (only)</td>
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<td>3,009</td>
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<td>Mental Illness (only)</td>
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<tr>
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<td>Board</td>
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<td>46</td>
<td>3,437</td>
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<tr>
<td>Self</td>
<td>12</td>
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*May change after Intake

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<tr>
<th>ETHNICITY (IF KNOWN) AT INTAKE</th>
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<tr>
<td>American Indian/Alaska Native</td>
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<td>34</td>
</tr>
<tr>
<td>Asian/Asian Indian</td>
<td>3</td>
<td>3</td>
<td>105</td>
</tr>
<tr>
<td>African American</td>
<td>2</td>
<td>2</td>
<td>149</td>
</tr>
<tr>
<td>Hispanic</td>
<td>2</td>
<td>2</td>
<td>191</td>
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<tr>
<td>Native Hawaiian/Pacific Islander</td>
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<td>1</td>
<td>21</td>
</tr>
<tr>
<td>Caucasian</td>
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<td>3,891</td>
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<td>Other</td>
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<tr>
<td>Not Reported</td>
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<th>CLOSURES</th>
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<td>Successful Completion</td>
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<td>1,830</td>
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<tr>
<td>Failure to Comply</td>
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<td>Moved to Another State</td>
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<tr>
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<tr>
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<td>Client Expired</td>
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<td>Sent to Board Pre-DEC</td>
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<td>TOTAL CLOSURES</td>
<td>43</td>
<td>77</td>
<td>4,140</td>
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NUMBER OF PARTICIPANTS: 456 (as of November 30, 2013)
No public comment and no motion required.

9.4.1 Diversion Evaluation Committee Members
Carol Stanford, Diversion Program Manager 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.

APPOINTMENTS

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

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<thead>
<tr>
<th>NAME</th>
<th>TITLE</th>
<th>DEC</th>
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<tbody>
<tr>
<td>David Smith</td>
<td>Physician</td>
<td>San Jose</td>
<td>7</td>
</tr>
<tr>
<td>Jeremy Martinez</td>
<td>Physician</td>
<td>Ontario</td>
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</tr>
</tbody>
</table>

No public comment.

MSC: Klein/Phillips to accept the candidate appointments of David Smith and Jeremy Martinez. 5/0/0

9.5 Update: “Uniform Standards Regarding Substance-Abusing Healing Arts Licensees” – Business and Professions Code, Section 315 et seq
Stacie Berumen, Assistant Executive Officer presented this report.

BACKGROUND:
As directed by the Board at its November 2013 meeting, staff is conducting a comparative analysis of the Uniform Standards, Diversion Program, and Probation Program, including the potential fiscal impact. Staff has met with Legal Counsel to discuss a number of issues related to Uniform Standards, including the specific recommendations from Doreatha Johnson, Deputy Director, DCA Legal Affairs. Legal Counsel advises that 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 at the Committee at its March 2014 meeting.

No public comment and no motion required.

10.0 Report of the Nursing Practice Committee
Trande Phillips, RN, Chairperson
10.1 Information and Discussion:
Nurse Practitioner Laws and Regulations – Title 16 of the California Code of Regulations, Article 8, Sections 1480 – 1484; Nursing Education Consultant APRN (Advanced Practice Registered Nurse) Workgroup suggested updating and revising of current regulations. Janette Wackerly, Supervising NEC presented this report.

BACKGROUND:
The BRN staff APRN workgroup has continued review of BRN regulations; Article 8 Nurse Practitioners Laws and Regulations; the NCSBN Model Act; and language implemented in other states.

These materials were presented at the January 8, 2014 committee meeting.

1. California Action Coalition Letter of 10-1-2013
2. California Association of Certified Nurse Specialists Letter of 1-6-2014
3. American Association of Retired Persons Letter of 1-7-2014
4. Samuel Merritt University Letter 1-8-2014
5. California Action Coalition Letter of 1-16-2014

California Nursing Association has requested the materials presented at the January 8, 2014 Nursing Practice Committee meeting have their sources noted in footnotes. This will be completed in time for the March 5, 2014 Nursing Practice Committee meeting. The packet of materials for that meeting will be made available online 10 days prior to the actual meeting date.

Public comment received by Kelly Green, CNA.

No motion required.

10.2 Approve/not approve advisory statement for Registered Nursing: Nurse Practitioner and Certified Nurse Midwife
1. Nurse Practitioner and Certified Nurse Midwife Advisory
   a. Supervision of Medical Assistants
      Janette Wackerly, Supervising NEC presented this report.

BACKGROUND:
New legislation for Medical Assistants Impacting Nurse Practitioners and Certified Nurse-Midwives

This bill has gone through several revisions and now includes definition changes as well.

Recent legislation (Senate Bill 352; Chapter 286) enacted September 9, 2013, deletes the requirement that services performed by a medical assistant be in a specified clinic when under the specific authorization of a physician assistant, nurse practitioner, or certified nurse-midwife. Written instructions by the licensed physician and surgeon or podiatrist may provide that the supervisory function for the medical assistant for tasks or supportive services be delegated in a standardized procedure to the nurse practitioner or certified nurse-midwife. Medical Assistant tasks may be performed when the supervising
The legislation amends Section 2069 of the Business and Professions Code and uses the following definitions which are summarized here:

“Medical assistant” means a person at least 18 years of age who may be unlicensed and performs basic administrative, clerical, and technical support services under the supervision for a licensed physician and surgeon, a licensed podiatrist, physician assistant, nurse practitioner, or certified nurse-midwife, and has had at least the minimum amount of hours of appropriate training established by the Medical Board of California. The medical assistant shall be issued a certificate indicating satisfactory completion of the required training and copies must be retained by the employer.

“Specific authorization” means a specific written 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 authorizing the procedures to be performed on a patient, the duration of which shall be consistent with accepted medical practice. The specific written or standard order shall be placed in the patient’s medical record.

“Supervision” means the supervision of procedures authorized by a licensed physician and surgeon, a licensed podiatrist, a physician assistant, nurse practitioner, or certified nurse-midwife, within the scope of their respective practices, who shall be physically present in the treatment facility during the performance of those procedures.

“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.

For additional information and specific legislative language regarding this new legislation please see the following website:
http://www.leginfo.ca.gov/cgi-bin/postquery?bill_number=sb_352&sess=CUR&house=B&author=pavley_<pavley>

No public comment.

MSC: Jackson/Klein to approve advisory statement for Registered Nursing: Nurse Practitioner and Certified Nurse Midwife and new legislation about Medical Assistants.
5/0/0
10.3 Nurse Practitioners with Multiple Specialties

1. Breeze tracking system ability to track multiple specialties

Janette Wackerly, Supervising NEC presented this report.

BACKGROUND:

The Board of Registered Nursing is receiving inquiries from certified Nurse Practitioners (NPs) who have returned to school and completed an academic program, usually a post-master’s program, in an additional specialized area. These NPs are requesting recognition in all of their specialties. The prior Applicant Tracking System would not accommodate more than one specialty; however, the current BreEZe System will accommodate multiple specialties.

Previously, the Board has asked only for evidence of national certification as a NP in the additional specialty. This document was added to the existing NP application; however, it could not be added to the CAS (Teale) system. The only way a prospective employer would know a NP was able to practice in a particular specialty was to contact the Board. Staff would pull the NP application to ensure documentation of the additional specialty had been provided.

To provide consistency, we are recommending the Board require any NP wanting an additional specialty added to their existing certification be required to submit the following documentation:

- A written request from the Nurse Practitioner
- Evidence of certification from a national organization/association (a list of accepted organizations/associations is available on the Board’s website)
- An official transcript from the school reflecting completed course work and if applicable, the degree and degree conferral date.

When verifying a NP certification on the Board’s website, the specialties would be listed under “Qualification.”

License Number: 
Name: 
License Type: Nurse Practitioner
License Status: 
Qualification: FAMILY NURSE PRACTITIONER
Expiration Date: 
Original Issuance Date: 
Current Date: 

Public comment received by Linda Walsh, President-elect, CNMA

MSC: Phillips/Klein to approve the Breeze tracking system ability to track multiple specialties. 5/0/0
11.0 Public Comment for Items Not on the Agenda

No public comment.

The meeting adjourned at 2:09 pm.

Louise Bailey, M.Ed., RN  
Executive Officer

Raymond Mallel  
President