

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

DATE: November 19-20, 2014

LOCATION: Hilton Garden Inn San Francisco/Oakland Bay Bridge
1800 Powell Street
Emeryville, CA 94608

PRESENT: Raymond Mallel, President
Michael D. Jackson, MSN, RN, Vice President
Cynthia Klein, RN
Beverly Hayden-Pugh, MA, RN (absent 11/20)
Elizabeth A. Woods, MSN, FNP, RN
Trande Phillips, RN
Jeanette Dong

NOT PRESENT: Imelda Ceja-Butkiewicz
Erin Niemela

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

Wednesday, November 19, 2014 – 9:00 am

1.0 Call to Order – Raymond Mallel, President called the meeting to order at 9:03 am and had the members introduce themselves.

2.0 Public Comment for Items Not on the Agenda

No public comment.

3.0 Disciplinary Matters:

<u>Reinstatements</u>	<u>Early Termination/Modification of Probation</u>
Erika Fiske Rosemarie Guillen Karla Knapp	Mandy DeMedeiros Leslie Fitzgerald Stacy Holt Valeria Hudnall April Moshauer Lavon Stewart

Meeting adjourned at 12:40 pm.

4.0 Closed Session

Disciplinary Matters

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

5.0 Adjournment

Raymond Mallel, President, called the closed session meeting to order at 1:49 pm. The closed session adjourned at 5:35 pm.

Thursday, November 20, 2014 – 9:00 am

1.0 Call to Order

Raymond Mallel, President, called the meeting to order at 9:16 am and had the Board Members introduce themselves.

2.0 Public Comment for Items Not on the Agenda

No public comment.

3.0 Review and Approve Minutes:

- September 17-18, 2014, Board Meeting Minutes
- October 8, 2014, Board Meeting (Discipline) Minutes

No public comment.

MSC: MJ/TP that the Board approve the Minutes from September 17-18, 2014, Board Meeting and the October 8, 2014, Board Meeting (Discipline). 6/0/0

4.0 Report on Board Members' Activities

No Board Members' 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.

6.0 Report of the Administrative Committee

Raymond Mallel, President, Chairperson

7.0 Report of the Education/Licensing Committee

Michael Jackson, MSN, RN, Chairperson

7.1 Vote On Whether To Ratify Minor Curriculum Revision

BACKGROUND:

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

Minor Curriculum revisions include the following categories:

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

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

- Biola University Baccalaureate Degree Nursing Program
- Loma Linda University Baccalaureate Degree Nursing Program
- Bakersfield College Associate Degree Nursing Program
- Los Angeles Trade Technical College Associate Degree Nursing Program
- San Joaquin Valley College Associate Degree Nursing Program

Acknowledge Receipt of Program Progress Report:

- California Baptist University Baccalaureate Degree Nursing Program
- Concordia University, Irvine Baccalaureate Degree Nursing Program
- Holy Names University LVN to RN Baccalaureate Degree Nursing Program
- Carrington College LVN to RN Associate Degree Nursing Program

- Southwestern College Associate Degree Nursing Program

No public comment.

MSC: RM/JD to ratify minor curriculum revision and acknowledge receipt of Program Progress Report. 6/0/0

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

Leslie Moody, NEC presented this report.

- A. Continue Approval of Prelicensure Nursing Program
 - American University of Health Sciences Baccalaureate Degree Nursing Program
 - De Anza College Associate Degree Nursing Program
- B. Approve Major Curriculum Revision
 - University of San Francisco Baccalaureate Degree Nursing Program
 - Antelope Valley College Associate Degree Nursing Program
 - East Los Angeles College Associate Degree Nursing Program
 - Santa Rosa Junior College Associate Degree Nursing Program

No public comment.

MSC: MJ/RM to approve Education/Licensing Sub-Committee recommendations listed on Agenda Item 7.2 – A & B. 6/0/0

7.3 Vote On Whether To Change Warning Status With Intent To Withdraw Approval For San Joaquin Valley College Associate Degree Nursing Program

Susan Engle, NEC presented this report.

BACKGROUND:

Dr. Janine Spencer, SJVC nursing program director, has submitted a request to remove the program from warning status and to enroll thirty-six (36) LVN-RN students.

The Board, at its November 6, 2013 meeting, placed San Joaquin Valley College nursing program on “Warning Status with Intent to Withdraw Program Approval” and to “restrict program admissions to twenty-four (24) LVN-RN students January 2014 until the program’s December 2013 LVN-RN students NCLEX-RN results are available and found to be at or above the minimum pass rate of 75%.” The finding for the December 2013 LVN-RN NCLEX-RN pass rate is 70.8% (24 taken). This pass rate is not in compliance with the Board action.

The program restricted enrollment of the LVN-RN students January 2014 to twenty-four (24). The program implemented a Board approved major curriculum revision in January 2014 which was purposefully developed with a focus on improving outcomes for the LVN-RN cohort. The impact of the curriculum revision will not be evident until the January 2014 LVN-RN students graduate December 2014 and have taken the NCLEX exam in 2015.

The program has received ongoing consultation from the NEC assigned to the program. On April 9, 2014 Kelly McHan and I met with Dr. Spencer, program director; Kathy Defede, assistant director; Donald Wright, Campus Director; Greg Osborn, Director of Corporate Compliance at which time the program's NCLEX pass rate and the BRN standard were discussed. On September 15, 2014 I spoke with Dr. Spencer and Greg Osborn. Dr. Spencer and Greg Osborn are aware of the Board's action for the LVN-RN December 2013 graduates NCLEX pass rate requirement.

Background information

Initial program approval was granted for an LVN-RN program in 2005 and in June 2008 approval was granted for a generic program. A regularly scheduled continuing approval visit was conducted in October 2011 resulting in findings of noncompliance in six areas, including CCR Section 1431. Licensing Examination Pass Rate Standard which requires a minimum performance of 75% pass for first time NCLEX-RN test-takers, with the program's performance 2010/11 53.95%. By April 2012 all areas of noncompliance were resolved with the exception of the NCLEX-RN pass rate which continued to be substandard with 2011-2 pass rate of 60.29%.

A progress report was presented at the October 2013 Education/Licensing Committee meeting which identified that the program had conducted an analysis and identified that it was primarily the LVN-RN students experiencing difficulty with NCLEX-RN passing. Corrective measures were implemented but LVN-RN NCLEX-RN performance had not yet achieved minimum performance threshold. Consequently, on November 6, 2013, the Board placed the program on Warning Status with Intent to Withdraw Program Approval and restricted program admission of LVN-RN students to only one additional LVN-RN cohort limited to twenty-four (24) students in January 2014 with no further additional enrollment of LVN-RN students until NCLEX-RN results of LVN-RN cohort graduating December 2013 are available and found to be at or above the minimum pass rate of 75%.

No public comment.

MSC: MJ/TP voted to grant continuing approval to San Joaquin Valley College Associate Degree Nursing Program with LVN-RN student enrollment limited to twenty-four (24) per year. 6/0/0

7.4 Vote On Whether To Grant Initial Approval Of Prelicensure Nursing Program To American Career College Associate Degree Nursing Program

BACKGROUND:

Ellen M. Lewis, MSN, RN, FAAN is the Program Director.

An initial program approval site visit for the American Career College Associate Degree in Nursing program at the Los Angeles campus location was conducted on August 5, 2014 by Shelley Ward, NEC. The feasibility study for the proposed program was accepted by the Board at the February 6, 2014 meeting. The program was found to be in compliance with the Board's rules and regulations.

American Career College (ACC) was incorporated in California on January 11, 1978. ACC is a private post-secondary institution and is approved by way of accreditation (institutional) to operate and offer Associate Degree programs by the State of California's Bureau for Private Postsecondary Education (BPPE). ACC has been accredited by the Accrediting Bureau of Health Education Schools (ABHES) since 1982, and accreditation is granted through December 2017. The college offers both diploma and associate degree programs in twelve (12) specialized allied health disciplines, in which programmatic accreditation when applicable, is maintained and is in good standing. American Career College has locations in Los Angeles, Orange County, Long Beach, Lynwood (at St. Francis Medical Center) and Ontario. The college offers a vocational nursing education program. The college has provided notification to both ABHES and to BPPE regarding the establishment of the ADN program.

The Los Angeles campus of American Career College is located in a three story building with 50,000 square feet of space. The third floor had 4,500 square feet renovated to accommodate the ADN program. The space on this level in part includes: two classrooms (40 plus seats) with smart technology and two with (12 seats) designed specifically for the ADN program, Anatomy/Physiology Lab, Nursing Skills Lab (7- Beds with static, low mid-fidelity manikins), Simulation lab (2- suites/ debriefing area) with high-fidelity manikin's (SimMan, SimMom, SimNewborn), and hospital equipment to simulate settings for adult, obstetric/newborn patient care. The campus is Wifi capable and students have access to library databases and resources specific to the ADN program both on and off campus via the Internet.

A Student Resource Center is available at the college with access to services such as academic/nursing program counseling, admissions, registrar, financial aid and assistance with life related issues. A Career Services department is available to students. Program tuition includes a tablet/laptop computer, textbooks, uniforms and supplies, fingerprinting /background checks, physical exams, licensing fee, and the complete HESI review and testing products.

The program director (9/16/13), program assistant director (7/28/14) and program assistant are hired (4/2014). The program intends to hire (5) full-time faculty (theory & clinical instructors/content experts) and (8) part-time nursing faculty beginning in August 2014 for the first two years (2 cohorts) of ADN program. Full-time nursing faculty position # (1)- Med./Surg., # (2)- Gero- Med./Surg, # (3) OB/ Peds, #4 MH/psychiatric , #5 Med./Surg. The part-time nursing faculty are planned to provide clinical instruction. The ADN program director is also responsible for the recruitment/hiring of science course faculty (Anatomy, Physiology, Microbiology), a Retention Specialist (1.0 FTE), and the Skills/Simulation Lab Coordinator (1.0 FTE). A faculty hiring and staffing plan based on the enrollment of (30) students twice a year for the first two years of the program has been generated. The program intends to initiate the program with generic student enrollment (February 2015 and September 2015).

The generic ADN program curriculum is intended to be completed in (20) continuous months (1.6 years), and includes the content required for licensure and college degree requirements. It is designed to offer an Associate of Science in Nursing Degree upon program completion. The curriculum is conducted in a 10-week quarter system. The program is completed in (8) quarters (terms) each lasting 10- weeks. Each term has (12) quarter units of instruction except term one which has (13) quarter units. Total Units For Licensure = (93) quarter units. Total

Units For Graduation = (97) quarter units. Clinical nursing courses begin in quarter/term (2) and continue in each term until program completion. The curriculum plan has (3) levels of critical competencies; Level I- Beginning, Level II – Intermediate and Level III Advanced.

The nursing process used together with Dorothea Orem's Theory of Self- Care serve as the basis of the curriculum's unifying theme. Quality and Safety Education for Nurses (QSEN) Competencies are imbedded in the curriculum. Teaching Strategy for theory courses uses a blended delivery method to include classroom and online lectures intended to enhance student engagement. The use of clinical simulation is included in the curriculum design.

The college has (19) clinical sites that have signed Facility Verification Forms (EDP-I-01) and clinical affiliation agreements for the proposed ADN Program. Based on the information in the Facility Verification Forms the ADN program will have access to the following nursing areas for clinical practice when the program is initiated:

Med./Surg. Acute/Long Term Acute- (8) facilities

Obstetrics: (5) facilities

Pediatrics (6) facilities

Mental Health/ Psychiatric: (3) facilities – (in/out-patient)

Geriatrics: (5) facilities; (2) Acute care, (3) community- based). NEC conducted site visits on 8/8/14 to (6) clinical facilities and on 9/5 to (5) clinical agencies the program intends to use.

Some new facilities have replaced agencies presented in the feasibility study in part related to changes in the organizational structure at certain facilities.

During site visits clinical facility representatives expressed that satisfaction with other American Career College education programs as being a factor in deciding to accept the ADN program students, and that adding the students would not displace other R.N. program students

NCLEX/PN First-Time Pass Rates for the Los Angeles campus are:

2010- 74% (190 tested)

2011 – 75% (164 tested)

2012 – 75% 153 (tested)

2013 – 72% (195 tested)

The ADN program will have a full-time retention specialist with similar qualifications as nursing faculty to promote student success and anticipates future enrollment of LVN-ADN curriculum option students.

Public comment received by Elsa Monroe, RN.

MSC: MJ/EW voted to grant initial approval for American Career College, Associate Degree Nursing Program, Los Angeles campus with enrollment of thirty students twice per year. 5/0/1

7.5 Vote On Whether to Consider Change In Current Defer Action Status Of ITT Technical Institute, Rancho Cordova Breckinridge School Of Nursing Associate Degree Nursing Program

Katie Daugherty, NEC presented this report.

BACKGROUND:

Ms. Diana Johnston, MSN, RN, is the program's current and fifth approved program Assistant Director (AD), effective 10/31/14. Ms. Johnston is the program's administrative representative in attendance in the absence of the program having a qualified experienced BRN approved Program Director (PD) per CCR 1420(h) in place.

The program is being presented at this Board meeting due to the significant and substantive fifth set of program leadership changes occurring effective October 2014. Namely, the resignation of the Program Director (PD) #5 effective October 6, 2014 and the resignation of program Assistant Director (AD) #4 effective October 31, 2014.

This most recent set of program leadership changes is indicative of a troubling nearly two year persistent pattern of program leadership instability. It should also be noted these ongoing program leadership changes are more than likely having a significant and adverse impact on the program's ability to secure the necessary signed clinical agreements and clinical placements for OB, Peds, and Advanced Medical-Surgical/Preceptorships comparable to those in place at the time of initial program approval and in effect under the limited term clinical agreement with Sutter Health that expires mid-June 2015 when Cohort #3 completes the program. As of now the program has been unable to secure those needed resources to deliver the program to future program students.

Summary of Program Director changes to date:

- PD#1 3/10-12/12 feasibility study acceptance, initial approval, C1, C2 enrollment
- PD#2 12/12-4/13 C1, C2, C3
- PD#3 4/13-7/13 C1, C2, C3
- PD#4 8/13-10/13 C1,2, C3
- PD#5 11/13-10/14 C1, C2, C3; C1 grad. 6/14
- PD#6 To be determined; C2 grad.12/14; C3 grad 6/15

Program Assistant Director changes:

- AD#1 1/12-9/12 C1
- AD#2 12/12-4/13 C1, C2
- AD#3 2/13-10/13 C1, C2, C3
- AD#4 10/13-10/14 C1, C2, C3
- AD#5 10/31/14-present C2, C3

Summary of pertinent recent program events/changes:

- Until Friday, October 10, 2014 the NEC had no prior knowledge or information of any ITTRC anticipated or planned program leadership changes for PD#5 or AD#4.
- On October 1, 2014 the NEC did take note that neither PD #5 nor AD #4 attended the annual Deans and Directors BRN Orientation in Southern California on October 1, 2014. The Program Director's absence was noticed since the NEC planned to speak with PD#5 regarding a few program related matters in progress.

- On 10/10/14 while in the Sacramento office, the NEC received an unanticipated/unexpected phone call from PD #5. PD#5 informed the NEC she had resigned her ITTRC PD position effective October 6, 2014 to pursue “an opportunity she had been considering for a while”. According to PD#5 she had accepted an offer for a different job as an LVN program director elsewhere in California. Additionally, PD#5 stated besides the new LVN program director job change, she had moved into a “contract employee/consultant” position with ITT/ESI-BSNHS effective October 7, 2014. In a ITT\ESI-BSNHS company consultant role, PD#5 indicated she planned to assist the ITTRC nursing program in such matters as new PD orientation and role development, familiarization with state board of nursing regulations, processes/procedures, assist in the development of program clinical experience sites, and in the curriculum work processes and procedures for the company, the program and in relation to the state board of nursing. PD #5 also mentioned plans to attend state board meetings with her ITTRC PD replacement and to assist the new program leadership with preparation of BRN related reports and presentations etc.in a consultant capacity.
- Upon receiving the 10/10/14 phone call from PD#5, the NEC asked to call PD#5 back in about 20 minutes so the NEC could determine if the program had provided any earlier notification in relation to program changes. NEC checked the office phone and emails. NEC retrieved a generic/non-specific voicemail from PD#5 from 10/6/14,, the message left by PD#5 stated PD#5 would call the NEC back on 10/10/14 when the NEC was scheduled to return to the office. NEC also retrieved a 10/9/14 email from PD#5’s private personal email address with some program related attachments. The retrieved attachments included a BRN resignation form for AD#4 effective 10/31/14 and a set of incomplete documents and BRN forms for a possible PD replacement candidate. PD#5’s 10/9/14 email had a brief one sentence text reflecting the email attachment contents without any other explanation/elaboration or information included except a mobile phone number rather than the usual office phone number used by the NEC to contact PD#5. After the 10/10/14 phone call with PD #5, the NEC sent a 10/10/14 follow up email to PD#5 and AD#4 re-iterating AD#4’s accountability and responsibility to administer/manage all aspects of the program through 10/31/14 in the absence of a qualified Board approved PD as well as follow up on other program details in progress.
- Subsequent information gathered by the NEC thereafter indicated the following: ITTRC representatives, (Campus Director, Dean and AD #4) conducted two town hall meetings with students to announce PD#5’s resignation and program leadership changes on September 30, 2014; on October 1, 2014 a special faculty meeting was called and faculty were notified of the program changes. AD#4 was in attendance and told the NEC the faculty reported “being blind-sided” by the program changes that had not been shared with the faculty until 10/1/14.
- During the period of 10/10/14-10/24/14 there were a series of in person discussions, emails, phone calls, including a clinical site visit etc. As a result of the information gathering activities three areas of non-compliance were identified in relation to the PD#5 and AD#4 program leadership changes. The areas of non-compliance were

discussed with AD#4 and the ITTRC CD on 10/29/14. Non-compliances included: CCR 1420 (h) Program Director-from 10/6/14, and as of 10/29/14, the program had no approved PD in place. Document evidence submitted by the program for a possible PD replacement for PD #5 (from 10/9/14-10/29/14) remained incomplete and inconsistent with multiple, incongruent, and conflicting information submissions being provided by the program. Other identified areas of non-compliance as discussed on 10/29/14 included: CCR 1420 (c) Assistant Director and 1424 (f). As of the 10/29/14 discussion, the program had no BRN approved and knowledgeable AD to replace AD#4. The program's required attendance at the upcoming November 20, 2014 Board Meeting was also discussed on 10/29/14. Additionally, the CD and AD#4 were informed that a written notice of the areas of non-compliance and the details related to the program's attendance at the November 20, 2014 Board meeting would be provided by the NEC to the program electronically by 10/31/14 at noon.

- Following the 10/29/14 meeting at ITTRC the NEC returned to the Board offices and noted a late afternoon email from AD#4 without any text information, but just a set of program approval form/CV attachments for new AD#5 Ms. Johnston. The submitted documents were incomplete and required updating to include Ms. Johnston's teaching time at ITTRC in order for the NEC to review and process. On 10/29/14, NEC sent a follow up email requesting the required information. Ms. Johnston was approved as AD#5 mid-afternoon 10/31/14, the same day AD#4's resignation became effective.
- As a follow up to the 10/29/14 discussion with AD#4 and the ITTRC Campus Director, the NEC also sent AD#4 an email on 10/30/14, to provide the specific meeting location details for the November 20, 2014 Board meeting thus ensuring timely travel arrangements could be made by all the appropriate parties.
- On 10/31/14 at 4:55am ITTRC Campus Director (CD) sent the NEC an email requesting the program be given a 30 day extension for putting in place a qualified Board approved Program Director; it was noted by the NEC that AD#4 was not included in the CD's email to the NEC, only the ITT/ESI-BSNHS President was included. On 10/31/14 the NEC sent an email to AD#4, AD #5, ITTRC Campus Director (CD) and the ITT/ESI-BSNHS President stating the Board would respond to the CD's 10/31/14 email request early the following week.
- On November 4, 2014, the NEC sent a letter electronically to ITTRC's newly appointed AD#5, the Campus Director and ITT/ESI-BSNHS officials Dr. Yigezu, National Nursing Chair/Dean and ITT/ESI-BSNHS President, Mr. Hamm. The 11/4/14 letter re-iterated the program's required attendance at the November 20, 2014 Board meeting and requested the program be prepared to discuss the recent program changes as well the specific plans to come back into compliance with the Board laws and regulations.
- On November 6, 2014 NEC received a brief email from AD#5, Ms. Johnston, acknowledging her receipt of the November 4, 2014 letter from the NEC.

Summary Comments:

Since the fourth quarter of 2012 through October 2014, ITTRC-BSNHS and the larger organization ITT|ESI-BSNHS has demonstrated a troubling and persistent pattern of program leadership instability evidenced by the five different PDs and five different ADs in an approximately two years period of time.

The California Board of Registered Nursing has provided the program reasonable and ample opportunities to come into compliance with the Board's laws and regulations and to modify as necessary larger organizational and campus level operations, policies, procedures, and processes to ensure compliance with California laws and regulations at all times. The most recent series of events indicates the organization and program are not able to do so on a consistent basis for any reasonable period of time without slipping back into non-compliance.

More specifically, ITT/ESI-BSNHS and ITTRC-BSNHS representatives have been unable to maintain/sustain the necessary requisite organizational operations and necessary resources to keep in compliance with the California laws and regulations. In fact, there continues to be a troubling, persistent pattern of program leadership instability and a continuing lack of necessary resources to adequately and appropriately retain qualified effective program leadership that are required to sustain program stability and effectively administer and manage all aspects of the nursing program on a long term basis here in California.

The program has been asked to present the plan for bring the program back into compliance with the California laws and regulations on November 20, 2014. The Board will determine what actions to take based on the information provided by program representatives. The Board may wish to consider and impose the same, different, new or modified actions/sanctions on the program after considering the information provided by ITT/ESI-BSNHS and ITTRC-BSNHS at the meeting.

Statement: As of November 20, 2014, ITTRC is not in compliance with the regulations since there is not a qualified Board approved Program Director in place per CCR 1420 (h); deferred action on program approval is unchanged.

Recommended actions to include:

Acknowledge and approve the program's 11/18/14 written request to close (terminate) the ITTRC Associate Degree Nursing program;

Program Assistant Director to ensure compliance with the regulations in the absence of an approved Program Director and fulfill all necessary Board requirements including those related to the program requested "teach out" and program closure. This includes timely notification of program changes in all aspects of the program.

NEC will continue to monitor the program as needed;

Continue to maintain suspended program enrollment;

Eliminate the one specific September 2014 Board action item requiring a program written progress report and program attendance at the January 2015 ELC and February 2015 Board meeting;

Require the program to provide a written progress report for the March 2015 ELC and April 2015 Board meeting by the Board's requested due dates. The progress report is to detail specific areas of progress related to the program's "teach out" and program closure details/actions including appropriate notifications, communications, sustained provision of adequate type and number of resources, including faculty, clinical facilities, support services and other services necessary to support student learning and remediation needs for Cohort #2 students to complete/graduate from the program on time in December 2014 and Cohort #3 to complete/graduate on time in June 2015. Progress report to include updates related to student progression/completion status, and other pertinent information and supporting evidence as needed and warranted for program closure effective June 2015. The progress report will be reported out in the minor curriculum progress report section provided the "teach out" and program closure is occurring as planned with program closure occurring effective June 2015.

Program to provide a final written program progress report for presentation at the May 2015 ELC and the June 2015 Board meeting by the Board requested due dates. Board actions will include, but not be limited to, the specified dates for Board withdrawal of program approval, the program's return of the BRN program approval certificate and the removal of program from the Board of Registered Nursing's website listing as a Board approved pre-licensure Associate Degree Nursing Program. Program representatives are required to be in attendance at the May and June 2015 meetings.

No public comment.

MSC: MJ/RM to approve the recommended actions listed above. 6/0/0

7.6 BRN 2013-2014 Annual School Survey

Leslie Moody, NEC presented this report.

BACKGROUND:

It was reported at the October 9, 2014 Education/Licensing Committee meeting that the BRN 2013-2014 Annual School Survey was available online for nursing programs to complete. All nursing program directors in California received e-mail notification of the survey on October 1, 2014. The BRN requested nursing programs to complete the survey as soon as possible so data analysis can be compiled and reported in a timely manner. The deadline for submitting responses was changed from November 14 to November 17, 2014. The time period for the data collected was from August 1, 2013 to July 31, 2014 and the survey census date was October 15, 2014. An update on the survey responses received will be provided at the Board meeting.

The survey collects data on enrollments, graduations, faculty, etc. from California pre-licensure nursing programs. While much of the content remains similar, revisions are made in order to collect more accurate data or to obtain information on current issues. The UCSF research center completes the data collection and reporting on behalf of the BRN. Reports compiled from data collected from previous surveys can be found on the BRN Web site at <http://rn.ca.gov/forms/pubs.shtml>.

The Board anticipates that draft statewide reports for prelicensure programs will be available for the January/February 2015 Education Licensing Committee meeting and regional reports in March/April 2015. Data will be presented in aggregate form and will describe overall trends for both statewide and regional areas. A report of post-licensure data will be available in May 2015.

No public comment and no motion required.

7.7 NCLEX Pass Rate Update

Katie Daugherty, NEC presented this report.

BACKGROUND:

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

NCLEX RESULTS – FIRST TIME CANDIDATES

October 1, 2013-September 30, 2014*

JURISDICTION	TOTAL TAKING TEST	PERCENT PASSED %
California*	10,250	83.02
United States and Territories	155,585	81.74

CALIFORNIA NCLEX RESULTS – FIRST TIME CANDIDATES

By Quarters and Year October 1, 2013-September 30, 2014*

10/01/13- 12/31/13		1/01/14- 3/31/14		4/01/14- 6/30/14		7/01/14- 9/30/14		10/01/13- 9/30/14	
# cand.	% pass	# cand.	% pass	# cand.	% pass	# cand.	% pass	# cand.	% pass
946	69.45	2,130	88.08	3,237	83.08	3,937	83.26	10,250	83.02

**Includes (5), (2), (3) and (4) "re-entry" candidates. April 1, 2013 the 2013 NCLEX-RN Test Plan and the higher Passing Standard of 0.00 logit was implemented and remains effective through March 31, 2016. A logit is a unit of measurement to report relative differences between candidate ability estimates and exam item difficulties.*

Nursing Education Consultants (NECs) monitor the NCLEX results of their assigned programs. If a program's first time pass rate is below 75% pass rate for an academic year (July 1-June 30), the NEC sends the program written notification of non-compliance (CCR 1431) and requests the program submit a written assessment and corrective action plan to improve results. The NEC will summarize the program's report for NCLEX

improvement for the ELC/Board meetings per the Licensing Examination Passing Standard EDP-I-29 document approved 11/6/13. If a second consecutive year of substandard performance occurs, a continuing approval visit will be scheduled within six months, and the NEC's continuing approval visit findings reported to ELC with program representatives in attendance.

California Board of Registered Nursing

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

Academic Year July 1, 2014-June 30, 2015

Academic Year July 1-June 30 [^]	July-Sept		Oct-Dec		Jan-Mar		April-June		2014-2015 Cumulative Totals
	#Tested	% Pass	#Tested	% Pass	#Tested	% Pass	#Tested	%Pass	
National US Educated- All degree types *	53,976	(78.4)							
CA Educated- All degree types*	3,937	(83.2)							
National-Associate Degree rates**	28,510	(76.5)							
CA-Associate Degree rates**	2,201	(85.5)							
National-BSN+ELM rates**/***	23,966	(80.3)							
CA-BSN+ELM rates**/***	1,732	(80.4)							

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

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

***ELM program rates are included in the BSN degree category by NCSBN.

[^]Note: Cumulative totals in this report may vary from quarterly totals for the number tested by 0 to +/-3 due to NCSBN corrections. These NCSBN corrections do not significantly change previously reported quarterly or cumulative pass rates. April 1, 2013 the NCLEX RN Test Plan changed and the Passing Standard became 0.00 logit.

Source: National Council of State Boards Pass Rate Reports

No public comment and no motion required.

7.8 Licensing Program Report

Gina Sanchez, Licensing Program Manager presented this report.

PROGRAM UPDATE:

The Licensing unit evaluators are currently processing the initial review of exam applications and endorsement applications received in September.

The vacant supervisor position over support and temporary staff has been filled by Kimberly Brauer. We have also filled the five 24 month limited term US evaluator positions. This now brings the number of US evaluators to ten. The new staff has already been trained and is working closely with their supervisor Ron Chavez as they become familiar with our process. This additional staff has already increased our output and has lifted the morale of the unit.

On October 1, 2014 I presented at the annual Nursing Deans and Directors meeting. I was responsible for explaining the Licensing section of the Directors Handbook and the Board's internal processes and timeframes. I went into detail and provided vital information for the online application process and the necessary supporting documents to an application. I received positive feedback from the Deans and Directors who voiced appreciation for our hard working Board staff during this time of transition.

The online exam application has been successful this season as we have already received over 1,300. The staff are preparing these applications for the release of the school candidate rosters.

On November 10, 2014 I participated in a conference call hosted by the NCSBN regarding the Licensure of Foreign Educated Nurses Manual they are developing. This manual is full of resources and information that will be a helpful tool for our Board's international analysts. As we prepare our own internal reviews and assessments of the education this tool is a convenient manual to utilize as yet another resource for our analysts. It was also interesting to hear that other states have very similar standards to ours. We are excited to be able to be a part of the creation of this manual.

The Board has been live with BreEZe for over a year and continues to come up with ways to better utilize the system. I am currently chairing the Department of Consumer Affairs' BreEZe Licensing User Group and participating in the BreEZe Reports User Group. These groups consist of the Department's BreEZe information technology team and representatives from each Board or Bureau from release one and two. We address current issues in the system, brainstorm business processes to better align with the system and discuss system capabilities for improvements. This joint effort has streamlined many solutions and is a forum to discuss real solutions.

STATISTICS:

Board staff continues to participate in the BreEZe Reports User Group in order to create and implement a comprehensive statistical report. This report will mirror a report available in the previous system and will again easily identify applications received and licenses issued or renewed.

No public comment and no motion required.

8.0 Report of the Legislative Committee

Erin Niemela, Chairperson

8.1 Information Only: Status of Bills at Conclusion of the End of 2013-2014 Legislative Session.

Kay Weinkam, NEC presented this report.

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

2013-2014 bills that were presented were not adopted or modified as bills have been vetoed or chaptered, as follows:

Bill No.: AB 186 (Maienschein)
Subject: Professions and vocations: military spouses: temporary licenses.
Bill Status: Chapter 640, Statutes of 2014

Bill No.: AB 809 (Logue)
Subject: Healing arts: telehealth.
Bill Status: Chapter 404, Statutes of 2014

Bill No.: AB 1841 (Mullin)
Subject: Medical assistants.
Bill Status: Chapter 333, Statutes of 2014

Bill No.: AB 2058 (Wilk)
Subject: Open meetings.
Bill Status: Vetoed

Bill No.: AB 2062 (Roger Hernández)
Subject: Health facilities: surgical technologists.
Bill Status: Vetoed

Bill No.: AB 2102 (Ting)
Subject: Licensees: data collection.
Bill Status: Chapter 420, Statutes of 2014

Bill No.: AB 2247 (Williams)
Subject: Postsecondary education: accreditation documents.
Bill Status: Chapter 388, Statutes of 2014

Bill No.: AB 2396 (Bonta)
Subject: Convictions: expungement: licenses.
Bill Status: Chapter 737, Statutes of 2014

Bill No.: AB 2720 (Ting)
Subject: State agencies: meetings: record of action taken.
Bill Status: Chapter 510, Statutes of 2014

Bill No.: AB 2736 (Committee on Higher Education)
Subject: Postsecondary education: California State University.
Bill Status: Chapter 511, Statutes of 2014

Bill No.: SB 850 (Block)
Subject: Public postsecondary education: community college districts:
baccalaureate degree pilot program.
Bill Status: Chapter 747, Statutes of 2014

Bill No.: SB 911 (Block)
Subject: Residential care facilities for the elderly.
Bill Status: Chapter 705, Statutes of 2014

Bill No.: SB 1159 (Lara)
Subject: Professions and vocations: license applicants: individual tax identification
number.
Bill Status: Chapter 752, Statutes of 2014

Bill No.: SB 1299 (Padilla)
Subject: Workplace violence prevention plans: hospitals.
Bill Status: Chapter 842, Statutes of 2014

No public comments and no motion required.

9.0 Report of the Diversion/Discipline Committee

Cynthia Klein, RN, Chairperson

9.1 Complaint Intake and Investigations Update

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

BACKGROUND:

PROGRAM UPDATES

COMPLAINT INTAKE:

Staff

Complaint Intake has gained many new positions through a Budget Change Proposal (BCP) approved for fiscal year 2014/15 – 1 Associate Governmental Program Analyst (AGPA), 2 Staff Services Analysts (SSA), 1 Office Technician (OT) and 2 Office Assistants (OA).

We have filled the 2 SSA positions by promoting in house complaint intake staff. We are in the process of backfilling their OT positions. We have also filled the AGPA position. We are currently interviewing for the OT and OA positions. We hope to have these filled by the end of November.

Program

Complaint intake continues to work new complaints, ensuring cases are moving to investigations in a timely manner and that aging cases are worked as a priority.

INVESTIGATIONS:

Staff

The investigation unit has gained many new positions from the BCP approved for fiscal year 2014/15 – 5 Special Investigators and 1 Office Technician. There are 3 pending positions, 2 in Southern CA and 1 in Northern CA. One of the positions will be filled December 1, 2014. We have 1 pending Office Technician position.

Program

Investigators are focused on clearing all aging cases. There are approximately 43 cases over one year. The new field investigators will help us keep cases in house that are more appropriate for investigation by the board.

Both the Northern and Southern Units are continuing their outreach with agencies ;

On September 9, 2014, four northern investigators attended a meeting of the Northern Enforcement Network. This Network is a group of investigation/enforcement staff from Cal DOJ Elder Abuse, Cal Bureau of Medi-Cal Fraud and Elder Abuse, CDPH and other regulatory agencies in Northern California.

On October 21, 2014, the two BRN Supervising Special Investigators gave a presentation to the CA Long-Term Care Ombudsman Fall Training Conference, introducing BRN enforcement and investigations to representatives from Ombudsman districts throughout California.

On October 14, 2014, two of the southern investigators were invited to attend and present at the Santa Barbara Multi-Disciplinary Task Force meeting. This Task Force is comprised of staff from Adult Protective Services (APS), various Ombudsman, the local District Attorney, and Community Care license staff to name a few. The group focuses on elder abuse and fraud issues throughout Santa Barbara County. BRN staff was invited to regularly participate,

and on this occasion, present the BRN Investigation role and how we can interact with the various agencies.

Statistics

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

BRN Investigation Unit	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014
Total cases assigned	256	252	243	223	236	251
Total cases unassigned (pending)	89	59	58	49	52	49
Average days to case completion	278	215	294	326	301	327
Average cost per case	\$3,447	\$2,792	\$3,312	\$3,529	\$3,804	\$3,776
Cases closed	36	34	19	33	28	49

BRN Investigation Unit	Apr 2014	May 2014	June 2014	Jul 2014	Aug 2014	Sep 2014
Total cases assigned	242	244	236	225	218	285
Total cases unassigned (pending)	74	70	71	88	116	47
Average days to case completion	229	230	209	228	227	219
Average cost per case	\$3,772	\$2,289	\$3,106	\$3,743	\$3,453	\$2,809
Cases closed	37	45	31	28	39	47

As of October 30, 2014, there were 362 DOI investigations pending.

No public comment and motion required.

9.2 Discipline and Probation Update

Stacie Berumen, Assistant Executive Officer presented this report.

PROGRAM UPDATE

Staff

The Probation Unit has a vacancy for a probation monitor at the Associate Governmental Program Analyst (AGPA) level and has begun the recruitment process. The Probation Unit has completed interviews for one additional monitor at the Staff Services Analyst (SSA) level and has filled the additional Office Technician (OT) position.

The Citation and Fine unit has promoted an internal candidate from SSA into the vacant AGPA position; therefore, recruitment will begin to fill the vacant SSA. The Discipline unit has interviewed and is in the process of hiring two SSA positions and three OTs. We are currently recruiting for the vacant discipline analyst position.

Program – Discipline

The discipline unit is noticing an increase in cases involving fraud in the area of Basic Life Support (BLS) certification and Advanced Cardiac Life Support (ACLS) training. The BRN

has received notification that 72 RNs from a single facility submitted false or invalid BLS and or ACLS certification.

The BRN has begun posting accusations to the National Council of State Boards of Nursing (NCSBN-Nursys) system at the time of service as opposed to waiting for the final decision to be rendered.

An alert will be added to the Nursys system when a citation is final to comply with California Code of Regulations section 1435.7, which mandates notification to other boards of nursing and other regulatory agencies. The alert will stay on the system for 3 years.

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

Below reflects FY2015 (July 1, 2014-November 7, 2014) decision statistics:

Decisions Adopted	642
Pleadings served	346
Petitions to Revoke Probation served	37
Surrenders signed by E. O.	112

Statistics - Discipline

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

Program – Probation

The case load per probation monitor is approximately 153.

Statistics – Probation

Below are the statistics for the Probation program from July 1, 2014 to November 5, 2014.

Probation Data	Numbers	% of Active
Male	240	27%
Female	681	73%
Chemical Dependency	416	45%
Practice Case	228	25%
Mental Health	1	0%
Conviction (Alcohol/Drug = 102)	276	30%
Advanced Certificates	89	10%
Southern California	490	53%
Northern California	415	46%
Tolled at the AG	16	1%
Pending with AG/Board	106	11%
License Revoked YTD	13	1%
License Surrendered YTD	35	3%

Terminated YTD	7	%
Successfully completed YTD	35	3%
Active in-state probationers	921	
Completed/Revoked/Terminated/ Surrendered YTD	90	
Tolled Probationers	260	
Active and Tolled Probationers	1,181	

Public comments:

Katherine Hughes, SEIU National Nurse Alliance
 Tricia Hunter, MN, RN, ANA/C
 Elsa Monroe, RN

No motion required.

9.3 Diversion Program Update and Statistics

Carol Stanford, Diversion Program Manager presented this report.

BACKGROUND:

Program Update

Staff members of the Board of Registered Nursing have become aware of false information being disseminated by stakeholders and others as it relates to the (BRN), the Diversion Program, Enforcement, and the Probation Program. It appears that providing information to administrators, nursing schools, and hospitals is now more crucial than ever. To counteract some of this misinformation and to help others become aware of the Diversion Program, the BRN has been invited to give presentations at training sessions and major conferences. On September 19th, the Deputy Chief, Beth Scott and the Diversion Program Manager, Carol Stanford presented information regarding the BRN's enforcement processes and the Diversion Program at a class in southern California entitled BRN Drug Diversion. There were several questions and statements that were addressed to clarify the misconceptions surrounding the purpose of the BRN and the Diversion Program.

On September 24th, the Diversion Liaison Committee Meeting was held at the Hilton Garden Inn in Sacramento. The Executive Officer, Louise Bailey, the Deputy Chief, Beth Scott, the Diversion Program Manager, Carol Stanford and staff, the Maximus Project Director, Virginia Matthews and case managers, along with representatives from all of the Diversion Evaluation Committees were in attendance. There were approximately 38 attendees. This is an annual required meeting of the DLC Committee to maintain the continuity and integrity of the program. Several issues were addressed and the minutes of the meeting are available upon request.

On September 25th the Nurse Facilitator's Conference was conducted at the Hilton Garden Inn in Sacramento. It was attended by the Deputy Chief, Beth Scott, the Diversion Program Manager, Carol Stanford and staff, the Probation Program Manager, Sheila Granby and staff and representatives of the Nurse Support Groups throughout the State. There were

approximately 65 attendees. There was lively conversation and training that occurred with several issues addressed and clarified. This is also a vital conference to maintain valuable communication between the facilitators, board staff and the contractor. The minutes of this meeting are available upon request.

The Diversion Program has hired two new employees: Don Walker will be replacing Millie Lowery who will be retiring effective November 30th and Stephanie Morrison who has been hired as a Staff Services Analyst. Millie Lowery has been stalwart in her commitment to the Diversion Program for many years. Her work is to be commended and she will be missed.

Contractor Update

The Diversion Program Contract was awarded to Maximus, the current contract is valid for a period of five years. The Department of Consumer Affairs support and expertise in this process is to be commended along with their staff, William Pequinot, who was instrumental in working with the health care boards to maintain a comprehensive and thorough bidding process. The BRN is thankful to the DCA for their support and professionalism throughout the bidding process.

The Diversion Program staff is meeting with the contractor on a regular basis to develop and update the forms for the new contract which will begin January 1, 2015.

Diversion Evaluation Committees (DEC)

There are currently one public member and three physician member vacancies at this time. Recruitment continues.

Statistics

The Statistical Summary Report for July and September is attached. As of August 31, 2014, there were 1,906 successful completions.

**BOARD OF REGISTERED NURSING
DIVERSION PROGRAM
STATISTICAL SUMMARY
July 1, 2014 - August 31, 2014**

	CURRENT MONTHS	YEAR TO DATE (FY)	PROGRAM TO DATE
INTAKES COMPLETED	25	25	4,882
INTAKE INFORMATION			
Female	16	16	3,822
Male	9	9	1,033
Unknown	0	0	27
Average Age	30-49		
Most Common Worksite	Unemployed		
Most Common Specialty	Critical Care/Med-Surg		
Most Common Substance Abused	Alcohol/Norco		
PRESENTING PROBLEM AT INTAKE			
Substance Abuse (only)	14	14	3,090
Mental Illness (only)	1	1	158
Dual Diagnosis	10	10	1,562
Undetermined	0	0	72
REFERRAL TYPE*			
Board	15	15	3,565
Self	10	10	1,317
*May change after Intake			
ETHNICITY (IF KNOWN) AT INTAKE			
American Indian/Alaska Native	0	0	36
Asian/Asian Indian	1	1	113
African American	0	0	158
Hispanic	3	3	206
Native Hawaiian/Pacific Islander	0	0	23
Caucasian	19	19	4,008
Other	2	2	72
Not Reported	0	0	266
CLOSURES			
Successful Completion	13	13	1,906
Failure to Derive Benefit	0	0	120
Failure to Comply	1	1	961
Moved to Another State	0	0	52
Not Accepted by DEC	1	1	56
Voluntary Withdrawal Post-DEC	3	3	326
Voluntary Withdrawal Pre-DEC	5	5	491
Participant Withdrawn-Failure to sign con	1	1	1
Closed Public Risk	5	5	304
No Longer Eligible	0	0	16
Clinically Inappropriate	1	1	26
Client Expired	0	0	39
Sent to Board Pre-DEC	0	0	1
TOTAL CLOSURES	30	30	4,299
NUMBER OF PARTICIPANTS: 456 (as of August 31, 2014)			

9.3.1 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.

APPOINTMENT

Below is the name of the candidate who is being recommended for appointment to the Diversion Evaluation Committees (DEC). His application and résumé is attached. If appointed, his term will expire November 30, 2018.

<u>NAME</u>	<u>TITLE</u>	<u>DEC</u>	<u>NO</u>
Peter Scheid	Physician	Burbank	8
Kwame Okoreeh	Nurse	Ontario	9
James Collier	Physician	Emeryville	13
Diane Harrison	Public	Emeryville	13

RESIGNATION

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

<u>NAME</u>	<u>TITLE</u>	<u>DEC</u>	<u>NO</u>
Sam Shapiro	Physician	Burbank	9
Kathleen Coe	Nurse	Burbank	9

MSC: CK/JD to accept all new Diversion Evaluation Committee Members' appointments. 6/0/0

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

Ronnie Whitaker, Legislative and Regulatory Analyst presented this report.

BACKGROUND:

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

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

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

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

Public comments:

Jeannie King, RN, Vice President, SEIU 121 RN and Nurse Alliance of Ca.
Virginia Matthews, MAXIMUS
Tricia Hunter, MN, RN, ANA/C
Ingela Dahlgren, SEIU, Nurse Alliance of Ca.
Elsa Monroe, RN
DeAnn McEwan, CNA

No motion required.

10.0 Report of the Nursing Practice Committee

Trande Phillips, RN, Chairperson

10.1 Information and Discussion: Review Nurse Practitioner National Certification

Janette Wackerly, Supervising NEC presented the Nursing Practice reports.

BACKGROUND:

National Certification Organizations that meet the certification requirement for Nurse Practitioner Equivalency by the Board of Registered Nursing

1. American Academy of Nurse Practitioners
2. American Nurses Credentialing Center
3. Pediatric Nursing Certification Board
4. National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialty
5. American Association of Critical-Care Nurses (AACN)

Attachment: degree required certification & renewal fees, renewal requirements, accreditation & affiliation and testing services.

Committee requested return of the national certification document, specifically wanting detail from American Nurses Association-American Nurses Credentialing Center (ANA-ANCC) renewal requirements

<http://www.nursecredentialing.org/CertificationHandbook.aspx>

and American Association of Critical-Care Nurses (AACN) nursing concentration on Adult-Gerontology Acute Care Nurse Practitioner

<http://www.aacn.org/wd/certifications/docs/acnpc-ag-exam-handbook.pdf>

RESOURCES:

American Academy of Nurse Practitioners National Certification Program (AANPNCP)

<https://www.aanpcert.org/ptistore/control/index>
[http://www.aanpcert.org/ptistore/resource/documents/2013%20CandidateRenewalHandbook%20-Rev%2011%2025%202013%20forNCCA\(FINAL\).pdf](http://www.aanpcert.org/ptistore/resource/documents/2013%20CandidateRenewalHandbook%20-Rev%2011%2025%202013%20forNCCA(FINAL).pdf)
<http://www.aanpcert.org/ptistore/control/recert/qualifications>

American Nurses Credentialing Center (ANCC)
<http://www.nursecredentialing.org/Certification>
<http://www.nursecredentialing.org/AcuteCareNP-Eligibility.aspx>
<http://www.nursecredentialing.org/RenewalRequirements.aspx>
<http://www.nursecredentialing.org/CertificationHandbook.aspx>

Pediatric Nursing Certification Board (PNCB)
<http://www.pncb.org/ptistore/control/exams/cpen/fees>
http://www.pncb.org/ptistore/control/resource/content/certs/PC_CPNP_Recert_Guide.pdf
http://www.pncb.org/ptistore/control/about/about_exams

National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialty (NCC)
<http://www.nccwebsite.org/resources/docs/2013-exam-core.pdf>
<http://www.nccwebsite.org/resources/docs/2014-exam-np-bc.pdf>
<https://www.nccwebsite.org/resources/docs/2014-maintenance-core.pdf>
<http://www.nccwebsite.org/Certification/HowdoIapply.aspx#how-computer-testing-works>

American Association of Critical-Care Nurses (AACN)
<http://www.aacn.org/wd/certifications/content/initial-acnpc-certification.pcms?menu=certification>
<http://www.aacn.org/WD/Certifications/Content/ccrnrenewal.pcms?menu=Certification>
<http://www.aacn.org/wd/certifications/docs/acnpc-renewal-handbook.pdf>
https://www.pncb.org/ptistore/control/resource/content/certs/CPN_Recert_Guide.pdf
<http://www.aacn.org/wd/certifications/content/certcorpinfo.pcms?menu=certification&lastmenu=>
<http://www.aacn.org/wd/certifications/docs/cert-policy-hndbk.pdf>
<http://www.aacn.org/wd/certifications/docs/acnpc-ag-exam-handbook.pdf>

Public comment received by Kathy Ware, NP, CANP.

No motion required.

10.2 Review and Vote Whether to Approve:

Update to Frequently Asked Questions Regarding Nurse Practitioner Practice

BACKGROUND:

Request to bring back for review and vote on Frequently Asked Questions Regarding Nurse Practitioner Practice which is updated to include current laws and regulation changes that have occurred since the last update in 2004. The updated version includes Nursing Practice Act, (NPA) Section 2725.2 Dispensing of self-administered hormonal contraceptives by approved standardized procedures and Section 2725.4, Abortion by aspiration techniques; Requirements. NPA Section 2835.7 Authorized Standardized Procedures for ordering durable medical equipment, certifying disability in consultation with the physician pursuant

to Unemployment Insurance Code, and plan of treatment or plan of care for home health in consultation with the physician. Other related changes to nurse practitioner practice.

The Practice Committee at its August 7, 2014 meeting requested return of the update to Frequently Asked Questions Regarding Nurse Practitioner Practice to the October 2014 meeting for further review and discussion.

No public comment.

MSC: TP/JD voted to approve the advanced practice frequently asked questions with the additions that were made at the October 9, 2014 Practice Committee meeting. 6/0/0

10.3 Information and Discussion: California Association of Nurse Midwifery:

- a) Standardized Procedures related to ACNM Core Competencies for Basic Nurse-Midwifery Practice
- b) Out of Hospital CNM Practice and Physician Supervision
- c) Location of Suturing and Protection of Public

BACKGROUND:

Kim Q Dau CNM Chair of Health Policy Committee submitted a number of documents they wish to discuss at the Practice Committee meeting.

1. Standardized Procedures related to ACNM Core Competencies
 - a) CA SPs and ACNM Core Competencies
 - b) BRN Advisory- RN Scope and SPs
 - c) BRN Advisory-SP and CNM Practice
2. Out of hospital CNM practice and physician supervision
 - a) MBC Sunset Report 2012 re: LM Supervision
3. Location of suturing and protection of the public
 - a) History of NMAC

No public comment and no motion required.

10.4 Information: DEA Publishes Final Rule Rescheduling Hydrocodone Combination Products from Schedule III to Schedule II Controlled Substances

BACKGROUND:

The Drug Enforcement Administration will publish in the Federal Register the Final Rule moving hydrocodone combination products (HCPs) from Schedule III to more restrictive Schedule II as recommended by the Assistant Secretary for Health of the U.S. Department of Health and Human Services (HHS). The Federal Register has made the Final Rule available for preview on its website <http://go.usa.gov/mc8d>

The BRN has been contacted by nurse practitioners who have Schedule III-V Controlled Substances DEA registration. If a NP wants to prescribe Schedule II, there is an

additional requirement for education which must be met.

No public comment and no motion required.

10.5 Information: Community Paramedicine- Office of Statewide Planning and Development Pilot Project 173

BACKGROUND:

Emergency Medical Services Authority (EMSA) submitted a proposal for community paramedicine projects to the Office of Statewide Planning & Development (OSHDP). The proposal details plans to conduct 12 community paramedicine (CP) projects across California to test a new health care delivery model which will expand the paramedic scope of practice. Selected paramedics will receive additional training to provide services beyond their customary roles in emergency response and transport. Tentative date for the decision will be October/November.

Dr. Kizer, Director, Institute for Population Health Improvement, UC Davis Health System, Dr. Shore, Senior Policy Analyst, Institute for Population Health Improvement, UC Davis Health System, and Dr. Moulin, Assistant Professor, Department of Emergency Medicine, UC Davis School of Medicine authors of the *Community Paramedicine: A Promising Model for Integrating Emergency and Primary Care* report (2013). Community paramedicine pre-hospital and post-hospital or community health services include the following six components:

1. Transport patients with specified conditions not needing emergency care to non-ED locations (“alternate locations”)
2. After assessing and treating as needed, determine whether it is appropriate to refer or release an individual at the scene of an emergency response rather than transport the person to a hospital ED
3. Assist frequent 911 callers or frequent visitors to EDs to access primary care and other social services
4. Provide support for persons who have been recently discharged from the hospital and are at increased risk of a return visit to the ED or readmission to the hospital.
5. Provide support for persons who have been recently discharged from the hospital and are at increased risk of a return visit to the ED or readmission to the hospital.
6. Partner with community health workers and primary care providers in underserved areas to provide preventive care

RESOURCES:

Office of Statewide Health Planning & Development (OSHDP) Community Paramedicine Pilot Project (2014)

http://www.oshpd.ca.gov/HWDD/pdfs/HWPP/CP_OSHPD_Community_Paramedicine_App.pdf

Kizer, K., Shore, K., & Moulin, A. (2013) *Community Paramedicine: A Promising Model for Integrating Emergency and Primary Care*

http://www.ucdmc.ucdavis.edu/iphi/Programs/CAHPF/resources/IPHI_CommunityParamedicineReport_Final%20070913.pdf

No public comments and no motion required.

11.0 Public Comment for Items Not on the Agenda

Public comment received by Jettie Deden-Castillo, NP.

12.0 Closed Session

Disciplinary Matters

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

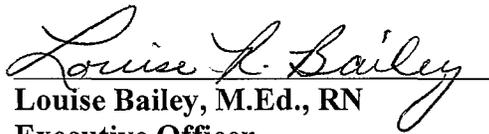
13.0 Adjournment

11.0 Public Comment for Items Not on the Agenda

Public comments:

12.0 Adjournment

The meeting adjourned at 11:59 pm.


Louise Bailey, M.Ed., RN
Executive Officer


Raymond Malle
President