



## INTERVENTION/DISCIPLINE COMMITTEE MINUTES

**DATE:** March 8, 2017

**SITE:** Department of Consumer Affairs  
Board of Registered Nursing – Hearing Room  
1747 N. Market Blvd.  
Sacramento, CA 95834  
(916) 574-7600

**MEMBERS PRESENT:** Michael Jackson, MSN, RN – Acting Chair  
Elizabeth Woods, MSN, FNP, RN  
Barbara Yaroslavsky

**MEMBERS NOT PRESENT:** Cynthia Klein, RN, Chair  
Imelda Ceja-Butkiewicz  
Raymond Mallel

**STAFF PRESENT:** Stacie Berumen, Assistant Executive Officer  
Shannon Silberling, Deputy Chief, Discipline, Probation & Diversion  
Joseph Pacheco, Deputy Chief, Complaints and Investigations

The Acting Chair called the meeting to order at approximately 2:00 p.m.

### 9.0 REVIEW AND APPROVE MINUTES:

Approve/Not Approve: Minutes of October 6, 2016

<b>Motion:</b> Elizabeth Woods to approve the October 6, 2016 minutes			
<b>Second:</b> Michael Jackson			
<b>MJ: Y</b>	<b>BY: A</b>	<b>EW: Y</b>	

Approve/Not Approve: Minutes of January 11, 2017

<b>Motion:</b> Defer the January 11, 2017 committee meeting minutes to May meeting
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### 9.1 Complaint Intake and Investigations Update

## COMPLAINT INTAKE:

### Staff

Complaint Intake recently lost one Limited Term Office Assistant in the Enforcement File Room. The limited term expired and the position is not being refilled at this time.

### Program

BreZEE reports have been developed to evaluate complaint intake and discipline process timeframes for a large number of case development milestones. These reports will identify average case times for each milestone, throughout the life of the case. The reports have been tested and are ready for final production. Unit Managers will begin receiving the data reports on a monthly basis, beginning the first week in March 2017. We will then be able to accurately evaluate how much time it takes to process cases in each stage of case development.

We have developed database to track all internal/external training courses of all BRN staff. This will assist managers in assuring that all staff has the training needed for their current job, as well as promotional possibilities. To ensure our data is accurate, all Complaint Intake staff have been trained in BreEZe coding requirements consistent with our business process.

The BRN is developing a recruitment campaign for qualified expert witnesses. Starting in February 2017, all RN license renewal notices include an Expert Witness recruitment flyer insert. We are also working with DCA to develop a more robust marketing and recruiting campaign for new Expert Witness resources. Our are in high demand for RN's with the following experience;

- Laser/Botox, Cosmetic
- Certified RN Anesthetist
- Certified Nurse Midwives
- Nurse Practitioners

Nurses interested should fill out an application on our website, [www.rn.ca.gov/pdfs/enforcement/expwit.pdf](http://www.rn.ca.gov/pdfs/enforcement/expwit.pdf) .

### Statistics

As of February 22, 2017:

#### **Fiscal Year 2016/2017 Workload to date**

Complaints Received	2,292
Arrest & Conviction Criminal Offender Reports	3,392
Total Complaints Received (FY 16/17)	5,684

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**Current Pending Complaint Intake  
Workload**

Complaint Intake Desk Investigations Pending (All open complaints, not-including field investigations)	1,054
Arrest/Conviction (CORI & Self Report)	864
Complaints over 1 year	31

**CPEI GUIDELINES:**

To clarify questions received at the February Board Meeting, Complaint Intake staff has been trained and is following updated procedures for Complaint Investigation Referrals. The DCA Case Referral Guidelines for Investigation guide Complaint Intake staff decisions to refer investigation cases to the Division of Investigation or BRN Investigation unit.

A copy of the current Case Referral Guidelines for Investigation is attached for your review.

# CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

## CASE REFERRAL GUIDELINES FOR INVESTIGATION

### COMPLAINTS TO BE REFERRED TO DIVISION OF INVESTIGATION

<b>CATEGORY 1 • URGENT</b>	<ul style="list-style-type: none"> <li>• Acts of serious patient/consumer harm, great bodily injury, or death</li> <li>• Mental or physical impairment of licensee with potential for public harm</li> <li>• Practicing while under the influence of drugs/alcohol</li> <li>• Repeated allegations of drug/alcohol abuse</li> </ul>	<ul style="list-style-type: none"> <li>• Narcotic/prescription drug theft; drug diversion; other unlawful possession</li> <li>• Sexual misconduct with a patient</li> <li>• Physical/mental abuse of a patient</li> <li>• Over-prescribing</li> <li>• Gross negligence/incompetence resulting in serious harm/injury</li> <li>• Media/politically sensitive cases</li> </ul>
<b>CATEGORY 2 • HIGH</b>	<ul style="list-style-type: none"> <li>• Prescribing/dispensing without authority</li> <li>• Unlicensed practice/unlicensed activity</li> <li>• Aiding and abetting unlicensed activity</li> <li>• Criminal violations including but not limited to prescription forgery, selling or using fraudulent documents and/or transcripts, possession of narcotics, major financial fraud, financial elder abuse, insurance fraud, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Exam subversion where exam is compromised</li> <li>• Mandatory peer review reporting (B&amp;P 805)</li> <li>• Law enforcement standby/security (subject to staff availability)</li> </ul>

### COMPLAINTS TO BE RETAINED BY BOARD/BUREAU STAFF

<b>CATEGORY 3 • ROUTINE</b>	<ul style="list-style-type: none"> <li>• General unprofessional conduct and/or general negligence/incompetence resulting in no injury or minor harm/injury (non-intentional act, nonlife threatening)</li> <li>• Subsequent arrest notifications (no immediate public threat)</li> <li>• Exam subversion (individual cheating where exam is not compromised)</li> <li>• Medical malpractice reporting (B&amp;P 801) cases unless evaluated as category 1 or 2</li> </ul>	<ul style="list-style-type: none"> <li>• Serving subpoenas for hearings and for records (non DOI investigations)</li> <li>• Patient abandonment</li> <li>• False/misleading advertising (not related to unlicensed activity or criminal activity)</li> <li>• Applicant misconduct</li> </ul>
<b>CATEGORY 4 • ROUTINE</b>	<ul style="list-style-type: none"> <li>• Unsanitary conditions</li> <li>• Project abandonment</li> <li>• Failure to release medical records</li> <li>• Recordkeeping violations</li> <li>• Continuing education violations</li> <li>• Declaration and record collection (e.g., licensee statements, medical records, arrest and conviction records, employment records)</li> </ul>	<ul style="list-style-type: none"> <li>• Complaints of offensive behavior or language (e.g., poor bedside manner, rude, abrupt, etc.)</li> <li>• Quality-of-service complaints</li> <li>• Complaints against licensee on probation that do not meet category 1 or 2</li> <li>• Anonymous complaints unless Board is able to corroborate that it meets category 1 or 2</li> <li>• Nonjurisdictional issues</li> </ul>

Revised: August 2016



## 9.2 Discipline and Probation Update

### Probation Unit

#### Staffing

There is one vacant Staff Services Analyst (Probation Monitor) position. We recently received approval to post and fill this position and hope to have it filled in the near future.

There is a vacant Office Technician position. This position has not been filled due to budget constraints. The Board is waiting until fiscal year 17/18.

We continue to utilize one Staff Services Analyst from Discipline and one Office Technician from Investigations to assist in the probation unit.

#### Program

We have two staff that are currently working with DCA's SOLID training unit to teach the Probation Monitoring module of the Enforcement Academy.

We are presently working on streamlining probation processes to include online availability of forms, electronic signatures, utilizing DCA Cloud to transmit documents and transitioning to a paperless monitoring system.

Fiscal Year as of February 21, 2017

Active In-State Probationers	1,255
Completed/Revoked/Terminated/Surrendered YTD	34
Tolled Probationers	364
Active and Tolled Probationers	1,619

The average case load of active probationers per probation monitor is approximately 139. However, the average number of cases per monitor including Tolled cases is 179. There are 75 Early Termination and 13 Modification of Probation cases waiting to be heard by the Board.

### Discipline Unit

#### Staffing

The Discipline Unit currently has an Office Technician vacancy to fill but is unable to fill the position, until FY17/18, due to budget constraints.

#### Program

We are working with the Attorney General's Office (AGO) to identify and prioritize the oldest cases, in an effort to ensure case completion in a timely manner.

We are planning a pilot project, utilizing DCA's Cloud to transmit cases to the AGO. This process would provide cost savings in regards to postage and paper copies as well as reduce the case aging time. We expect this to start in July 2017.

## Statistics

Fiscal Year as of February 21, 2017

Decisions Adopted	845
Pleadings served	635
Petitions to Revoke Probation served	85
Surrenders signed by E. O.	150
# of Cases at AG	1,695 (1,303 RN's)
# of cases at AG over 1 year	423
# of cases over 1 year without a pleading	110
# of cases awaiting hearing	159

Additional discipline and probation statistics follow this update.

**Probation Program Statistics**  
**July 1, 2016 to February 21, 2017**

Probation Data	Numbers	% of Active
Male	363	29%
Female	892	71%
Chemical Dependency	821	65.4%
Required Drug-Screening	560	44.5%
Practice	299	23.8%
Mental Health	9	0.7%
Conviction - excluding chemical dependency/alcohol use	126	10.0%
Advanced Certificates	124	10%
Southern California	729	58%
Northern California	521	42%
Pending AG - Tolled	5	0%
Pending AG	119	9%
License Revoked Fiscal YTD	2	
License Surrendered Fiscal YTD	12	
Terminated Fiscal YTD	3	
Successfully Completed Fiscal YTD	17	
Active In-State Probationers	<b>1255</b>	
Completed/Revoked/Terminated/Surrendered YTD	34	
Tolled Probationers	364	
Active and Tolled Probationers	<b>1619</b>	

Board of Registered Nursing  
 Discipline Program  
 Statistical Summary  
 July 1, 2016 – February 21, 2017

License Type*	Case Outcome						Total FY 16/17
	Public Repeval	Revoked, Stayed, Probation	Revoked, Stayed, Suspension, Probation	Surrender	Revocation	Voluntary Surrender	
Registered Nurse	132	245	5	150	165	33	730
Public Health Nurse	15	26	-	14	11	3	69
Psych/Mental Health	-	-	-	-	-	-	0
Nurse Practitioner	10	15	-	12	2	3	42
NP-Furnishing #	10	14	-	8	2	3	37
Nurse-Midwife	1	1	-	-	-	-	2
NM-Furnishing #	1	-	-	-	-	-	1
Nurse Anesthetist	-	4	-	-	-	-	4
Clinical Nurse Specialist	-	-	-	-	-	-	0

\*Specialty certifications are a subset of the Registered Nurse license. When enforcement action is taken on an RN license, all advanced certifications a nurse holds is also included in the action. More than one enforcement action may be taken (thus counted here) against an RN during the time period.



### **9.3 Intervention Program Update and Statistics**

#### **Staffing**

The Intervention Program currently has a vacant Office Technician (OT) position that we are currently in the process of working to re-class to a full time permanent Staff Service Analyst (SSA) position. This would consolidate our vacant OT position and current limited term SSA position.

#### **Program Update**

On April 10<sup>th</sup> and 11<sup>th</sup>, 2017, Virginia Matthews, MAXIMUS Project Manager and Intervention program staff will be conducting a 6-hour educational presentation to the Hospital Association of Southern California (HASC). This presentations audience will be comprised of hospital leadership constituents in Southern California.

On February 21, 2017, the Intervention program hosted the first of a series of approximately four Mental Health Ad Hoc Committee meetings. The committee members worked effectively to review all current practices and are scheduled to discuss potential changes at the next scheduled meeting on April 18, 2017. The purpose of this committee is to develop best practice strategies to meet the unique needs of nurses with mental illness and to develop a model rehabilitation plan for use by all the Intervention Evaluation Committees.

#### **Intervention Evaluation Committees (IEC)**

There is currently one physician member vacancy in Oakland (IEC 13)

#### **Statistics – Intervention**

The Statistical Summary Report for December 1, 2016, through January 31, 2017, is after this update. As of January 31, 2017, there have been 2,155 successful completions.

Board of Registered Nursing  
**Intervention Program**  
**Statistical Summary**  
 January 2017

INTAKES			
	Current Month	Year To Date	Program To Date
<b>Referral Type*</b>			
Board-Referred	5	70	3,863
Self-Referred	2	17	1,361
<b>TOTAL INTAKES COMPLETED</b>	<b>7</b>	<b>87</b>	<b>5,224</b>
<b>NUMBER OF PARTICIPANTS: 379 (as of January 31, 2017)</b>			

*\*May change after Intake*

PRESENTING PROBLEM AT INTAKE			
	Current Month	Year To Date	Program To Date
Substance Abuse (only)	5	62	3,279
Mental Illness (only)	1	3	171
Dual Diagnosis	1	21	1,689
Undetermined	0	1	85
Most Common Substance Used Prior to Intake	Alcohol		

CLOSURES			
	Current Month	Year To Date	Program to Date
Successful Completion	7	71	2,155
Failure to Derive Benefit	0	2	125
Failure to Comply	1	4	982
Moved to Another State	0	0	52
Not Accepted by IEC	1	1	61
Voluntary Withdrawal Post-IEC	0	2	341
Voluntary Withdrawal Pre-IEC	1	13	542
Participant Withdrawn-Failure to sign contract	0	0	1
Closed Public Risk	1	11	362
No Longer Eligible	0	3	20
Clinically Inappropriate	0	0	34
Client Expired	0	0	41
Sent to Board Pre-IEC	0	0	2
<b>TOTAL CLOSURES</b>	<b>11</b>	<b>107</b>	<b>4,718</b>

INTAKE DEMOGRAPHICS			
	Current Month	Year To Date	Program to Date
<b>Gender</b>			
Female	6	67	4,077
Male	1	20	1,120
Unknown	0	0	27
<b>Age Category (at Intake)</b>			
20-24	0	0	34
25-29	1	7	425
30-34	2	17	880
35-39	1	22	1,091

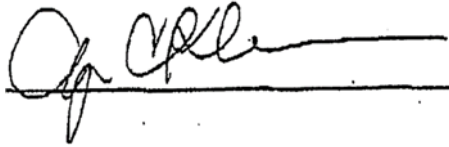
40-44	2	10	1,073
45-49	0	16	842
50-54	0	6	534
55-59	1	5	242
60-64	0	3	79
65+	0	1	11
DOB Error/Not Entered	0	0	13
<b>Ethnicity</b>			
American Indian/Alaska Native	0	0	39
Asian/Asian Indian	0	0	124
African American	0	2	167
Hispanic	0	9	228
Native Hawaiian/Pacific Islander	1	1	31
Caucasian	6	63	4,280
Other	0	4	81
Not Reported	0	8	274
<b>Worksite at Intake**</b>			
Case Management	0	0	5
Clinic	0	0	118
Clinical - Public, non-profit	0	0	2
Corporation	0	0	9
DNovor's Office	0	0	46
Government Agency	0	0	7
Group Practice - profit	0	0	16
Health Maintenance Organization	0	0	6
HMO	0	0	1
Home Health Care	0	0	19
Hospital	0	6	2,603
Not Working in Nursing	0	0	4
Nursing Home	0	0	10
Other	0	1	248
Prison/Jail	0	0	13
Private Practice	0	0	9
Registery	0	1	179
Retail	0	0	1
School of Nursing	0	0	9
Telephone Advice	0	0	1
Temporary Service	0	0	3
Undetermined	7	41	608
Unemployed	0	38	1,307
<b>**NOTE: RN licenses are placed on inactive status once an RN enrolls in the Program</b>			
<b>Specialty at Intake</b>			
Chemical Dependency	0	0	8
Critical Care	0	7	915
Dental Public Health	0	0	1
DNovor's Office	0	0	27
Emergency Department	0	7	595
Gerontology	0	0	28
Home Care	0	2	100
Hospital	0	12	349
Insurance	0	0	5
Medical Surgical	0	9	991

None	0	0	74
Nurse Anesthesia	0	3	55
Nurse Midwife	0	0	7
Nurse Practitioner	0	0	108
Nursing Home	0	0	16
Obstetrics/Gynecology	0	2	292
Oncology	0	4	160
Operating Room	0	0	179
Other/Other Specialty	0	11	490
Pediatrics	0	1	139
Psychiatry	0	5	148
Recovery Room	0	3	103
Undetermined	7	21	434

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

No public comment for items not on the agenda.

The Acting Chair adjourned the committee meeting at approximately 2:45 p.m.

Approved:  \_\_\_\_\_