

BOARD OF REGISTERED NURSING

BRN Report

winter 2015





Board of Registered Nursing

Mailing Address

P.O. Box 944210
Sacramento, CA 94244-2100

Street Address

1747 North Market Blvd.,
Suite 150
Sacramento, CA 95834

Main Phone

(916) 322-3350

TDD

(800) 326-2297

www.rn.ca.gov

Fax and e-mail information for each BRN unit is available on the website at www.rn.ca.gov/contact_us/contact.shtml.

*The purpose of the **BRN Report** is to inform registered nurses of Board policies, activities, and processes, current laws related to nursing, and issues pertaining to the regulation of nursing practice and education.*

In This Issue

Executive Officer Retiring	1
Meet Our Newest Board Members	3
Recently Enacted Legislation	4
Physician Orders for Life Sustaining Treatment (POLST) Form	7
Continuing Education Audits	7
Update on Epinephrine Injectors in Schools	8
Visit the BRN Website	9
Explanation of Terms	9
Staff Recognition and Awards	10
Stacie Berumen Receives Award	11
Enforcement Division Information	12
New and Amended BRN Regulations	14
Nursys® e-Notify System	15
New Website Format for the BRN	15
Studies Conducted by the BRN	16
BRN Needs Your Expertise!	18
The Board Completes Fee Audit	19
Purchasing the Nursing Practice Act	20
NCLEX® Panel Recruitment	20
New NCLEX®-RN Test Plan	21
NCLEX®-RN Exam Pass Rates	22
NCLEX®-RN on Social Media	22
BRN Computer System—BreZE	23
Intervention Program Seeking Facilitators	24
BRN Licensing Unit	25
Reminder to Discuss Medication Side Effects	26
BRN Website Spotlight	26
Fee Increases Implemented	27
Demographic Data of Licensees	28
BRN 2014 Sunset Review	28
Decision On Standardized Procedures	29
Scholarship and Loan Repayment Programs	29
Many Benefits With Intervention Program	30
Nursing Program Steps Up	32
Name Change for the Diversion Program	32
Have You Moved or Changed Your Name?	33
BRN Activities	33
Navigating the Phone System	34

BRN Executive Officer Retiring After 25 Years of State Service



Louise R. Bailey, M.Ed., BSN, PHN, RN, is retiring from the BRN after 25 years of State service with most of that service at the BRN. Ms. Bailey joined the BRN in 1994 as a Nursing Education Consultant and

Legislative Liaison and was later promoted to Supervising Nursing Education Consultant before serving as Interim Executive Officer and most recently Executive Officer. Before joining the BRN, she worked as a nurse consultant for the California Primary and Rural Health Care Systems Branch and as a Health Facilities Evaluator Nurse for the California Department of Health Services Licensing and Certification Division.

Prior to her service with the State of California, she was on the faculty at Howard University College of Nursing in Washington D.C., and later became Coordinator of Student Affairs. She served as Acting Director of Nursing Services and the Associate Director of Nursing Services at Highland General Hospital in Oakland, CA. Ms. Bailey also worked as Director of the Peralta College East Bay Skills Center Vocational Nursing program in Oakland.

During her tenure with the BRN, she served on numerous workgroups and committees related to nursing in the workplace and nursing education, including a long-standing advisory committee appointment with HealthImpact (formerly California Institute for Nursing and Health Care). She made presentations to numerous groups and organizations throughout the State on the work of the BRN, including the Men in Nursing conference.

Ms. Bailey has been very active with the National Council of State Boards of Nursing (NCSBN) and served on the following committees: Awards Committee (2003–04); Item Review Sub-Committee (2003–06); NCLEX Examination

continued on next page

The BRN Report

Julie Campbell-Warnock, Editor

Louise Bailey, M.Ed., RN, Associate Editor

Stacie Berumen, Managing Editor

Design and Production Assistance:
Department of Consumer Affairs
Office of Public Affairs and Office of
Publications, Design & Editing

Contributors: Kim Brauer, Katie Daugherty, Sheila Granby, Tim Maciel, Beth Scott, Shannon Silberling, Christina Sprigg, Alcidia Valim, Janette Wackerly, Don Walker, Ronnie Whitaker, Marci White, Sheri Coburn, California School Nurses Organization and San Joaquin County Office of Education, Virginia Matthews, MAXIMUS California Health Professionals Diversion Program

Officer

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

Board Members

Michael Deangelo Jackson, MSN, RN, President
Raymond Mallel, Vice President
Imelda Ceja-Butkiewicz
Pilar De La Cruz-Reyes, MSN, RN
Jeanette Dong
Cindy Cipers Klein, RN
Trande Phillips, RN
Bhavna Shamasunder, MES, Ph.D.
Elizabeth (Betty) Woods, RN, FNP, MSN

Next Board Meeting

See the BRN website at www.rn.ca.gov/about_us/meetings.shtml for the latest dates and locations of upcoming Board and Committee meetings.

Mission Statement

The Board of Registered Nursing protects and advocates for the health and safety of the public by ensuring the highest quality registered nurses in the State of California.

Executive Officer Retiring *continued*

Committee (2006–09); Institute of Regulatory Excellence (2010–11); Leadership Succession Committee (2011–12); and Executive Officer Succession Resource Committee (2013–14) She was honored with a silver platter recognition award from the NCSBN Executive Officer Leadership Council in 2015 and a five-year recognition award in 2014 She continues to be a member in a number of organizations, such as Sigma Theta Tau International Nursing Honor Society, National Black Nurses Association, and Association of California Nurse Leaders

She has always taken her responsibility of helping protect the residents of California very seriously and is proud of the following activities that transpired during her tenure as Executive Officer at the BRN:

- » Reorganization of and addition of staff to the Enforcement Division, including special investigators, resulting in a decrease of complaint processing times from an average of 3-plus years to 22 months
- » Becoming a full participating member of the NCSBN NURSIS system, which exchanges licensure verification and discipline information between state boards of nursing and allows public access
- » Completion of many regulatory changes impacting enforcement, education, and licensing to enhance public protection
- » Relocation of the BRN offices, reuniting the Sacramento employees into one office, thus increasing efficiency
- » Meeting the needs of applicants, licensees, and consumers by the diligence of the Licensing Unit staff, working overtime and weekends processing applications and working with law enforcement agencies to uncover licensees that had submitted fraudulent applications, transcripts and other documents
- » Persistent recruitment efforts leading to a full complement of Nursing Education Consultants to work collaboratively with the 143 pre-licensure nursing education programs and 26 advance practice programs; work as liaison to the Board Committees; work and consult

with other BRN units, such as enforcement and licensing; and respond daily to consumer inquiries via e-mail and phone calls

- » Collaboration with nursing programs leading to consistent NCLEX passing rates at or above the national average
- » Implementation of the new computer system known as BreEZe with the Department of Consumer Affairs
- » Updating of the Board's Strategic Plan
- » Revisions to the website making overall navigation more efficient so information can be found more quickly and easily A page was added outlining the current processing timeframes for many of the activities the BRN performs
- » Compliance with legislation that assists military veterans in their education, application, and licensure process
- » Completion of multiple Sunset Review reports, the most recent in 2014 leading to the continuation of the BRN per Senate Bill 466 and signed by the Governor in October 2015

While many things are memorable to her during her tenure at the BRN, one of the things that will always be foremost in her mind are the wonderful employees at the BRN The kind, hard-working, and dedicated staff at the BRN is a benefit to California consumers, licensees, applicants, and staff from all of the other agencies with which they work She is thankful for having the opportunity to help lead registered nursing in California over the past two decades and feels honored to have had a role in this important profession

Ms. Bailey received her BSN from San Francisco State University and a Master's Degree in Education from the University of Virginia. She completed all of the coursework leading to a Ph.D. in Educational Research and Evaluation from Virginia Polytechnic Institute and State University. She holds a certification in Public Health Nursing and a Community College Teaching Credential. The Board wishes her well in her retirement.

Meet Our Newest Board Members

Board members serve as the policy-setting body for the Board. Some represent different areas of RN practice and some are public members. Since the last *BRN Report* in 2013, there has been a change in four Board members who are currently serving. Meet these newest members:



Elizabeth (Betty) Woods, RN, FNP, MSN was appointed to the Board by Governor Brown on February 6, 2014 as the Board's advanced practice member. She is a volunteer Nurse Practitioner at the Jewish Community Free Clinic

in Rohnert Park, which serves the uninsured population of Sonoma County. Previously Ms Woods was a Labor Representative with the California Nurses Association (CNA) and within this position she coordinated the Quality Liaison Program, a joint program between CNA and Kaiser Permanente. She has also worked as a Family Nurse Practitioner at Kaiser Permanente in Santa Rosa and as a Nurse Practitioner Adjunct Clinical Professor at Sonoma State University. Before earning her Nurse Practitioner certification and MSN from Sonoma State University, Ms Woods was an ICU and medical/surgical RN. Her term expires on June 1, 2018.



Dr. Bhavna Shamasunder, MES, Ph.D. is an Assistant Professor in the Urban and Environmental Policy Department at Occidental College. She was appointed by the Senate Rules Committee on August 19, 2015, and is serving as a

public member. She previously worked at Urban Habitat, a nonprofit organization. She is a member of the Association of Environmental Studies and Sciences. Her term expires in June 2016.

Imelda Ceja-Butkiewicz is serving as a public



member on the Board and was appointed by Governor Brown on February 6, 2014. She currently works as a Project Specialist at Kern County Public Health Services Department working with individuals living with HIV/AIDS. She has previously served in multiple positions at this agency, including the Medi-Cal Outreach Program, Maternal Child Disability Program, Child Health and Disability Program, Kern Access to Children's Health Program, Child's Dental Program, and Refugee Health Assessment Program. She previously held positions at the Kern County Economic Opportunity Corporation (aka Community Action Partnership of Kern). Ms. Ceja-Butkiewicz is a community advocate and has served on several professional and community organizations, including the Kern Homeless Collaborative, International Women's Program, Central Democratic Party Committee, and Democratic Women of Kern (past President). Her term expires on June 1, 2017.



Pilar De La Cruz-Reyes, MSN, RN was appointed to the Board as the nurse administrator member by the Governor on October 28, 2015. Ms. De La Cruz-Reyes is currently serving as director of the Central California Center for Excellence in Nursing at Fresno

State. Prior to that she worked as dean at United States University School of Nursing, project manager at the Hospital Council of Northern and Central California, faculty member at San Joaquin Valley College, and a staff nurse to the chief nurse executive at the Fresno Community Medical Center. Ms. De la Cruz-Reyes also served as chief nurse executive at the Fresno Heart Hospital and held several positions at the Community Medical Centers and Fresno Community Hospital as well as administrative director and service integrator at the Clovis Community Hospital. She earned a Master of Science degree in nursing from California State University, Dominguez Hills. Her term will expire on June 1, 2019.

Recently Enacted Legislation Impacting Registered Nurses

Following is a summary of some of the legislation presented during the 2013-14 legislative session that affects the Board or the practice of registered nurses. Unless otherwise stated, the statutes of 2013 became effective January 1, 2014, and the statutes of 2014 become effective January 1, 2015. These summaries are not all inclusive; additional information can be found at www.leginfo.ca.gov

- » **AB 154; Chapter 662 (2013).** Makes it punishable public offense for a person to perform an abortion if the person does not have a valid license to practice as a physician and surgeon, except performing an abortion by medication or aspiration techniques in the first trimester of pregnancy if he or she holds a license or certificate authorizing him or her to perform the functions necessary for an abortion by medication or aspiration techniques. The bill requires a nurse practitioner, certified nurse-midwife, or physician assistant to complete training, as specified, and to comply with standardized procedures or protocols, as specified, in order to perform an abortion by aspiration techniques, and would indefinitely authorize a nurse practitioner, certified nurse-midwife, or physician assistant who completed a specified training program and achieved clinical competency to continue to perform abortions by aspiration techniques. The bill deletes the references to a nonsurgical abortion and would delete the restrictions on assisting with abortion procedures.
- » **AB 186; Chapter 640 (2014).** Establishes a temporary licensure process for an applicant who holds a current, active, and unrestricted license in another jurisdiction and who is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders. A temporary license issued pursuant to these provisions expires 12 months after issuance, upon issuance of an expedited license, or upon denial of the application for expedited licensure by the Board, whichever comes first.
- » **AB 512; Chapter 111 (2013).** Extends the repeal date until January 1, 2018, of existing law that provides an exemption from the licensure and regulation requirements for a defined health care practitioner, licensed or certified in good standing in another state or states, to offer or provide health care services for which he or she is licensed or certified through a sponsored event, that meets requirements as specified in the law.
- » **AB 548; Chapter 203 (2014).** Extends the repeal date until January 1, 2020, of existing law that requires a community college registered nursing program that elects to use a multicriteria screening process to evaluate applicants for admission to nursing programs to include specified criteria, authorizes the use of an approved diagnostic assessment tool before, during, or after the multicriteria screening process, and requires a district that uses multicriteria screening measures to report its nursing program admissions policies to the chancellor annually in writing.
- » **AB 809; Chapter 404 (2014).** Requires the health care provider initiating the use of telehealth to obtain verbal or written consent from the patient for the use of telehealth, as specified. The bill requires that health care provider to document the consent.
- » **AB 1057; Chapter 693 (2013).** Requires each board, commencing January 1, 2015, to inquire in every application for licensure if the individual applying for licensure is serving in, or has previously served in, the military.
- » **AB 1841; Chapter 333 (2014).** Specifies that the "technical supportive services" a medical assistant may perform in California State Board of Pharmacy-licensed facilities also includes handing to a patient a properly labeled and prepackaged prescription drug, other than a controlled substance, ordered by a licensed physician and surgeon, a licensed podiatrist, a physician assistant, a nurse practitioner, or a certified nurse-midwife, as specified.

continued on next page

Recently Enacted Legislation *continued*

- » **AB 2102; Chapter 420 (2014).** Requires the Board to collect and report specific demographic data relating to its licensees, subject to a licensee's discretion, to report his or her race or ethnicity, to the Office of Statewide Health Planning and Development. The bill requires the Board to collect this data at least biennially, at the times of both issuing an initial license and issuing a renewal license.
- » **AB 2247; Chapter 388 (2014).** Requires each campus within the University of California, the California State University, and the California community colleges or private postsecondary educational institutions and independent institutions of higher education constitute that receives public funding through state or federal financial aid programs, is accredited by an accrediting agency recognized by the U S Department of Education, and offers education and training programs to California students to make final accreditation documents available to the public via the institution's website.
- » **AB 2396; Chapter 737 (2014).** Prohibits a board from denying a license based solely on a conviction that has been dismissed pursuant to the above provisions. The bill requires an applicant who has a conviction that has been dismissed pursuant to the provisions of the bill to provide proof of the dismissal.
- » **AB 2720; Chapter 510 (2014).** Requires a State body to publicly report any action taken and the vote or abstention on that action of each member present for the action.
- » **SB 271; Chapter 384 (2013).** Existing law establishes, until January 1, 2014, the Statewide Associate Degree Nursing (ADN) Scholarship Pilot Program in the Office of Statewide Health Planning and Development (OSHPD) to provide scholarships to students, in accordance with prescribed requirements, in counties determined to have the most need. The program is to be funded from the Registered Nurse Education Fund, and administered by the Health Professions Education Foundation within OSHPD. This extends the operation of this program indefinitely and would require the office to post ADN Scholarship Program statistics and updates on its website.
- » **SB 352; Chapter 286 (2013).** Deletes the requirement that the services performed by the medical assistant be in a specified clinic when under the specific authorization of a physician assistant, nurse practitioner, or certified nurse-midwife. The bill prohibits a nurse practitioner, certified 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, as specified, a violation of which would constitute unprofessional conduct. The bill deletes several obsolete references and makes other clarifying, conforming, technical, and nonsubstantive changes.
- » **SB 809; Chapter 400 (2013).** Establishes the CURES Fund within the State Treasury to receive funds to be allocated, upon appropriation by the Legislature, to the Department of Justice for the purposes of funding CURES. Beginning April 1, 2014, an annual fee of \$6 is required to be assessed on specified licensees, including licensees authorized to prescribe, order, administer, furnish, or dispense controlled substances, and require the regulating agency of each of those licensees to collect that fee at the time of license renewal. The proceeds of the fee to be deposited into the CURES Fund for the support of CURES, as specified. Specified insurers, health care service plans, qualified manufacturers, and other donors are permitted to voluntarily contribute to the CURES Fund, as described. Information and educational materials must periodically be developed and disseminated to each licensed physician and surgeon and to each general acute care hospital in California. By January 1, 2016, or upon receipt of a federal Drug Enforcement Administration registration, whichever occurs later, health care practitioners authorized to prescribe, order, administer, furnish, or dispense controlled substances, as specified, and pharmacists must 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

continued on next page

Recently Enacted Legislation *continued*

their care. The bill requires the Department of Justice, in conjunction with the Department of Consumer Affairs and certain licensing boards, to, among other things, develop a streamlined application and approval process to provide access to the CURES database for licensed health care practitioners and pharmacists.

- » **SB 911; Chapter 705 (2014).** Contains numerous provisions related specifically to the operation of residential care facilities for the elderly by the Department of Social Services. Deletes the provisions that relate to oversight by an RN or for RNs to be on call if the facility accepts residents with restricted or prohibited health conditions. Requires the facility to ensure that residents receive home health or hospice services sufficient in scope and hours by appropriately skilled professionals, acting within their scope of practice, to ensure that residents receive medical care as prescribed by the resident's physician and contained in the resident's service plan. Defines an "appropriately skilled professional" as an individual who has training and is licensed to perform the necessary medical procedures prescribed by a physician, which includes but is not limited to, a registered nurse, licensed vocational nurse, physical therapist, occupational therapist, or respiratory therapist. Revises the training and education and continuing training for licensees and administrators of the facility and of the staff providing direct care. Provisions will be operative on January 1, 2016.
- » **SB 1159; Chapter 752 (2014).** Requires those licensing bodies that require an applicant to provide either an individual tax identification number or Social Security number if the applicant is an individual. Requires the licensing bodies to report to the Franchise Tax Board, and subject a licensee to a penalty, for failure to provide that information, as described above. Prohibits, except as specified, any entity within the department from denying licensure to an applicant based on his or her citizenship status or immigration status. Requires every board within the department to implement regulatory and procedural changes

necessary to implement these provisions no later than January 1, 2016, and would authorize implementation at any time prior to that date.

- » **SB 1266; Chapter 321 (2014).** Requires school districts, county offices of education, and charter schools to provide emergency epinephrine auto-injectors to school nurses and trained personnel who have volunteered, as specified, and would authorize school nurses and trained personnel to use epinephrine auto-injectors to provide emergency medical aid to persons suffering, or reasonably believed to be suffering, from an anaphylactic reaction.
- » **SB 1299; Chapter 842 (2014).** Requires the Occupational Safety and Health Standards Board, no later than July 1, 2016, to adopt standards developed by the Division of Occupational Safety and Health that require specified types of hospitals, including a general acute care hospital or an acute psychiatric hospital, to adopt a workplace violence prevention plan as part of the hospital's injury and illness prevention plan to protect health care workers and other facility personnel from aggressive and violent behavior. Requires the standards to include prescribed requirements for a plan and requires the division, by January 1, 2017, and annually thereafter, to post a report on its website containing specified information regarding violent incidents at hospitals. The bill exempts certain State-operated hospitals from these provisions.

Additional information regarding legislative and regulatory updates that impact RNs is available on the BRN website at www.rn.ca.gov/regulations/index.shtml

Recent Legislation Authorizes Nurse Practitioners to Create Valid Physician Orders for Life Sustaining Treatment (POLST) Form

AB 637 (Campos), Chapter 217, enacted during the 2015 legislative session and effective January 1, 2016 (Chaptered 8/17/15), amends Section 4780 of the Probate Code, relating to resuscitative measures: Physician Orders for Life Sustaining Treatment (POLST) forms. This amendment authorizes the signature of a nurse practitioner or a physician assistant acting under the supervision of the physician and within the scope of practice authorized by law, to create a valid POLST form.

Existing law defines a request regarding resuscitative measures to mean a written document, signed by an individual, as specified, and the physician, that directs a health care provider regarding resuscitative measure, and includes a POLST form. Existing law requires a physician to treat a patient in accordance with the POLST form and specifies the criteria for creation of the POLST form, including that the form be completed by a health care provider based on the patient or his or her legally recognized health care decision-maker.

Additional information regarding this can be found at the legislative information website at <https://leginfo.legislature.ca.gov>

Continuing Education Audits

Licensees are required by law to complete continuing education as a requirement for renewal of an active RN license.

Title 16, California Code of Regulations section 1451 mandates that all licensees shall pay the renewal fee and submit proof, satisfactory to the Board that during the preceding renewal period or preceding two years has started and successfully completed thirty hours of continuing education approved by the Board. Also, licensees are required to keep their continuing education certificates for a period of four years and must submit to the BRN upon request.

The BRN conducts random audits of those licensees who renew their RN license to active status. If contacted by the BRN, be sure to submit the requested documents in a timely manner. Non-compliance of a continuing education audit could result in disciplinary action against your RN license and/or the issuance of a citation and fine.

A Matter of Moments: Update on Epinephrine Injectors in Schools

By Sheri Coburn, EdD, MS, RN, President-Elect, California School Nurses Organization, Director II, San Joaquin County Office of Education

It was a matter of moments when Cathy Owens, a school nurse at Murrieta Valley High School, was summoned to help a distressed student in full-blown anaphylaxis. With the student experiencing asphyxiation, Owens directed someone to call 911 and then grabbed another student's epinephrine injector prescription to use on the distraught student. Little did Owens know that her action was a breach of Federal law, but crucial to save the life of another student. It was the only resource and course of action that would save the student's life. Owens shares, "We didn't want the child to die." Nurses are taught to be problem solvers, "fix-it fairies" if you will. We champion challenges and capitalize promoting patient safety, health, and well-being—hence, it came as no surprise that when faced with this difficult situation, Owens engaged her problem-solving energies and used the resources available to save the life of a child.

With the recent passage of SB 1266 (Huff), Owens and other school nurses will no longer face such difficult situations as California schools are now required to stock epinephrine injectors that are prescribed to the school or district, instead of for a specific person. Coupled with the prescription, schools are also required to train at least one staff member on how to use and administer epinephrine. It took nearly 18 years after Owens' incident to pass the law, but the prevalence of undiagnosed allergies continues to grow. According to the Centers for Disease Control and Prevention (2013), one in every 13 children, approximately 8% of children, has a life-threatening allergy. With over 6.2 million children attending California schools, the risk for undiagnosed allergies that could result in allergic reactions is staggering. Allergies span from tree nuts, dyes in foods, latex, insects, dairy, shellfish, soy, wheat, as well as other triggers.

When students with known allergies start school, the school nurse works with the student's parents, the student, and the health care practitioner to develop a health care plan, which

outlines the student's signs and symptoms, and measures to be taken in the event of an allergic reaction. Unfortunately in Owens' situation, the student had no idea they were allergic and therefore had no care plan, and there was no epinephrine auto injector on site. Similarly, most schools do not have a 1.0 FTE school nurse assigned to the site. Aside from allowing a school-based prescription, SB 1266 also requires schools to identify and ensure the training of individuals in epinephrine auto injector administration.

With SB 1266 availing districts to stock epinephrine and with the capacity to train unlicensed personnel to administer the medication in the event of an emergency, one would believe that all problems have been solved. Shortly after the law went into effect, school districts and school nurses soon discovered a new caveat—physicians willing to write a prescription for the stock epinephrine. While SB 1266 did a great job ensuring school district employee indemnification, it was silent about physicians' willingness to write the order.

Statewide, school districts have struggled to identify physicians who agree to step up and write epinephrine auto-injector orders. In a 2015 California School Nursing Organization (CSNO) Survey (n=408), 33% of school nurses stated they were unable to get a physician's order to stock epinephrine. In further assessing the root cause, 31% of nurses did not know of a physician to contract with to write an epinephrine prescription; 74% of those nurses who had identified a physician said that the physician was unwilling to write a prescription, and 16% of those who identified a physician reported that the physician was charging to write the prescription; however, there were no funds to pay for services.

To assist school nurses in identifying physicians, CSNO has encouraged its members to connect with the CSNO State Board to assist in identifying physicians in their area willing to write prescriptions. These physicians are typically

Epinephrine Injectors in Schools *continued*

Allergy and Immunology specialists who have witnessed the impact of life-threatening allergies on students. Additionally, for school districts that were unable to identify funding, CSNO has encouraged school nurses to make presentations to school-based parent groups such as the California Parent Teacher Association and Parent Faculty Clubs. Further, one pharmaceutical group has offered free and discounted epinephrine auto injectors, which CSNO has posted on its website.

This 2014–15 legislative session, Senator Huff returned to his legislative colleagues to pass SB 738 amending the California Education Code 49414, which now states, *“An authorizing physician and surgeon shall not be subject to professional review, be liable in a civil action, or be subject to criminal prosecution for any act in the issuing of a prescription or order pursuant to this section, unless the act constitutes gross negligence or willful or malicious conduct.”* School nurses are hopeful this minor legislative change will ignite quantum shifts in physicians’ willingness to prescribe epinephrine for school districts and students with undiagnosed incidence of allergic reactions. SB 738 (Chapter 132) was signed by the Governor on July 16, 2015.

When You Need Information STAT, Visit the BRN Website

When you need information “STAT,” check our Web site at www.rn.ca.gov!

It provides the latest information about upcoming Board events, licensing and renewals, links to other healthcare-related sites, scope of practice, the Diversion Program, discipline, and much more:

- » Do you want to apply or renew a license? Do it online!
- » Do you want to get a licensure application form? Get one online!
- » Do you want to find out what colleges offer nursing programs? Check online!

Explanation of Terms

The following is an explanation of terms which may appear throughout the *BRN Report*:

Board refers collectively to the nine appointed members. The “Board” is the Board of Registered Nursing’s policy-making body that has responsibility for interpretation and enforcement of the Nursing Practice Act.

BRN is the Board of Registered Nursing. This is the State entity within the Department of Consumer Affairs that has the responsibility for implementation of Board policies and programs.

DCA is the Department of Consumer Affairs which supports many of the regulatory licensing entities in California, including the BRN.

NPA refers to the Nursing Practice Act. The NPA contains laws and regulations that govern the practice of registered nurses in California. It consists of sections 2700-2838 of the Business and Professions Code and Title 16, Division 14, of the California Code of Regulations. Nurses are responsible for knowledge of subsequent changes in the law. Publication of the *BRN Report* is one mechanism for informing registered nurses of these changes.

RN(s) is the abbreviation for registered nurse(s).

Staff Recognition and Awards

BRN staff are committed to the Board's mission of protecting and advocating for the health and safety of the public by ensuring the highest quality registered nurses in California. Many BRN staff communicate regularly with the public in various roles and for various purposes, but all strive to provide assistance and support. At times, their work is recognized by other organizations, licensees, applicants, and the general public. Following are some of the positive comments and recognition that has been received by BRN staff recently.

The BRN's call center staff work on the "front line," answering calls and working at the public counter in the Sacramento office. They work hard to try and answer questions and assist callers in many different areas. Some positive feedback they have recently heard includes:

"I was very grateful for the help I received from the staff at the licensing office. They took the time to talk to someone about my specific issue and were able to take care of it within 20 minutes! Thank you for your kindness and your help."

"I realize the e-mails you must receive must be of complaints and requests to get applications processed sooner, but I'd like to take a moment to recognize the hard work BRN staff does. Your staff works hard and has gone above and beyond for all the applicants."

"I just wanted to write and say thank you to the Board of Nursing Office in Sacramento who were so kind and courteous at the window when I went to drop off my paperwork. It was so nice to have such a welcoming person at the window and I wanted to say THANK YOU to the staff."

"As a customer service manager with an airline, I recognize Excellent Natural Communication and Customer Service Skills and your staff's skills are truly one of the best I have come in contact with."

"Thank you for your assistance in the license issue. Your help and friendly manor made this process so much easier and more enjoyable."

"I was distressed since I was not seeing any changes or updates. I called your main line and spoke with a representative who helped me immensely. She was very calm and informative. In addition, she was able to make the changes. Thank you so much for the great customer service!!!"

Nursing Education Consultants (NECs) review and monitor prelicensure nursing education programs and some advanced practice programs to ensure they are in compliance with statutory and regulatory educational requirements. This is done through ongoing communication and support with the programs, including periodic site visits for ongoing program approvals. NECs also work with proposed new programs that wish to begin a prelicensure nursing program. Reports are then presented to the Board. Praise for the NECs can often be heard by the nursing program directors at the Board meetings complimenting them for their professionalism, assistance, and support through the stressful process of a site visit or feasibility study.

In the Enforcement Division, the probation monitors work with RNs whose licenses have been disciplined and who may be working under restrictions and require regular reporting to the BRN. Here are some accolades heard by some of our probation monitors:

"Thanks for all your support and assistance during my 3 years of Probation – I really appreciate all you do for us during a difficult time."

"Thank you for your professionalism, guidance and support."

"I appreciate the help you have given me this past couple of years. You have a calming influence and you helped make a challenging situation less stressful."

"I would like to extend my appreciation for your kindness and efficiency of our dealing. The second chance that the BRN gave me is not taken lightly."

continued on next page

Recognition *continued*

"I feel very lucky to have a probation monitor who is supportive, non-judgmental and truly cares about the future and wellbeing of her probationers."

"I am forever grateful for the words you told me the day I decided to change my life."

"My SINCERE thanks for everything... You are a HUGE part of my success in my Recovery. I want to let you know how much I appreciate all you did for me... You were exactly what I needed."

"Today is my 9 month birthday of sobriety; as I was thinking this morning of all that I am grateful for, you and this program came to mind."

"I imagine you rarely get thanks or appreciation in the job you do so I just wanted to say: thanks, I appreciate you."

Also in the Enforcement Division, the discipline unit staff work the cases of RNs who are being sent to the Attorney General's Office for review and possible filing of charges against their license. Even with this difficult job, these staff work in a professional and expeditious manner that is sometimes acknowledged. An individual recently praised the BRN and commented on their appreciation for how fast and efficient the BRN moved on their case.

The Investigation Unit within the Enforcement Division works to investigate complaints that have been received by the BRN. The BRN investigative staff work with a variety of agencies and recently received the following accolade from a criminal prosecutor with the Bureau for Medi-Cal Fraud and Elder Abuse who before moving to California was the lead prosecuting attorney for the Maryland Nursing Board:

"...I look at the RN Board Investigative Reports you have sent me and they are outstanding."

BRN Assistant Executive Officer Stacie Berumen Receives Award



Each year, the Association of California Nurse Leaders (ACNL) recognizes nurse leaders for excellence in nursing leadership and advancement of clinical practice. In addition, they also recognize individuals who have made significant contributions to or demonstrated significant support of the nursing profession. On February 3, 2015, during ACNL's 2015 annual conference, Stacie Berumen, BRN's Assistant Executive Officer, was honored as a recipient of the 2014 *Friend of Nursing ACNL award*.

ACNL summarized her accomplishments in their annual report, acknowledging her serious commitment and responsibility of protecting the health and safety of the public, while supporting RN practice by working long hours investigating and following-up on issues that occurred with the implementation of the new BreEze computer system.

"She (Stacie Berumen) advocated for resolution of these issues, conducted conference calls to keep key leaders informed, responded to concerns in a timely manner and fast-tracked critical applications when appropriate. Stacie's professionalism, responsiveness and commitment to excellence were apparent to all who interfaced with her during this trying time. Stacie is clearly a champion of nursing and strong advocate for the health and safety of the public she serves."

The BRN is proud to have such dedicated and hard-working staff!

Enforcement Division Information

Do you need to verify an RN's license? You can do this through BRN or Nursys®!

Licensure information on California RNs can be accessed 24/7 at the BRN website at www.rn.ca.gov by selecting "BreEZe License Verification" under the "Quick Hits" list on the home page. The BRN also has an automated voice verification system at (800) 838-6828 available Monday through Friday from 8 a.m. to 5 p.m.

You can also see if a nurse is licensed in more than one state on the National Council of State Boards of Nursing (NCSBN) Nursys® system at www.nursys.com. Nursys® is the nurse licensing database for the NCSBN. It includes data from member boards that have provided data and contains personal, licensure, education, verification and discipline information. California's RN data is available in Nursys®.

Employers and the public can look up a license and print or download multiple licenses from all participating boards of nursing. For a list of boards of nursing participating in the QuickConfirm license lookup system, visit www.nursys.com/LQC/LQCTerms.aspx. This system has helpful information on nurses licensed in states other than California or in multiple states.

For Employers:

Remember to Verify Your Current and Prospective Employees' RN Licenses

Employers are required to verify all permanent and temporary RN licenses with the BRN pursuant to Business and Professions Code section 2732.05.

For Applicants:

Follow All NCLEX Test Site Rules and Regulations

To ensure all candidates' NCLEX results are earned under comparable conditions and represent a fair and accurate measurement, a standardized testing environment is maintained. Test site rules and regulations can be found in the NCLEX Candidate Bulletin at <https://www.ncsbn.org/1213.htm>. Violation of NCLEX rules may result in cancellation of examination results, denial of licensure, and/or other disciplinary action.

For Licensees:

Immediately Report Any Name or Address Change

Licensees are required by law (Title 16, California Code of Regulations section 1409.1) to notify the BRN of any name or address changes within 30 days of the change. The Enforcement Division issues citations and fines to nurses who fail to comply with this requirement. The fine is \$100 for the first violation.

Respond Immediately if You Receive a Continuing Education Audit

Please make sure that you respond to the BRN by the required date if you receive a letter that states you have been randomly selected for a continuing education (CE) audit. At the time of license renewal, you are allowed to self-certify that you have completed the required 30 hours of CE since your last license renewal. However, California Code of Regulations section 1451(d) states, "Licensees shall keep the certificates or grade slips from academic institutions pursuant to section 1458 (b)(7) for four years from the date they complete approved continuing education courses and must submit such certificates or grade slips to the Board when requested." Anyone who does not comply with the CE audit or who has not completed the required hours in the last renewal cycle may be referred to the Enforcement Division for review and investigation to determine if disciplinary action is necessary.

Disclosing Patient Information on Internet Social Media is a Violation of the NPA

The BRN has been receiving an increase in the number of complaints about nurses sharing patient information via Facebook or other social media sites. Any patient information learned during the course of treatment must be safeguarded by the nurse. Nurses have an ethical and legal obligation to maintain patient privacy and confidentiality at all times. Federal law reinforces and further defines privacy through the Health Insurance Portability and Accountability Act (HIPAA). Breaches of patient confidentiality or privacy by nurses could result in disciplinary action by the Board, civil or criminal penalties, and/or employment consequences. The Board seeks

continued on next page

Enforcement Division Information *continued*

the maximum fine amount of \$2,500 for these violations. Additional information about this subject can be found in White Paper: A Nurse's Guide to the Use of Social Media at the National Council of State Boards of Nursing website at www.ncsbn.org/Social_Media.pdf

For Students:

Attend a Board Meeting to Learn About the Board's Administrative and Disciplinary Processes

The BRN encourages students to attend a Board meeting and/or hearing to enhance learning of the process and see first-hand some of the work the Board conducts. Meetings are held 10 times per year in various locations throughout California. Check the BRN website at http://rn.ca.gov/about_us/meetings.shtml for upcoming meeting dates and locations.

For Consumers

Disciplinary Actions and Reinstatements

The Disciplinary Actions section of the BRN website is no longer available due to the conversion of our legacy database systems into the new BreEZe system. Any disciplinary action taken against a licensee will be visible on the BreEZe License Verification system. Employers may subscribe to e-Notify in order to find out if an employee has been disciplined and when his/her license expires. See Page 15 of this *BRN Report* for more information on the Nursys@ e-Notify system.

Phony Registered Nursing Educational Programs

There has been a significant increase in inquiries and complaints involving unapproved distance learning programs and nursing programs where didactic education is received in California and clinical training is obtained in the Philippines or another foreign country. If you are aware of any nursing program operating in California that is not approved by the Board of Registered Nursing and not listed on the BRN website, please contact the BRN Enforcement Division at (916) 557-1213, or a complaint can be filed online at <http://rn.ca.gov/enforcement/complaint.shtml>

Any licensee found to be involved with or operating an unapproved registered nursing program may

be investigated and referred to the Attorney General's Office for possible disciplinary action against their registered nursing license up to and including license revocation. Unlicensed individuals operating an unapproved registered nursing program will be investigated and could be referred to the local district attorney and/or the Attorney General's Office for civil and/or criminal action.

Upgraded Prescription Drug Monitoring Program

The Department of Justice (DOJ) and the Department of Consumer Affairs (DCA) are pleased to announce that the State's new Controlled Substance Utilization Review and Evaluation System—commonly referred to as **CURES 2.0**—went live on July 1, 2015. This upgraded prescription drug monitoring program features a variety of performance improvements and added functionality from the previous CURES 1.0 system.

In order to ensure a smooth transition from the current system, CURES 2.0 will be rolled out to users in phases over the next several months, beginning with early adoption by a select group of users who currently use CURES and meet the CURES 2.0 security standards, including minimum browser specifications. DOJ is currently identifying prescribers and dispensers who meet these criteria and will contact and coordinate their enrollment into CURES 2.0. For all other current users, access to CURES 1.0 will not change and no action is needed at this time. For users and entities not currently enrolled in CURES, further notification will be provided soon as to the enrollment/registration process.

All practitioner and health system prescribers and furnishers are required to be registered and meet CURES 2.0's security standards by July 1, 2016*. If you have any questions, please contact cures@doj.ca.gov. Thank you for your continued support of the CURES program.

* CURES 2.0 users will be required to use Microsoft Internet Explorer Version 11.0 or greater, Mozilla Firefox, Google Chrome, or Safari when accessing the system.

New and Amended BRN Regulations

Following are summaries of recently added and amended California Code of Regulations (CCR) sections completed by the BRN and included in the Nursing Practice Act. Specific information is available on the BRN website at <http://rn.ca.gov/regulations/approved.shtml>

» **CCR Section 1419(c)—Renewal of License**

Effective April 22, 2014, this regulation amendment increased the minimum reporting level of traffic infractions for renewing licensees from \$300 to \$1,000. Renewal applicants are no longer required to submit information to the BRN for traffic violations less than \$1,000. This increase allows BRN staff time to focus on other, more critical enforcement-related activities, thus enhancing consumer protection.

» **CCR Section 1403—Delegation of Certain Functions**

Effective July 23, 2014, this regulation amendment delegates to the Board's Executive Officer the authority to approve settlement agreements for revocation, surrender, or interim suspension of an RN license. Delegation of these functions to the Executive Officer shortens the timeframe for these cases, thus allowing orders to become effective more quickly and protecting consumers.

» **CCR Section 1441—Unprofessional Conduct**

Effective July 23, 2014, this regulation further defines unprofessional conduct. It specifies the following additional acts as unprofessional conduct: failure to provide the Board lawfully requested documents under the RN's control within the specified timeframe; failure to cooperate and participate in any Board investigation, as long as such action does not infringe upon the RN's constitutional or statutory privileges; failure of a licensee to notify the BRN within the specified timeframe of a conviction of a felony or misdemeanor or of disciplinary action by another licensing entity. Defining these activities as unprofessional conduct and grounds for Board disciplinary action facilitates and expedites the obtaining of records, and facilitates resolution of disciplinary cases.

» **CCR Section 1444.5—Disciplinary Guidelines**

Effective July 23, 2014, this regulatory change requires an Administrative Law Judge to issue a proposed decision revoking the RN license, without a stay order, if the licensee is found to have engaged in sexual misconduct with a patient or was convicted of a sex offense. Because of the seriousness of sex offenses and sexual misconduct, and the potential threat to consumers that sex offenders pose, the Board has determined that revocation of the RN license is the appropriate disciplinary action.

These amendments enhance the BRN disciplinary functions and reinforce its public protection mandate. They also facilitate achievement of the Board and DCA's goal to improve average discipline case resolution timeframes to an average of 12 to 18 months.

Nursys® e-Notify System Keeps Employers Informed

The National Council of State Boards of Nursing (NCSBN) Nursys® e-Notify system is a nurse licensure notification system that provides employers with real-time e-mail notifications about nurses they employ. The system provides licensure and publicly available discipline data directly to the employer, without the employer having to seek it out.

Nursys is the only national database for verification of nurse licensure, discipline, and practice privileges for registered nurses and licensed practical/vocational nurses. It consists of data obtained directly from the licensure systems of participating national boards of nursing through frequent, secured updates. The e-Notify system alerts subscribers when changes are made to a nurse's record, including changes to:

- » License status.
- » License expirations.
- » Pending license renewal.
- » Public disciplinary action/resolutions and alerts.

There is no charge to subscribe to the service. Employers can learn more and sign up by visiting the Nursys website at <https://www.nursys.com>. An introductory video on the system is available on the website.

New Website Format for the BRN

The BRN will soon implement a new look to its website! The new format is a statewide template and is being used by the BRN to make the website as helpful and user-friendly as possible by making frequently visited pages and needed information easier to locate, and overall navigation more efficient so that users can find the information they need quickly and easily. Please visit our website and take a minute or two to answer our website satisfaction survey and give us your feedback. The survey can be found at <https://www.dca.ca.gov/webapps/rn/survey.php>.



Studies Conducted by the BRN Provide Evidence-Based Data

The BRN conducts several studies, surveys, and research and, at times, collaborates with other agencies to complete research. Some are ongoing data collection and analysis related to the registered nursing workforce, educational activities, and policies in California and some study current issues related to registered nursing. The data these studies provide is invaluable to many facets of the public, both within California and nationally. These stakeholders include employers, lawmakers, policymakers, nursing agencies, educators, students, researchers, and the general public. The BRN collects the most, and in many cases the only, comprehensive and current data on RNs in California. The research provides evidence-based data for sound workforce and fiscal planning built on trend analysis. Below is a brief summary of some of the public who depend on data from the BRN.

- » The Office of Statewide Health Planning and Development Healthcare Workforce Development Division to provide data for both its Healthcare Workforce Clearinghouse and Song Brown Healthcare Workforce Training Programs
- » California governmental agencies such as the Department of Health Services, Department of Public Health, and California Community College Chancellor's Office access and use this data to obtain RN practice locations, education, workforce diversity, and other workforce and demographic information
- » Many educators access the data to complete various analyses of RNs in California. Some examples include: the impact of the economy and recessions on RN employment; staffing and workforce changes in various employment settings; ethnic diversity of RNs and issues related to various ethnic groups; and factors that impact RN employment satisfaction
- » Employers access the data for workforce planning, funding, recruitment, and human resource purposes
- » The BRN and the University of California, San Francisco, staff receive inquiries from the public for various data on RNs. The majority of the time they can be referred to one or more of the reports for the information they are seeking

Below is a summary of the most recent major studies completed by the BRN and our contracted vendor UCSF. A listing of all BRN studies and reports can be found on the BRN website at <http://rn.ca.gov/forms/pubs.shtml>

Ongoing Studies/Publications

Survey of Registered Nurses in California 2014

This report is the ninth in a series of surveys that have been conducted biennially since 2004. The surveys are designed and reports written to describe licensed RNs in California and to examine changes over time. The report includes information such as demographics, education, employment, earnings, future plans, and job satisfaction. The age of the RN workforce has stabilized in the past five years with as many nurses in the youngest age groups as in the oldest. In 2014, almost 48 percent of RNs were 50 years or older. The workforce has continued to become more diverse with the entry of more men and minorities into the profession, with men making up nearly 12 percent of RNs and more than 47 percent non-white. Rising shares of RNs are completing additional education after licensure and RNs are generally satisfied with their jobs, the profession and their interactions with patients. More than 83 percent of RNs are employed in nursing in 2014.

Forecasts of the RN Workforce in California 2015

This report provides the most current RN supply and demand projections in California and, like the Survey of RNs, has been completed biennially since 2005. The forecasts are based on a variety of data sources, including the biennial RN survey. Currently, it appears that RN supply and demand are in close alignment through 2035 if California

continued on next page

Studies Provide Evidence-Based Data *continued*

continues to graduate RNs at the current rate and they are not lost to other states or professions due to the difficulty new graduates are currently facing in finding employment in California

Annual School Survey 2013-2014

A report is completed annually from data collected from August 1 through July 31 from California nursing programs. Data are collected regarding new enrollments, student census, completions, resources, clinical space, clinical simulation, faculty, and current nursing education issues. Statewide and regional reports and an interactive database are developed and available for pre-licensure nursing programs as well as a report for post-licensure nursing programs. Overall, the number of student enrollments and completions has increased over the past decade; however, these gains have been declining in recent years. The past decade has also seen increases in the retention rate of students and the use of clinical simulation. The number of nursing faculty has increased by 72 percent in the past 10 years; however, more are still needed as the faculty vacancy rate is at a 10-year high of more than 9 percent.

Sunset Review Report 2014

As legislatively mandated, the BRN is required to periodically report to the Legislature on activities and provide information so the Legislature may determine the need for the BRN to continue regulating the practice of registered nursing. This is called the Sunset Review process, which also includes recommendations from the Legislature to the Board on ways to improve its programs, policies, and procedures. The BRN went through this Sunset Review process in 2014 and prepared a report responding to issues and recommendations identified by the Senate Business, Professions and Economic Development and Assembly Business, Professions and Consumer Protection committees and their staff. The report outlines work completed by the BRN since the last Sunset Review in 2010.

California New Graduate Hiring Survey 2013-2014

The challenge for newly graduated RNs to find employment in recent years has been a concern. To better understand the current employment experience of newly licensed RNs, in the fall of 2014, a fifth annual Statewide survey was conducted through the efforts of the California Institute for Nursing and Health Care (recently renamed HealthImpact), the BRN, the Association of California Nurse Leaders, the California Student Nurses Association, and the University of California, Los Angeles, School of Nursing with funding provided by Kaiser Permanente Fund for Health Education at the East Bay Community Foundation. While this current report finds improvement in the percentage of RNs obtaining jobs within the first year of licensure as compared to the prior four years, it is still low at 65 percent. Notable differences in new graduate employment rates are found in different areas of the State, from a low of 50 percent in the San Diego area to a high of almost 87 percent in the San Joaquin Valley.

One-Time Studies/Publications

Effectiveness of Simulation Education Survey 2015

This survey was completed to learn about recently licensed RNs' clinical education experiences and how they thought it prepared them for practice as an RN. The purpose was to obtain data about the outcome of clinical simulation and practice experience from the student/RN perspective and learn more about clinical simulation experiences in California nursing programs. Almost 25 percent of survey respondents felt that clinical simulation was very effective at preparing them for their role as a new RN, while almost 62 percent felt the same about hands-on clinical placement experiences. Ten to 24 percent indicated that more or different simulation would have made their transition to practice much easier while 45 to 60 percent thought more or different hands-on practice experience would have made their transition much easier.

continued on next page

Studies Provide Evidence-Based Data *continued*

Survey of Nurses' Educational Experiences 2013

This survey was conducted to assess RNs' experiences pursuing additional education after licensure. The survey asked about post-licensure educational experiences, reasons for pursuing additional education, and intentions regarding future education. This survey found more than 36 percent of employed California RNs have completed at least one post-licensure degree, and more than 7 percent are currently enrolled in a post-licensure education program. There were a number of suggestions for improving access to additional nursing education, including: universities offering more online courses and distance learning programs; more part-time and re-entry programs for working nurses or those trying to return to work; more support from employers; greater recognition for advanced degrees in the workplace and wage scale; and greater financial support such as grants and scholarships.

The Diversity of California's Registered Nursing Workforce 2013

This report provides an analysis and information on the current ethnic diversity of California RNs as the ability of RNs to provide culturally competent care to Californians is associated with the language skills and diversity of the RN workforce. The analysis compared the RN diversity to that of the population of California as a whole. Future projections are also included. Data from a variety of sources were used for the analysis. The data show the overrepresentation of white and Filipino RNs and the underrepresentation of black and Hispanic RNs in comparison to both the patient population and the general population in California, and that these disparities will continue over the next several years.

BRN Needs Your Expertise!

The BRN Enforcement Program is currently recruiting qualified registered nurses to review case materials, prepare written opinions, and possibly testify at administrative hearings as expert witnesses.

The BRN needs expert witnesses in the following areas of expertise:

- » AIDS/HIV
- » Oncology
- » Dialysis
- » Pediatric ICU
- » Hospice
- » Nurse Anesthetist
- » Wound Care
- » Botox/Laser/Dermabrasion
- » Corrections
- » Psychiatrist
- » Family Nurse Practitioner
- » Neonatal ICU
- » Psychologist
- » Risk Management/Quality Assurance

Expert witnesses play a very important role in consumer protection and patient advocacy. This exciting opportunity may be yours if you have the following qualifications:

- » A current and active California RN license
- » Ten or more years of experience as a RN
- » Five or more years of experience and expertise in one of the areas or specialties listed above AND current employment in that setting
- » No prior or current charges or discipline against any healthcare related license in California or in any other place of licensure
- » No criminal convictions, including any that were expunged or dismissed

Expert witnesses are paid \$75 per hour for case review and preparation of the expert opinion report and \$75 per hour plus expenses if called to testify at an administrative hearing.

If interested, you can obtain an application and information on submitting your application from the Enforcement section on the BRN website at www.rn.ca.gov, or send your request in writing to:

Enforcement Division
Board of Registered Nursing
P. O. Box 944210
Sacramento, CA 94244-2100

The Board Completes Fee Audit

Excerpts from the September 2015, California Board of Registered Nursing Report—User Fee Audit

Without adequate financial resources, the BRN cannot meet its mission to regulate the practice of registered nursing and certify advanced practice nurses in order to protect the public. The Board exists to protect the health and safety of consumers and promote quality registered nursing care in California. As part of its effort to manage its financial resources wisely, the Board engaged Capital Accounting Partners to prepare a detailed cost analysis of its fees. The Board's objectives for the study were to ensure that the Board is fully accounting for all of its costs and recovering adequate revenues to be reimbursed for its expenses. The Board's only sources of revenues are fees charged for each of the various licenses and certificates. The Board also has a mandate to be fully self-supporting so it is vital that the fees charged to nurses and applicants fully cover the costs of the programs so that this mission can be fully executed.

The scope of the fee audit study included the following objectives:

- » Calculate full cost of fee-based services
- » Determine a fair and equitable method of allocating non-fee expenses, such as enforcement, to each certificate
- » Develop revenue projections for 5-10 years
- » Review performance of core business processes

Identifying opportunities to strengthen the long-term sustainability of the Board was an important aspect of this project. By adjusting its fees to meet current cost demands, building reserves, and projecting revenues for the long-term, the Board can significantly impact the quality and effectiveness of its services. In the last 20 (plus) years, the Board has only adjusted its fees once, and this was an adjustment of only a few selected fees. As a result, reserves have been depleted, labor costs have been stretched, and upgrades to technology have been delayed. The Board is unable to upgrade its phone system, which is inadequate for the demand, with the current revenues collected.

The fee audit included three major recommendations:

- 1 The Board should implement a policy to adjust fees regularly. The Board must receive approval for setting its fee caps from the State Legislature. Therefore, the recommendation is to project fees for the next five years using a simple annual adjustment. Seek legislative approval for the caps. Then adjust fees annually for up to 10 years. Within 3-5 years, do another formal cost analysis, seek legislative approval for a caps adjustment, and repeat the process. It is recommended this process be set into policy by Board members.
- 2 The Board should adopt reserve policies that will guide the Board going forward. Recommend the Board to have nine months of operating expenses held in reserve and to build up this reserve over the next five years.
- 3 Set fees based on customer (nurses and schools) expectations. The mission of the Board is to regulate the RN profession to ensure the highest quality standards for citizens of the State. This also includes a strong enforcement component. Keeping fees artificially low impairs the ability of the Board to carry out this mission. Without immediate action to raise fees, the Board will need to cut back its enforcement operations, which runs counter to its mission. The Board is often functioning at the limits of its acceptable range of service. For example, the Board is required to process initial applications for licensure within 90 days; often these licenses are being processed right at this limit. The expectation and goal would be for quicker processing times than the limit. In addition, the current phone system used by the call center is inadequate to handle the number of calls coming in and the number of staff are inadequate to handle the number of calls the system can handle. This means that the most important communication tool the Board has is not properly funded to meet the most basic requirements of its customers.

The Board is continuing to review and consider the findings and recommendations of the fee audit report, and at the September 2015 Board meeting appointed two Board members to review and provide recommendation(s) on how to proceed to the full Board. At the Board's December 2015 meeting, a revised fee schedule was approved.

Purchasing the Nursing Practice Act

The Nursing Practice Act (NPA) is the body of California law that mandates the Board to set out the scope of practice and responsibilities for RNs. The NPA is located in the California Business and Professions Code starting with section 2700. Regulations that specify the implementation of the law appear in the California Code of Regulations, Title 16, Division 14. Other related statutes are included in the Business and Professions Code, Civil Code, Corporations Code, and other miscellaneous codes.

The NPA, with regulations and related statutes from other codes, is updated annually and is available for purchase. LexisNexis has published the NPA in conjunction with the BRN. The newest NPA (2015), which includes a CD, is \$31 and is available at bookstore.lexis.com.

The NPA laws and regulations, not including the related statutes from other codes, are also available on the BRN website at www.rn.ca.gov/regulations/npa.

NCLEX® Panel Recruitment: RNs Needed to Assist With Item Development Process

The National Council of State Boards of Nursing (NCSBN) is currently seeking interested RNs from California who may qualify to serve as item writers, item reviewers, or members of the Standard Setting Panel of Judges for the NCLEX® item and examination development process.

Item Writing Panel

Item writers create the items (questions) that are administered in the NCLEX® examinations. You must have a master's or higher degree (for the NCLEX® RN exam only) and you must be responsible for teaching basic/undergraduate students in the clinical area OR currently employed in clinical nursing practice and working directly with nurses who have entered practice within the last 12 months. Additionally, you must be currently licensed and practice in California and employed in the U.S. or its member board jurisdictions. You must be a registered nurse (RN) for the NCLEX® RN exam or a licensed practical/vocational nurse (LPN/VN) OR RN for the NCLEX® PN exam.

Item Review Panel

Item reviewers examine the items that are created by item writers. You must be currently employed in clinical nursing practice AND directly working with nurses who have entered nursing practice during the past 12 months, specifically in a precepting or supervising capacity. You must be currently licensed and practice in California and employed in the U.S. or its member board jurisdictions. You must be a registered nurse (RN) for the NCLEX® RN exam or a licensed practical/vocational nurse (LPN/VN) OR RN for the NCLEX® PN exam.

Benefits of participation include:

- » Earning continuing education contact hours.
- » Contributing to continued excellence in the nursing profession.
- » Networking on a national level.
- » Building new skills that are useful at work as well as for professional growth.

To apply for the Item Writing or Item Review Panel, you can complete an online application on the NCSBN website at <https://www.ncsbn.org/1227.htm>.

New NCLEX®-RN Test Plan Becomes Effective April 1, 2016

The National Council of State Boards of Nursing (NCSBN) approved the 2016 NCLEX®-RN Test Plan at its annual Delegate Assembly meeting in August 2015. The 2016 NCLEX®-RN Test Plan added a new *Integrated Process: Culture and Spirituality*. The five *Integrated Processes* are the processes fundamental to the practice of nursing and integrated throughout the Client Needs categories and subcategories of the test plan. The five integrated processes are Nursing Process, Caring, Communication and Documentation, Teaching/Learning, and the newly included processes of Culture and Spirituality.

The NCLEX®-RN Test Plan Client Needs framework, content distribution, and examination delivery methodology are unchanged. The 2016 NCLEX®-RN Test Plan will be effective from April 1, 2016, through March 31, 2019, and is now available on the NCSBN website.

The 2016 NCLEX®-RN Test Plan changes are based on review of the *Report of Findings NCSBN 2014 RN Practice Analysis: Linking the NCLEX®-RN Examination to Practice* and the expert judgment provided by the members of the NCSBN NCLEX® Examination Committee. The test plan review processes completed every three years ensure the NCLEX®-RN examination is fair, valid, reliable, and psychometrically sound in measuring the current knowledge, skills and abilities, and minimal competencies required for safe and effective entry into RN practice.

On December 9, 2015, the NCSBN Board of Directors voted to uphold the current passing standard for the NCLEX®-RN examination. The passing standard will remain at the current level of 0.00 logit that was instituted April 1, 2013. This passing standard will remain in effect through March 31, 2019. It was determined the current passing standard was sufficient as a measure of safe and effective entry-level RN practice after multiple sources of information were considered, including an expert panel of 11 nurses who performed a criterion-referenced standard setting procedure and considering results of national surveys of the nursing profession. NCSBN evaluates the NCLEX®-RN passing standard every three years in coordination with the three-year cycle of the test plan evaluation.

A number of valuable NCSBN NCLEX® resources are available for students, exam candidates, and educators free of charge. These online resources include: NCLEX® tutorial, NCLEX® Candidate Bulletin, Test Plans and Detailed Test Plans, Computerized Adaptive Testing (CAT), NCLEX® educational video and presentations, Twitter, Facebook and FAQs. NCSBN encourages use of these resources to become familiar with the exam, its delivery, types of exam questions, terminology, and test site administration rules.

For more information about the 2016 NCLEX®-RN Test Plan and other NCLEX® resources, visit the NCSBN website at www.ncsbn.org



NCLEX®-RN Exam Pass Rates for July 2012 through June 2015

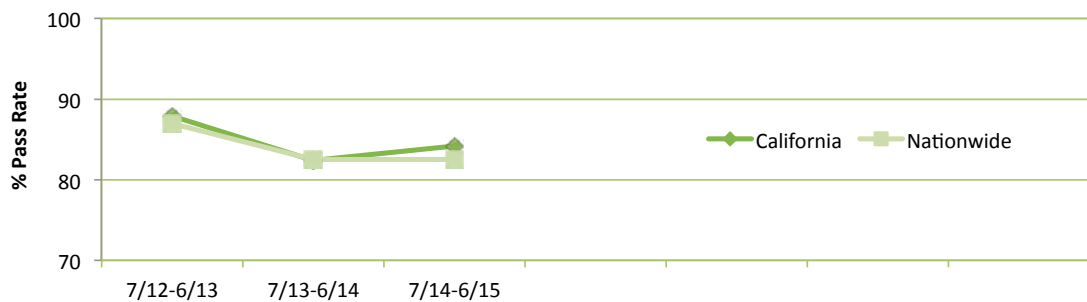
California and Nationwide Annual NCLEX Pass Rates July 1, 2012–June 30, 2015 U.S. Educated First-Time Exam Candidates*

Year	California		Nationwide	
	Candidates	% Pass	Candidates	% Pass
July-June				
2012-2013	10,875	87.9	152,243	87.0
2013-2014**	10,370	82.4	155,335	82.5
2014-2015	10,960	84.2	159,528	82.5

* Includes California and out-of-State U.S.-educated candidates

** 2013 Test Plan and Passing standard (0.00 logit) effective 4/1/2013

Data Source: NCSBN Pass Rate Reports



NCLEX®-RN Information Available on Social Media

Through social media, followers can receive regular updates on the most current NCLEX® policies and procedures. All the latest news is posted on the social media pages and on NCLEX.com. Followers can expect posts several times a week on important information about the NCLEX®, including:

- » NCLEX® candidate rules
- » Frequently asked questions
- » Scheduling/rescheduling policies
- » Holiday closures
- » Happenings at NCSBN, including NCLEX® conferences, publications, and educational videos
- » Who to contact for questions

Keep up with the latest updates by liking NCLEX® on Facebook and following on Twitter!

Get to Know the Online BRN Computer System—BreEZe

Online Services

The BRN transitioned to the new Department of Consumer Affairs (DCA) computer system—called BreEZe—in October 2013 and now offers more online services to our licensees and applicants. Some of the services available include the ability to:

- » Renew a license and certificate(s)
- » Apply for RN licensure by exam
- » Apply for Public Health Nurse, Clinical Nurse Specialist, or Nurse Anesthetist certification
- » Pay with a major credit card in a secure environment
- » Submit address changes for RN licenses
- » Report lost or stolen RN pocket cards and order a duplicate
- » Obtain proof of renewal status and real-time licensee information
- » File a complaint
- » Verify a license

Additional enhanced online service features are coming in the future.

Tips for Using the Online Services

The BRN has created a helpful step-by-step tutorial document to assist users with the online RN renewal process available at <http://rn.ca.gov/pdfs/licensees/onlineinstructions.pdf>. Did you know that there are also video Help Tutorials to assist you in using the BreEZe system and offered online services? Tutorials include:

- » Overview of BreEZe online services
- » How to search for a license
- » How to file a complaint
- » How to register for BreEZe
- » What to do if you forgot your password or user ID
- » How to submit an application
- » How to submit a renewal
- » How to update license information
- » How to make a payment
- » How to add an authorized representative

The following “tips and tricks” may also be helpful to remember when applying online:

- » USE ALL CAPS when completing the online process (the system does not default to CAPS)
- » Submit and pay for your application on the same day
- » The name you use when applying online must match your ID and will avoid delays by giving the same name to the testing vendor, Pearson VUE
- » Live Scan fingerprinting can only be submitted by applicants who reside in California

Visit the Board’s website and click on the Online Services tab for more information.



BRN Intervention Program Seeking Nurse Support Group Facilitators and Co-Facilitators

The Board of Registered Nursing (BRN) is currently recruiting qualified registered nurses to serve as Nurse Support Group Facilitators and Nurse Support Group Co-Facilitators. The BRN recognizes that a vital link in the recovery process is a strong ongoing treatment program that includes the support of a structured Nurse Support Group.

The role of the Nurse Support Group Facilitator is to:

- » Facilitate the group meeting
- » Keep the group focused on the day-to-day professional issues and recovery process that supports a registered nurse's return to his/her profession in a manner that protects the health and safety of the public
- » Apply the principles of interpersonal interaction and group process while giving priority to recovery
- » Provide input and recommendations relative to the needs of the Intervention Program participants and registered nurses on probation

The role of the Nurse Support Group Co-Facilitator is to:

- » Assist the primary Facilitator with group facilitation
- » Act as a Facilitator in the absence of the primary Facilitator

All Facilitators and Co-Facilitators for Nurse Support Groups must:

- 1 Be a registered nurse (If the primary Facilitator is not a registered nurse, the Co-Facilitator must be a RN)
- 2 Have a demonstrated expertise in the field of substance use disorders as evidenced by:
 - a Having worked in the area for at least one year within the last three years and having at least two semester units or three quarter units; or 30 hours of continuing education in the area of substance use disorders

OR

- b Certification or eligibility for certification in the area
- 3 Have a minimum of six months experience facilitating group process
- 4 If in recovery, have a minimum of five years' recovery

All Facilitators and Co-Facilitators must not:

- 1 Have a Board accusation pending, or be on Board probation
- 2 Be a current participant in the Intervention Program

If interested, you can obtain an application and information from the Intervention Program section on the BRN website at <http://rn.ca.gov/diversion/index.shtml>, or send your request in writing to:

**Intervention Program
Board of Registered Nursing
P. O. Box 944210
Sacramento, CA 94244-2100**

BRN Licensing Unit

The Application is Not Everything

The primary objective of the BRN's licensing unit is to ensure consumer protection by determining that applicants possess the knowledge and qualifications necessary to competently and safely practice as an RN and in the specialty category for which they are certified. The licensing unit receives and processes thousands of applications a year for prospective RNs wanting to take the national examination (NCLEX®-RN), already licensed RNs from other states wanting to obtain a license in California, and RNs applying for advanced practice certifications. From July 1, 2014 through June 30, 2015, the BRN received 30,650 total RN applications and issued almost 22,000 RN licenses. During the busiest time, due to many nursing program graduations, from May through August of 2015, the Licensing Unit approved over 5,700 applicants to take the NCLEX®-RN.

Processing applications is a multistep process that includes data entry for hard-copy applications or checking data for online applications. In addition, school transcripts and fingerprint results are received and must be matched to the application. All information must be scanned into the applicant's file and all data must be reviewed. If the file is missing any of the requirements or is deficient in some way (i.e., an educational requirement is missing), a letter must be generated and mailed to the applicant and matched again when additional documentation is received. If there is a previous conviction identified by the applicant and/or through the fingerprint process, this information must be reviewed by the BRN's Enforcement Unit. All of these steps impact the processing timeframe of any application. Current average processing timeframes are available on the BRN website at <http://rn.ca.gov/times.shtml>

Summarized below are requirements for licensure by examination or endorsement and advanced practice certification:

Licensure by Examination

Applicants seeking RN licensure for the first time include successful completion of specified RN education requirements, which is verified through review of official transcripts and/or review of the nursing program curriculum; passage of the NCLEX-RN; and fingerprint background clearance. Applicants must take the NCLEX-RN if they have never taken and passed, or been licensed as an RN in another state. All applicants must have completed an educational program meeting all California requirements. If any educational requirements are lacking, applicants must successfully complete an approved course prior to taking the examination.

Licensure by Endorsement

To qualify for endorsement into California as an RN, an applicant must hold a current, clear, and active RN license in another U.S. state or Canada; have completed an educational program meeting all of California's requirements; have passed either the current national examination or its predecessor; and fingerprint background clearance. Applicants not meeting these qualifications must become licensed by the examination method.

Advanced Practice Certification

The BRN certifies public health nurses and advanced practice registered nurses. Advanced practice registered nurses include nurse practitioners, nurse-midwives, clinical nurse specialists, and nurse anesthetists. The BRN also maintains a listing of psychiatric/mental health nurses. Specific requirements differ depending upon the certification, but all certifications require the applicant to first have a California RN license before obtaining the certificate.

More information is available on the BRN website under the Applicants tab on the Home Page.

Reminder to RNs to Discuss Medication Side Effects with Patients

The National Traffic Safety Board (NTSB) adopted its safety study, Drug Use Trends in Aviation: Assessing the Risk of Pilot Impairment, in September 2014. As a result of this safety study, NTSB issued six new recommendations, including four recommendations to the Federal Aviation Administration and two recommendations to the 50 states (including California), the District of Columbia, and the Commonwealth of Puerto Rico. The two recommendations that impact California:

- » **I-14-1:** Include in all state guidelines regarding prescribing controlled substances for pain a recommendation that health care providers discuss with patients the effect their medical condition and medication use may have on their ability to safely operate a vehicle in any mode of transportation
- » **I-14-2:** Use existing newsletters or other routine forms of communication with licensed health care providers and pharmacists to highlight the importance of routinely discussing with patients the effect their diagnosed medical conditions or recommended drugs may have on their ability to safely operate a vehicle in any mode of transportation

The Board of Registered Nursing is taking this opportunity to remind licensees that it is important to discuss with patients the effect prescription drugs may have on their ability to safely operate a vehicle in any mode of transportation. Additional information about this topic and the resulting recommendations may be found in the study, which can be accessed at NTSB's website, www.ntsbt.gov, under report number SS-14/01

BRN Website Spotlight

The following is the third of many articles to highlight and describe an area of information available on the BRN website:

Opportunities for Public Participation

Did you know that the BRN website has information about upcoming meetings, pending legislation and regulations related to RNs and information on how to participate and provide input into these matters? The link to get started is at <http://rn.ca.gov/decisions.shtml>.

Effective January 1, 1994, section 11125.7 was added to the Government Code related to open meetings, which provides the public an opportunity at meetings to address each agenda item during the State body's discussion or consideration of an item. However, total time allocated for public comment may be limited. All meetings conform to the Open Meeting Act.

Meeting facilities are accessible to persons with disabilities. Requests for accommodations should be made to the Board of Registered Nursing, 1747 North Market Blvd., Suite 150, Sacramento, CA 95834, or by phone at (916) 574-7600 (hearing impaired TDD phone number (800) 326-2297) no later than one week prior to the meeting.

Submitting Comments on Draft Regulations

The website includes information on adopted as well as any proposed regulations. Any person interested may present statements or arguments orally or in writing relevant to the action proposed at a hearing. Written comments may be submitted by mail at 1747 North Market Blvd., Suite 150, Sacramento, CA 95834, by e-mail at webmasterbrn@dca.ca.gov, or by fax at (916) 574-8637. The BRN, upon its own motion or at the instance of any interested party, may thereafter adopt the proposals substantially or may modify such proposals if such modifications are sufficiently related to the original text. Detailed information about specific regulations, hearings and comment periods are available on the BRN website at <http://rn.ca.gov/regulations/proposed.shtml>.

Fee Increases Implemented October 14, 2015, and January 1, 2016

The Board amended section 1417 of Title 16 of the California Code of Regulations as an emergency regulatory action to raise many of the fees it charges to support the Board's operations. The Office of Administrative Law approved this emergency regulatory action pursuant to sections 11346.1 and 11349.6 of the Government Code. This emergency regulatory action became effective on August 20, 2015. To accommodate necessary programming changes to Board systems, fee increases took effect on October 14, 2015, and January 1, 2016.

Below is the new fee schedule effective October 14, 2015, for initial certification applications, duplicate licenses, outgoing verifications, and transcripts.

Application Fees:	Current Fee	New Fee
Nurse Practitioner Certificate Application	\$75	\$150
Nurse Midwife Certificate Application	\$75	\$150
Nurse Midwife Equivalency Exam	\$100	\$200
Nurse Anesthetist Certificate Application	\$75	\$150
Public Health Nurse Certificate Application	\$75	\$150
Clinical Nurse Specialist Certificate Application	\$75	\$150
Continuing Education Provider Application	\$200	\$300
Miscellaneous Fees:		
Outgoing Verifications to Other States	\$60	\$100
Certified Copy of School Transcript	\$30	\$50
Duplicate License	\$30	\$50

Below is the new fee schedule effective January 1, 2016, for license and certificate renewals and delinquent fees.

License & Certificate Renewals & Delinquent Fees:	Current Fee	New Fee
Registered Nurse License Renewal		
a. Renewal Fee \$130 to \$150	\$140	\$160
b. RN Education Fund \$10		
Penalty Fee for Untimely Registered Nurse Renewal	\$65	\$75
Nurse Midwife Certificate Renewal	\$75	\$100
Penalty Fee for Untimely NMW Renewal	\$37	\$50
Nurse Anesthetist Certificate Renewal	\$75	\$100
Penalty Fee for Untimely NA Renewal	\$37	\$50
Clinical Nurse Specialist Certificate Renewal	\$75	\$100
Penalty Fee for Untimely CNS Renewal	\$37	\$50
Continuing Education Provider Renewal	\$200	\$300
Penalty Fee for Untimely CEP Renewal	\$100	\$150

A listing of all fees can be found on the BRN website at http://rn.ca.gov/about_us/fees.shtml and approved regulatory language for the fee increases is available at <http://www.rn.ca.gov/regulations/approved.shtml>.

Requirement to Collect Demographic Data on Licensees

Recent legislation has passed (AB 2102) that requires the BRN to collect certain demographic data relating to our licensees at the time of licensure and renewal, and report this data to the Office of Statewide Health Planning and Development. Completion of this survey will help the State analyze and report gaps in the healthcare workforce in California to the Legislature.

Beginning on July 1, 2015, the BRN, in coordination with staff from other impacted boards and DCA, implemented an online survey to collect the mandated six data elements as required by AB 2102. The data elements include:

- 1 Location of practice, including city, county, and ZIP code
- 2 Race or ethnicity (optional for respondent)
- 3 Gender
- 4 Languages spoken
- 5 Educational background
- 6 Classification of primary practice site among the types of practice sites specified by the Board, including but not limited to, clinic, hospital, managed care organization, or private practice

A website address to access the survey and information about the survey is being provided in the packets sent to all renewing and new licensees. Licensees may also contact the Board for a printed copy of the survey if Internet access to the survey is a problem. RNs are required to complete the short survey to comply with this legislation when receiving initial license and at license renewal.

Board of Registered Nursing 2014 Sunset Review

In October 2014, the BRN submitted their Sunset Review Report to the Senate Business, Professions and Economic Development Committee and the Assembly Business, Professions and Consumer Protection Committee, and a hearing before the Committees was held in March 2015. Senate Bill 466 to extend the sunset date for the BRN was passed by both legislative houses on September 8, 2015, and presented to the Governor for consideration on September 10, 2015. The Governor signed SB 466 in October. The enacted bill language can be accessed through the Legislative Information website at http://www.leginfo.ca.gov/cgi-bin/postquery?bill_number=sb_466&ss=CUR&house=B&author=hill_<hill>

Recent California Court of Appeals Decision On Standardized Procedures

The California Nursing Practice Act includes B&P Code section 2725 and CCR section 1474, which address the requirements for and specific elements of standardized procedures to be adopted by an organized health care system and followed by a RN. Standardized procedures provide policies and protocols that allow a RN, and some advanced practice RNs, to perform certain functions and protect consumers by providing evidence that a RN meets requirements to practice safely. A recently published California Court of Appeal case (*Nosal-Tabor v. Sharp Chula Vista Medical Center*) is a reminder that compliance with California's standardized procedure regulations is mandatory.

Standardized procedures must contain several specific elements and must be appropriately adopted by the organized health care system where they are used. In the *Nosal-Tabor* case, the California Court of Appeals considered whether a hospital's standardized procedures were legally adequate to allow a RN to perform a certain medical function. The Court of Appeals determined they were not adequate. Consequences of noncompliance may include a regulatory violation and a RN refusing to perform certain functions, as in this case. If patient harm occurs, it could support a claim of negligence against the facility. For RNs, the consequences for performing medical acts without a compliant standardized procedure can constitute the unlawful practice of medicine, which can lead to disciplinary action against the RN's license by the BRN, or even criminal sanctions, depending upon the circumstances.

Educational Scholarship and Loan Repayment Programs

The Health Professions Education Foundation (Foundation) housed in the Office of Statewide Health Planning and Development Department provides RN and other healthcare profession scholarship and loan repayment programs. The RN programs are funded in part through a \$10 surcharge on all RN biennial renewal fees. Annual application cycle dates and information can be found at the Foundation's website, <http://www.oshpd.ca.gov/HPEF/>



Many Benefits With Intervention Program

Contributed by Virginia (Ginny) Matthews, RN, BSN, MBA
Project Manager, MAXIMUS California Health Professionals Intervention Program

Article 1 of 3 in a series related to substance use disorders and diversion programs.

The California BRN's Intervention Program (formerly known as the Diversion Program) was created in 1984 as the result of a joint effort of the BRN, the State Legislature and the California Nurses Association. Designed to be a voluntary alternative to traditional discipline, the bill was signed into law on January 1, 1985, and was one of the first of its kind in the nation. The stated legislative intent drives home the concern of the Legislature, not only to protect the healthcare consumers of California, but to assist and protect registered nurses.

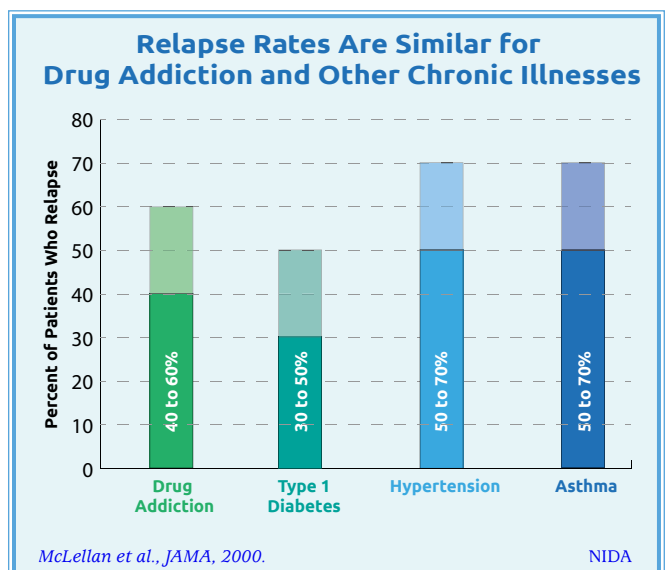
"It is the intent of the Legislature that the Board of Registered Nursing seek ways and means to identify and rehabilitate registered nurses whose competency may be impaired due to abuse of alcohol and other drugs, or due to mental illness so that registered nurses so afflicted may be rehabilitated and returned to the practice of nursing in a manner which will not endanger the public health and safety. It is also the intent of the Legislature that the Board of Registered Nursing shall implement this legislation by establishing a diversion program as a voluntary alternative to traditional disciplinary actions."¹

The name chosen for the program, "Diversion," was intended to reflect a diversion from discipline, not, as many believe, diversion of drugs from the healthcare setting. Effective January 1, 2016, the name was changed to the "Intervention Program for Registered Nurses." Understanding the intent of the Intervention Program is not to punish but to rehabilitate and return the RN to safe practice, the program recognizes the disease model of addiction.

The American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (DSM-5), no longer uses the terms substance abuse, substance dependence, or addiction; rather it refers to substance use disorders (SUDs) as a spectrum of disease.² Substance use disorders are considered to be a relapsing disease, with rates that are similar to other chronic illnesses.³ The Intervention Program recognizes this characteristic of this disease. Individuals are suspended from practice following program enrollment, during the early stages of

recovery, which is the period of highest risk for relapse. Intervention Program participants are expected to spend the initial months of enrollment engaged in a full-time schedule of activities that support their recovery and allow them to begin the healing process. The RNs who serve as Clinical Case Managers in the Board's Intervention Program utilize an intensive program of guidance, accountability, and monitoring to assist their peers, the RNs that are voluntarily enrolled in the program, to establish their recovery and demonstrate successful progress in it. A program participant is enrolled for a period of three to five years, but for people suffering from substance use disorders, recovery requires long-term abstinence from the use of alcohol and other drugs, for the rest of their lives. This is because substance use disorders are lifelong. The Intervention Program starts this lifelong commitment by facilitating the participant to learn the skills and knowledge to do so.

It is recognized that the disease of substance use disorder has a relapse rate that is similar to other chronic illnesses. The Intervention Program's four-year relapse rate is under 20 percent, which is comparable to other similar programs in the U.S. This speaks to the value of intensive monitoring and accountability that is supported by an alternative-to-discipline program, as people who are not enrolled



continued on next page

Intervention Program *continued*

in ongoing, long-term monitoring have rates of relapse ranging from 40 to 60 percent or higher

Recent studies support the effectiveness of alternative-to-discipline programs in contributing to the success of healthcare professionals in establishing a life of recovery and a return to safe practice. These programs are based on a model of total abstinence, and the programs include support from peer groups, 12-step meetings (such as Alcoholics Anonymous or Narcotics Anonymous), comprehensive and random drug testing, and a worksite monitor who observes the nurse in the workplace upon return to practice. In the report *A New Paradigm of Recovery*, Robert DuPont writes, "Given the (frequency) of relapse, providing extended care management (outside a specific episode of treatment) presents a unique opportunity to help the individual maintain abstinence, in particular through the management of the environment in which the decision is made to use or not to use alcohol and other drugs."⁴ The removal from work and intensive focus on activities related to recovery assist the participant in learning to control the environment and the external factors that have the potential to trigger a relapse.

In 2013, an estimated 24.6 million Americans age 12 or older were current (past month) illicit drug users. This represents 9.4 percent of the population age 12 or older.⁵ It is generally recognized that the incidence of substance use disorders overall is estimated at 10 to 14 percent of the general population, and may be higher among healthcare professionals. Nurses are influenced by the availability of controlled substances and an attitude that plays down the potency and effect of the drugs. This stems from frequent handling of controlled substances and the easy accessibility of the drugs, which takes away the mystery and novelty of the medications. The RNs experience a lack of connection between the drug and their own vulnerability, i.e. genetic and cultural vulnerabilities that contribute to use and overuse of substances. Nurses witness the therapeutic value of the narcotics that they administer, which creates a high level

of acceptance, regard and esteem for the drugs. Nurses also witness life and death situations on a daily basis, which creates a high stress level and, at times, traumatic work environment. Nurses have a tendency to rationalize their own use of substances "to keep going" and to cope, versus the thrill of getting high. Finally, a high level of knowledge and understanding of the effects of the medications allows nurses to believe they can control their dosages and titrate the medication to a "safe" level.

RNs are a high-risk group for substance use disorder due to a combination of attitude and availability. BRN's Intervention Program has been designed using evidence-based practices to identify and rehabilitate nurses who may be affected by substance use disorder or mental illness, and assist them to return to safe practice in a controlled setting, with support, supervision, and monitoring.

For more information or assistance, call BRN's contractor, MAXIMUS, at (800) 522-9198 or find information on BRN's website at <http://rn.ca.gov/diversion/index.shtml>

- 1 Business and Professions Code of California, Nursing Practice Act, Section 2770
- 2 <http://www.samhsa.gov/disorders/substance-use> Accessed 7/5/15
- 3 <http://www.drugabuse.gov/publications/addiction-science/relapse/drug-addiction-resembles-other-chronic-diseases-in-more-ways-than-relapse-rates> Accessed 7/6/15
- 4 *A New Paradigm of Recovery: A Report of the John P. McGovern Symposium* Hosted by the Institute for Behavior and Health, Inc. November 18, 2013, Washington, D.C. Chair: Robert L. DuPont, MD, Institute for Behavior and Health, Inc. Report Editor: Corinne L. Shea, MA, Institute for Behavior and Health, Inc.
- 5 Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality (September 4, 2014). *The NSDUH Report: Substance Use and Mental Health Estimates from the 2013 National Survey on Drug Use and Health: Overview of Findings*. Rockville, MD

Nursing Program Steps Up to Help Displaced Students Complete Their Education

There are currently 143 BRN-approved pre-licensure registered nursing programs in California, and all are committed to educating students and preparing them to work as registered nurses. Recently, one of these programs stepped forward to go above and beyond what is required and assist students that, through no fault of their own, found themselves without a nursing program, with many students only a few months from graduation. San Joaquin Valley College (SJVC) stepped in and is assisting 126 students transfer to its program and complete their education as a registered nurse.

On April 27, 2015, the students and employees at Everest College in Ontario received communication from Corinthian Colleges, Inc (CCI), its parent organization, that the school was closing without any prior warning. Before the actual closure of the program, SJVC had been in contact with Dr. Ruth Ngati, the director of the ADN program at Everest College, and discussed plans to take the displaced students, to offer transfer credits, and plan for students to seamlessly complete the nursing courses and finish as SJVC graduates. The BRN received multiple inquiries from students at Everest College, and a student representative maintained close contact with BRN Nursing Education Consultant staff.

On April 30, 2015, Dr. Ngati submitted a proposal, as requested by the BRN staff, that included plans for the interested students to transfer to SJVC. This proposal outlined the number of students involved and SJVC's plans to interview and hire Dr. Ngati and faculty, interview and review of transcripts of students from Everest College, and the school's commitment to provide resources at its Ontario campus

to provide the necessary instructions for these students to complete their nursing education, graduate, and be eligible for licensing examination. SJVC's proposal was reviewed and recommended for approval by the Board's Education/Licensing Committee (ELC) on May 7, 2015. Student interviews and evaluations found a total of 126 students from three cohorts that would be involved in the proposed transfer program at the SJVC Ontario campus. These cohorts were to have completed Everest's program in July 2015, January 2016, and July 2016, respectively.

SJVC's approved program is similar to Everest's curriculum design, units required, and course sequencing. SJVC admissions staff reviewed students' transcripts and developed an individual educational plan for students to complete their nursing program without unnecessary delays. The proposed curriculum transfer and completion plan met minimum units and other requirements of CCR 1426. The Board approved the SJVC transfer program at its June 4, 2015, Board meeting. SJVC began the nursing courses on July 14, 2015, making it possible for transferred Everest students to complete the nursing education with only the addition of about three months to each cohort's initial expected graduation date. All will be completed by October 2016.

SJVC is providing the transfer program at no additional cost to the student, including any missing required general studies courses necessary to complete requirements. The BRN would like to acknowledge and thank SJVC owners, administration, faculty, and staff for their dedication to the nursing profession in their willingness to "pay it forward" to assist these students in completing their education and becoming licensed registered nurses in California.

Name Change for the Diversion Program

Effective January 1, 2016, the name of the BRN Diversion Program has been changed to the "Intervention Program for Registered Nurses." This change provides a better description of how the program **benefits the participants and protects the public** and, thus, it is anticipated will encourage greater program participation. This change occurred through a legislative proposal to modify the language in B&P Code section 2770 through Senate Bill 800 (Chapter 426) that was signed by the Governor on October 1, 2015.

Licensees, Have You Moved or Changed Your Name?

Immediately report any name or address change to the BRN

Licensees are required by law to notify the BRN if they move or change their name.

Title 16, California Code of Regulations section 1409 1 mandates that all licensees notify the BRN of any change in name or address within 30 days of the change **The Enforcement Division issues citations and fines to nurses who fail to comply with this requirement.** You must provide the BRN with both the former and new name and your current address as appropriate. It is very important that we have current and complete records so licensees receive timely renewal and other important information.

Licensees may submit address changes to the BRN by one of the following methods:

- » By visiting the BRN website at www.rn.ca.gov and logging in to your BreZE account. Click "Change of Address" in the dropdown menu and follow the instructions to change your address.
- » Download and complete the "Change of Address" form for licensees from the BRN website and print and mail to the BRN via regular mail, or save and e-mail the completed form to renewals.brn@dca.ca.gov
- » Call (916) 322-3350 and speak directly with a BRN representative.

Name changes must be submitted to the BRN in writing and include:

- » The completed "Notification of Name Change" form for licensees
- » Copies of the required legal documentation certifying the name change

Name change forms must be printed, completed, signed, and mailed to the BRN's Renewals Unit. More information on name and address changes can be found on the BRN website at <http://rn.ca.gov/address.shtml>

BRN Activities

The following summarizes the BRN activities for the 2013–14 and 2014–15 fiscal years. A fiscal year runs from July 1 through June 30.

Fiscal Years 2013–2015

	2013–14	2014–15
Licensing		
Applications Received	33,603	30,650
Licenses Issued	20,208	21,911
Total Licenses	414,159*	433,551
Continuing Education Providers		
	3,213	3,236
Approved RN Pre-Licensure Programs		
	142	143
Enforcement Program		
Complaints Received	7,862	6,783
Cases Referred to Attorney General	1,555	1,307
Formal Charges Filed	1,611	1,140
Disciplinary Actions		
Revocation	531	463
Surrender of License	302	457
Probation	458	653
Probation with Suspension	2	1
Diversion Program		
Self-Referrals	40	50
Board Referrals	153	98
Number of Participants	450	430
Successful Completions	114	95

*BRN Estimate—2014 Sunset Review Report



Navigating the BRN Phone System

Call (916) 322.3350 to reach the BRN

When you hear the greeting, you can direct your call by pressing one of the following numbers. You do not need to wait for the greeting or menu to finish before pressing a number.

Press 1 to reach the Examination and Licensing Program.

This option is for applicants for initial licensure, certification, or examination, and for verification of interim permits and temporary licenses

Press 2 to reach the Renewals Program.

Use this option to ask a renewal question, file an address change, or to reach other RN licensee services

Press 3 to reach the Intervention Program.

Use this option to inquire about the rehabilitation program for RNs who may be impaired by substance use disorder or mental illness

Press 4 to file a complaint about a registered nurse.

This option transfers the caller to the Enforcement Program

Press 5 to obtain recorded information on a variety of topics.

For example, BRN address; how to endorse from California to another state; application process for continuing education providers; referrals regarding vocational nurses, psychiatric technicians, certified nursing assistants, or home health aides

Press 6 to obtain technical support.

For example, you forgot your password and/or were locked out of your account or you did not receive your password e-mail

Press 7 for all other inquiries.

As always, the BRN website, www.rn.ca.gov, is available 24/7!