

BOARD OF REGISTERED NURSING

BRN Report

winter 2012





Board of Registered Nursing

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*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.*

Board of Registered Nursing Restored

Governor Brown signed Senate Bill 98 on February 14, 2012, which restored the Board of Registered Nursing and established a new sunset date of January 1, 2016. The Board was sunset on December 31, 2011, which would mean it would no longer be in existence. However, on November 16, 2011, the Board had voted to accept an Interagency Agreement which delegated administrative, nondiscretionary duties to the Department of Consumer Affairs (DCA). This agreement allowed the BRN to continue operating until it was reconstituted by the Legislature and Governor in February 2012.

On July 26, 2012, the newly appointed Board members unanimously appointed Louise Bailey as Executive Officer. Ms. Bailey had been serving as Interim Executive Officer since the Board's sunset and had previously served as the Board's Executive Officer since November 2010.

Message from the Executive Officer

by Louise Bailey, M.Ed., RN



The past year has been a very busy one for the Board of Registered Nursing. First, the Board/BRN came to an end via sunset on December 31, 2011, and became the Registered Nursing Program until it was restored as the Board of Registered Nursing by Senate Bill 98 on February 14, 2012, and established a new sunset date of January 1, 2016. In March 2012, one Board member was appointed, followed by four more in May, and one more in November. Since the appointment of new members, the Board reached a Board member quorum in May 2012, the Board has been busy tackling the work that had been put on hold and unable to be completed without a quorum in place.

The Board held a two-day meeting in June to handle disciplinary matters only. Another two-day meeting was held in July; one day was spent on disciplinary matters while the other was spent on administrative business matters including electing Board officers, assigning Board committee members, school approvals, legislation, and draft regulation updates. At this meeting, the Board unanimously voted me to return as Executive Officer for the BRN and elected Ray Mallel as President and Cindy Klein as Vice President of the Board. Board committee meetings were held in August and October and additional Board meetings in September and November to continue working on disciplinary matters and Board business.

Board staff have been busy recruiting, interviewing, and hiring for the many vacant positions in the Enforcement Division and have been successful in filling most of them. The BRN still needs nursing education consultants for both the enforcement and education areas of the BRN. The BRN members and staff continue their commitment to protect consumers by working to ensure only safe and competent registered nurses are practicing in California.

The BRN Report

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Cindy Cipers Klein, RN, Vice President
Michael Deangelo Jackson, BSN, RN
Erin Niemela
Trande Phillips, RN
Jeanette Dong

Next Board Meeting

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

Meet Our 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.



Raymond Mallel was appointed as a public member by the Governor on May 10, 2012. He is currently serving as Board President and has been a private investor since 2001. He was also

director of marketing and operations at Long Beach Mortgage Company and Ameriquest Bank from 1991 to 2001 and Vice President of Loubella Extendables from 1971 to 1991. Mr. Mallel served as Vice President of the State Bar of California's Board of Governors from 1983 to 1986 and was chair of the Client Security Fund at the State Bar of California from 1986 to 1990. From 1982 to 1994, he served three consecutive terms on the Medical Board of California, including as president and vice president. Mr. Mallel is a co-founder and member of the International Executive Board for the Sephardic Educational Center in Jerusalem, Israel. He also serves as president of the Raymond Mallel Foundation. Term expires on June 1, 2013.



Cindy Cipers Klein, RN, appointed by Governor Brown on May 10, 2012, is the Board's direct patient care member and is currently serving as Board Vice President and has been a registered nurse

in population care management with Kaiser Permanente Medical Group since 2005. Ms. Klein has served in multiple positions with Kaiser since 1998, including as an RN charge nurse in urgent care and an ambulatory care RN team leader in family medicine, pediatrics, allergy, and obstetrics and gynecology. She worked as a RN supervisor for U.S. Family Care West from 1997 to 1998; as a general pediatric floor nurse at Miller's Children's Hospital in 1996; as an RN lead for the Universal Care Medical Group from 1992 to 1995; and as a medical records clerk at St. Jude's Medical Center from 1991 to 1992. Term expires on June 1, 2014.

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Meet Our Board Members *continued*



Michael Deangelo Jackson, BSN, RN, was one of four members appointed to the Board by Governor Brown on May 10, 2012. Serving as the Board's nurse educator member, he is

currently a Clinical Nurse II in the Department of Emergency Medicine at the University of California, San Diego, Medical Center and has been there since 1999. Mr. Jackson has been an adjunct clinical faculty member in the registered nursing program at Southwestern Community College and an operations supervisor at Scripps Mercy Medical Center since 2007. He was a mental health worker at Scripps Mercy Medical Center from 1992 to 2000 and served as a lance corporal in the U.S. Marine Corps Reserve from 1989 to 1993. Term expires on June 1, 2016.



Erin Niemela of Davis was appointed to the Board on March 1, 2012, by the Senate Rules Committee. Ms. Niemela is a public member and previously served one term as a Board member

from July 2009 to December 2011. She was Chief of Staff to former President Pro Tem Don Perata and worked for Mr. Perata for 13 years. Prior to that, she worked for Assembly Democratic Leader Richard Katz and Speaker Willie Brown, and served as an intern to former Assembly members Steve Peace and Tom Bates. Ms. Niemela is a graduate of the University of California, San Diego. She now owns her own lobbying and consulting firm in Sacramento. Term expires on June 1, 2016.



Trande Phillips, RN, another direct patient care member appointed by Governor Brown in May, has been a registered nurse at Kaiser Permanente's Walnut Creek Medical Center in the pediatric-flex

unit and the medical, surgical, hospice, and oncology units since 1983. She has also worked as a registered nurse at the Merrithew Memorial Hospital in Contra Costa County from 1979 to 1981 and at Wichita General Hospital in Texas from 1971 to 1972. Term expires on June 1, 2015.

Jeanette Dong (*no photo available*) was appointed by the Speaker of the Assembly on November 14, 2012. Ms. Dong is a public member and has been involved in public policy for over 25 years. She is currently the Chief of Staff for Wilma Chan, Supervisor for District 3 of the Alameda County Board of Supervisors. Term expires on June 1, 2016.

Web Site to Get a New Look

The BRN prides itself on keeping information on its Web site updated, and for the past several months, BRN staff have been working on a complete review of the information available. The goal is to make the Web site 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. A new Web site format which is a Statewide template will soon be implemented by the BRN.

When you have the opportunity to visit our Web site, please take a minute or two to answer our Web site satisfaction survey and give us your feedback. We would like to know how we are doing in meeting our goal and how we can continue to update and make changes that will better serve the needs of consumers, licensees, applicants, employers, educators, and the public. The survey can be found at <https://www.dca.ca.gov/webapps/rn/survey.php>.

BRN Web Site Spotlight

The following is the first of many articles to highlight and describe an area of information available on the Web site:

Information About Careers in Nursing Available on the BRN Web site

Did you know that the BRN Web site has extensive information and resources on researching a registered nursing career? Information includes how to decide if a career as an RN would be right for you, how to prepare for a career, how to find a registered nursing educational program, state licensure, how to become a nurse ambassador, and more. Just visit the "Careers" tab on BRN's home page or go to http://www.rn.ca.gov/tabpanel_careers.shtml. We have heard from staff at high school counseling centers and the public that they have found this information invaluable. Check it out!

BreEZe Computer System Coming Soon to BRN

The BRN will be included as one of the first licensing boards to transition to the new Department of Consumer Affairs (DCA) updated computer system, called BreEZe, which will replace the existing licensing and enforcement legacy systems that are more than 20 years old. The BRN is preparing for transition to BreEZe in early 2013. All boards and bureaus under DCA will be transitioned to the new system over the next 18 months. Once completed, BreEZe will be one of the largest online enterprise licensing and enforcement solution in the world, bringing improved access to our services, greater ease of use for our stakeholders and improved back-office functionality that will greatly enhance our licensing and enforcement efficiency.

Some of the new and enhanced services available on the new computer system will include the ability to:

- » Apply for or renew a license.
- » Pay with a major credit card in a secure environment.
- » Track the status of an application or licensing request.
- » Submit address changes.
- » Obtain proof of renewal status and real-time licensee information.
- » File a complaint.
- » Track the status of a complaint.

Watch for future announcements in 2013 to access the new and enhanced features.

Executive Appointments at the Department of Consumer Affairs

In 2012, the Department of Consumer Affairs appointed the following executives:

Denise Brown, Director - Ms. Brown was appointed by Governor Brown on January 9, 2012. As Director, she oversees the nearly 40 regulatory entities and other divisions within DCA. She has more than 30 years of service with DCA and, during that time, has held numerous positions within the Department and its various boards.

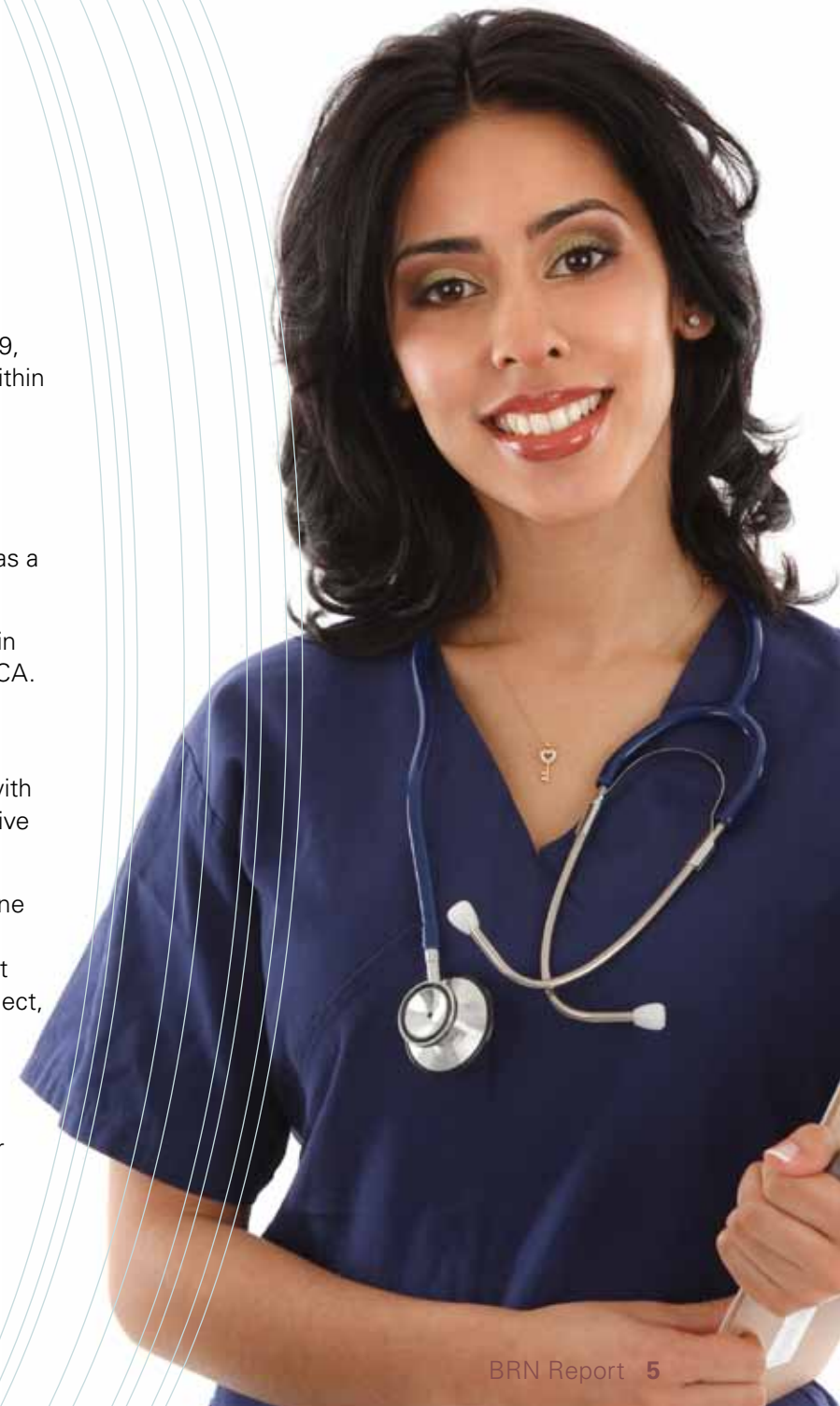
Awet Kidane, Chief Deputy Director - Mr. Kidane was appointed in January 2012. As Chief Deputy Director, he oversees the internal operations of DCA. Before being appointed to DCA, he served in various positions in the State Legislature, where he was a Chief of Staff, a senior advisor, and a consultant.

Reichel Everhart, Deputy Director, Board Relations - Ms. Everhart was appointed in January 2012 after having spent a year as Senior Advisor to the previous Director of DCA. She is the DCA's primary liaison with its constituent Boards.

Sandra Mayorga, Deputy Director, Administrative Services - Ms. Mayorga was appointed March 1, 2012. She has 15 years of supervisory/management experience with DCA and California Department of Insurance. In this position she oversees administrative offices that include Accounting, Budgets, Human Resources and Business Services.

Sonia Huestis, Deputy Director, Bureau Relations - Ms. Huestis was appointed June 21, 2012. Before coming to DCA, she served in multiple positions within the California State Controller's office since 2000, including Section Chief for the Operations Support Unit, Staff Services Manager II for the Unclaimed Property Systems Replacement Project, Staff Services Manager I in the Reporting Services Unit, and Staff Services Analyst.

Michael Gomez, Deputy Director, Division of Investigation and Enforcement - Mr. Gomez was appointed effective October 22, 2012. Prior to his appointment, he served in various capacities in the corrections field; as Vice Mayor and Councilmember for the City of Dixon; and as Chief of the Division of Investigation at the Department of Consumer Affairs. He also served in the U.S. Marines and graduated from the FBI's National Academy in 2000.



GUEST COLUMNIST

Disaster Healthcare Volunteers of California: Register BEFORE the Disaster Happens

Contributed by the California Emergency Medical Services Authority

In the wake of disasters or public health emergencies with multiple casualties, many health professionals are eager and willing to volunteer their services. In these times of crisis, hospitals, clinics, temporary medical sites, and shelters are dependent upon the services of volunteer health professionals. However, there are major challenges to effectively utilizing volunteers' time and capabilities on short notice.

Hospitals, health departments, and other facilities must be able to verify basic licensing or credentialing information, including training, skills, competencies, and employment. Furthermore, the loss of telecommunications may prevent contact with sources that normally provide this information. For example, immediately after the attacks on September 11, 2001, tens of thousands of people traveled to ground zero in New York City to volunteer and provide medical assistance. In most cases, authorities were unable to verify qualifications.

California has developed the Disaster Healthcare Volunteers (DHV) system to pre-register, verify licensure and credentials, manage, and mobilize healthcare professional volunteers for responding to all types of disasters. DHV registrants represent more than 47 professional license types including physicians, nurses, paramedics, pharmacists, dentists, mental health practitioners, and a range of clinical technicians. The DHV system is connected to the various professional boards to verify current licensure status.

The DHV system was developed and is managed at the State level by the California Emergency Medical Services Authority (EMSA) in partnership with the California Department of Public Health. The system serves all counties, response regions, or State health agencies as the means to register, search, and notify licensed health professionals within their jurisdiction who are willing to volunteer in an emergency. It is used by local jurisdictions to register and mobilize 42 Medical Reserve Corps (MRC) Units. The MRC is a community-based network of volunteers that are organized and train together to assist public health efforts in times of disaster or special need, such as a major communicable disease outbreak.

In addition to being a registry that notifies potential volunteers, DHV provides a robust "Mission Manager" platform which is used to deploy, schedule, and provide real-time support for healthcare volunteers. Deployment is accomplished by searching the DHV database for volunteer health professionals that match the specific needs of a given emergency. Those volunteers found in the database search are notified via phone, e-mail, text message, or pager as indicated by the volunteers when they register.

In 2011, DHV was used in the deployment of healthcare volunteers for 151 medical and public health emergencies and 102 local exercises/drills. During the Influenza A H1N1 outbreak in 2009, nurses,

continued on next page

Disaster Volunteers *continued*

physicians, and other healthcare volunteers provided hundreds of hours of volunteer service to their local health departments, including mass vaccination clinics.

Registering with DHV takes only 15 minutes and is not an obligation to serve; it is always at the individual's discretion. Volunteers are typically not compensated; however, some DHV registrants are also members of State or Federal Disaster Medical Assistance Teams and may be compensated for their participation during a declared emergency. The program does not provide malpractice coverage. When deployed for a declared emergency, all volunteers will be registered as Disaster Service Workers (DSW) as set forth by California law. Under the DSW program, volunteers are given limited immunity from liability as well as workers' compensation coverage.

Funds for DHV are provided by the U.S. Department of Health and Human Services (USDHHS). The DHV program is based upon national standards and a mandate set by USDHHS to create a nationwide Internet-based program for the Emergency System for the Advanced Registration of Volunteer Health Professionals (ESAR-VHP).

For more information about becoming a Disaster Healthcare Volunteer, please go to **www.healthcarevolunteers.ca.gov** and register today or contact the California Emergency Medical Services Authority at (916) 322-4336.

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 which 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 cost to purchase a printed copy of the 2013 NPA, which includes a CD, is \$26 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 Web site at **www.rn.ca.gov/regulations/npa**.



DMV Announces New California Driver License Medical Exam Guide

Includes New Certification Requirement for APRN Medical Examiners

The California Department of Motor Vehicles (DMV) recently updated “A Physician Guide for Commercial Driver License Medical Exams.” This is a guide designed for use by commercial driver license (CDL) medical examiners which includes advanced practice registered nurses. There are numerous changes that commercial driver medical examiners need to be aware of including changes to physical qualifications for drivers.

This booklet will be especially helpful if you:

- » Do these exams infrequently.
- » Encounter conditions that may be disqualifying and further explanation of the medical standard is needed.
- » Have medical reports returned to your office by DMV because of errors or omissions.

In January 2012, a new version of the California Medical Examination Report (DL 51) was printed. Items were added that are mandated by Federal Motor Carrier Safety Regulations (FMCSR). Items added during the last revision were the driving type certification, medical examination effective dates, medical examiner license issue, and expiration dates. An electronic version of the DL 51 Medical Examination Report may be downloaded from the DMV Web site at: <http://apps.dmv.ca.gov/forms/dl/dl51.pdf>.

Information concerning the new Federal National Registry of Certified Medical Examiners is also included in the new guide. Beginning May 21, 2014, all medical examiners who wish to conduct medical examinations for interstate commercial drivers must complete training about the Federal Motor Carrier Safety Administration’s (FMCSA) physical qualifications regulations and advisory criteria and pass a certification test to be listed on the National Registry.

Medical examiners who would like an electronic PDF version of the new guide may e-mail the DMV from a medical business e-mail account. E-mail your requests to dmvlodmedicalpublications@dmv.ca.gov, or for those who would prefer to have a paper version mailed, please call (916) 657-6550.

Information provided by the Department of Motor Vehicles.

How are Your BRN Fees Spent?

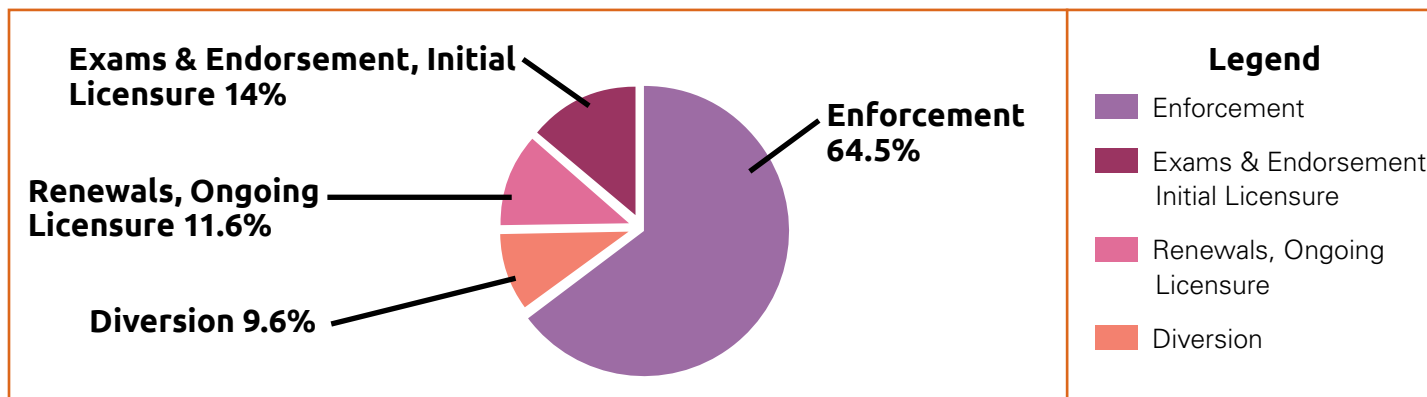
The Board of Registered Nursing is a self-supporting special fund entity, which means it does not receive money from the State's General Fund. Revenues are derived from the various application fees and license renewals. Renewal fees generate 77 percent of the BRN revenue. The BRN uses a baseline budget, which reflects the anticipated costs of carrying out the current level of service as authorized by the Legislature.

The BRN's operating expenses include general expenses like printing, postage, travel, facilities operations, contracts, equipment, exam expenses, and a pro rata of Department of Consumer Affairs support services such as personnel services, employee training, IT assistance, etc. Enforcement Division and Diversion Program expenses include the Attorney General's Office, Office of Administrative Hearings, evidence and expert witnesses, Division of Investigations costs, and Diversion vendor contract.

The BRN is composed of four major programs, which include:

- » **Enforcement** – complaint processing, investigations, discipline, and probation of registered nurses.
- » **Diversion** – contracted services to assist registered nurses with substance use and mental health disorders.
- » **Exams and Endorsements, Initial Licensure** – application and exam processing which includes education and fingerprint review for registered nurse licensure and advanced practice certification.
- » **Renewals, Ongoing Licensure** – licensing and certification renewal and continuing education provider approval.

The chart below shows the percentage of revenues that the BRN spent in each of the four program areas in 2011-12.*



*Nursing Education Consultant activities such as nursing program approval and nursing practice and education assistance and other administrative, support, and operational services are included in each program area.

What is Board Enforcement?

And How Are Complaints Filed Against Registered Nurses?

The BRN has the primary responsibility for licensing and regulating registered nurses in California as outlined in the Nursing Practice Act (NPA). The NPA gives the BRN, among other functions, the authority to investigate complaints and take disciplinary action against registered nurses. These investigation and disciplinary functions are handled by the Board's Enforcement Division. The Enforcement staff is located at the BRN offices and works with healthcare consumers and healthcare professionals in identifying those registered nurses who have engaged in any activity which may be unsafe and which may put the public at risk.

In 2011, the BRN Enforcement Division was restructured and is currently comprised of four units in addition to the Diversion Program: Complaint Intake, Investigations, Discipline, and Probation Monitoring. Each of these units provides an important function in the Board's mission of public safety by assisting in identifying, monitoring, and potentially removing unsafe registered nurses from practice. Following are some highlights of the work done by each of the units in the Enforcement Division.

Complaint Intake

Complaint Intake handles all complaints involving a registered nurse. Complaints can originate from various sources, such as: patients; patient family members; general public; the media; employers; out-of-state boards of nursing; other State or Federal agencies; Department of Justice (fingerprint results); and BRN staff. Complaints are received by fax, e-mail, postal mail, and telephone. Receiving the complaint in writing is preferred by the BRN as all of the information can then be included in the complaint. Complainants are sent an acknowledgement letter within ten days of the complaint being received by the BRN office.

Complaints received as a result of fingerprint processing are evaluated based on arrest and court records. All other complaints under the jurisdiction of the BRN are investigated, if warranted. If there are no violations or the violations do not rise to the level of discipline, the case is closed. Nonjurisdictional cases are closed and referred to the appropriate agency. Substantiated cases, if appropriate, will either be referred for citation and fine or to the Attorney General's Office for discipline. Complainants are sent a letter notifying them of final case disposition.

The Complaint Intake Unit also reviews applications for initial RN licensure and advanced certificates that have a prior criminal history or disciplinary action against a health care-related license or certificate. Every effort is made to complete the applicant file reviews as quickly as possible to enable nursing examination applicants to take their examination close to graduation and licensed nurses seeking endorsement into California to be able to begin working.

All complaints go through multiple levels of review to ensure a fair evaluation on each individual case. Because of this careful review and the volume of complaints received throughout the year, processing times can vary. The BRN encourages applicants to submit complete documentation with their application to expedite the processing time. The BRN also works closely with the nursing schools to assist in making the process smoother and more efficient for nursing students applying for licensure.

Investigations

Investigations is a newly developed unit within the BRN. In the past whenever the BRN had a case that needed a formal investigation, the only option was to send it to the Department of Consumer Affairs' (DCA) Division of Investigation (DOI). While most cases are still submitted to

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Board Enforcement *continued*

the DOI investigators who are sworn peace officers, in July 2010, the BRN received authorization to hire its own nonsworn investigators to conduct many of the investigations. In July 2011, the BRN began hiring and training investigators. Having internal investigative staff allows the BRN to complete some case investigations in a more timely manner. When an investigation is completed, the investigator submits a written report of the findings to the Discipline Unit staff for further review.

Discipline Unit

The Discipline Unit reviews the evidence found during the investigation. If the investigation finds that the nurse has committed a minor violation and the violation does not warrant formal disciplinary action, the case is handled through an informal process — the BRN Citation and Fine System. A nurse may contest the citation and fine through an informal or formal appeal process.

If the investigation finds evidence that the nurse has violated the NPA and the violation warrants formal disciplinary action, the case is forwarded to the Attorney General's Office for review. If there is sufficient evidence, an accusation (the legal document that lists the charges) is prepared and sent to the nurse. The nurse will be given an opportunity to dispute the charges at an administrative hearing. After the hearing, the Administrative Law Judge writes a proposed decision. The proposed decision is then sent to the nine-member Board for consideration. These members make the final decision on disciplinary matters and can either adopt, modify, or reject the proposed decision.

In many cases, the BRN may negotiate a stipulated agreement to resolve the case in lieu of a hearing. In this agreement, the nurse admits specific charges and agrees to the proposed disciplinary action. The final decision can be to revoke or suspend the license, to accept surrender of the license (all of which prohibits the

nurse from practicing), to place the nurse's license on probation, or to issue a public reproof. The Board's decisions are always based on the safeguards required to protect the public.

Probation Monitors

Probation Monitors work with registered nurses placed on probation to monitor their compliance with specific probation conditions. When the nurse successfully meets the conditions of probation, the license is restored without restrictions.

If the nurse does not comply with probation conditions, a violation letter is sent. If the nurse continues to be non-compliant, the case is referred back to the Attorney General's Office for further disciplinary action which could extend the probation period or lead to license surrender or revocation. The Board has the authority to suspend nursing practice in certain situations.



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 an expert witness.

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 meet the following qualifications:

- » A current and active California RN license.
- » Ten or more years of experience as an 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 you are interested, you can obtain an application and information on submitting your application from the Enforcement section on the BRN Web site 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

Diversion Program Information

The BRN's Diversion Program is a voluntary and confidential program for registered nurses who may be suffering from substance use disorders, misuse, or mental illness. The program has been helping RNs licensed in California since 1985. The goal of the program is to protect the public by early identification of registered nurses who may be impaired due to substance abuse disorders, quickly removing them from practice and providing them access to appropriate intervention programs and treatment services. Participants join the Diversion Program either as a self- or Board-referral.

The BRN encourages RNs who may be suffering from addiction or mental illness to contact the Diversion Program staff so immediate intervention, help, and hope can be provided. The BRN also encourages directors of nursing, employers, supervisors, and co-workers to refer RNs to the Diversion Program at the earliest indication that the nurse's job performance or behavior may be related to drugs, alcohol, or mental illness. When information is received that an RN may have problems as the result of chemical dependency or mental illness, the RN is offered an opportunity to enter into the BRN's Diversion Program. The contracted vendor and the staff at the BRN provide confidential consultation for nurse employers about confronting and reporting impaired practice.

The BRN manages the Diversion contract with the vendor MAXIMUS, a company certified by the International Organization for Standardization (ISO) which has strict quality management and customer satisfaction standards. ISO requires continued improvement for those they certify and conduct ongoing audits. MAXIMUS just recently completed its second ISO review and was found to conform to the standards in all areas.

If you would like to obtain more information regarding this intervention program, please visit our Web site at <http://rn.ca.gov/diversion/index.shtml> or call the BRN's Diversion Program at (916) 574-7692. To reach the program 24 hours a day via the BRN's contractor, call (800) 522-9198.



Recently Enacted Legislation Impacts Registered Nurses

Following is a summary of some of the recently enacted legislation that impacts registered nurses in some way:

- » Effective July 1, 2012, the BRN is required to deny an application for licensure and to suspend the license or certificate of any applicant or licensee who has outstanding tax obligations and appears on a certified list from an appropriate State agency (AB 1424; Chapter 455, 2011).
- » Although the Governor vetoed SB 538 in 2011, he approved SB 98 which immediately established a new Board of Registered Nursing and required it to appoint an Executive Officer. The Board will sunset January 1, 2016, unless legislation is proposed that extends it. (SB 98; Chapter 4, 2012).
- » Requires the Medical Board of California to adopt regulations by January 1, 2013, related to the appropriate level of physician availability needed within clinics or other settings using certain laser or intense pulse light devices for elective cosmetic procedures (SB 100; Chapter 645, 2011).
- » Authorizes a school district to participate in a program to provide nonmedical school employees with voluntary emergency medical training in order to provide emergency medical assistance to pupils with epilepsy who suffer from seizures (SB 161; Chapter 560, 2011).
- » Requires the Board to determine competency to practice registered nursing by applicants who have served on active duty in the medical corps of the U.S. armed forces by evaluating education only. The applicants would continue to meet other general licensure requirements including the licensing exam (SB 943; Chapter 350, 2011).





The BRN Needs Nurses

Nursing Education Consultant positions open in two divisions

The BRN needs nurses to fill our Nursing Education Consultant (NEC) positions in both Education and Enforcement. If you have the following, you qualify to compete in an open exam:

- » Possess an active, valid California registered nurse license, **and**
- » Five years of active work experience in the field of nursing which must include at least three years as a member of the teaching faculty in a U.S. State-approved registered nurse, practical nurse, vocational nurse, or psychiatric technician program or in a regionally accredited post-licensure program, **or**
- » Five years of experience in the field of nursing which must include at least three years as a clinical specialist, nurse practitioner, or in-service educator in a hospital, clinic, or private practice setting, **and**
- » A master's degree in nursing or a related field from an accredited college or university.

NECs in the Education area will help to ensure new and existing nursing programs meet the laws, regulations, and educational requirements. We won't always be in an economic recession and the baby boomers will eventually retire, opening the flood gates for new nurses to enter the healthcare field. California still needs nurses to care for the aging population and all consumers.

NECs who join the Enforcement team will be entering a new frontier as the BRN establishes new and exciting processes. The Enforcement NECs will triage incoming complaints to determine appropriate jurisdiction, will decide if formal investigation is warranted, will create investigation case plans, work closely with our new BRN investigators as well as the Division of Investigation, run our Expert Witness Program, and make recommendations for case closure or referral for possible citation and fine or disciplinary action.

Some additional perks include working in a newly built, green-certified office with free parking that is close to shopping, and flexible work schedules.

If you meet the qualifications listed above and are interested in a new opportunity, please visit www.dca.ca.gov/jobs/rneducation.pdf for more information. We look forward to working with you!

Important Changes to Nursing Practice Act Impact Nursing Practice

Effective January 1, 2013, there are two major changes to Section 2725.1 of the Business and Professions Code (the Nursing Practice Act) which directly impact registered nursing practice. The first change authorizes RNs to dispense drugs or devices upon an order by a certified nurse-midwife, nurse practitioner, and physician assistant in addition to a licensed physician and surgeon.

The second change expands settings in which this is allowed. In addition to community clinics, and free clinics operated by the United States or by a federally recognized Indian tribe, it now includes clinics operated by a primary care community or free clinic on separate premises from the licensed clinic and open no more than 20 hours a week. The new added settings also include student health centers operated by public institutions of higher learning.

Another significant change is the addition of Section 2725.2 which allows registered nurses to dispense self-administered and injections of hormonal contraceptives approved by the FDA in strict adherence to standardized procedures. A summary of what the standardized procedures must include and other specific language can be found on the BRN Web site at <http://rn.ca.gov/regulations/rn.shtml>. These changes are a result of Assembly Bill 2348, Mitchell (Chapter 460, Statutes of 2012) and becomes effective January 1, 2013.

Automated License Verification Phone Line to be Suspended

BRN's 24-Hour Automated Voice Verification phone system at (800) 838-6828 will be suspended for an indefinite period sometime around the middle of February 2013. This suspension is related to the implementation of BreZE, the new applicant and licensee database, which is scheduled to be launched at BRN at that time.

Mission Statement

The Board of Registered Nursing protects the health and safety of consumers by promoting quality registered nursing care in the State of California. We accomplish this through:

- » Licensing registered nurses.
- » Approving nursing education programs.
- » Establishing and upholding competency standards.
- » Intervening with discipline and rehabilitation.
- » Serving as the final authority in the interpretation and enforcement of the Nursing Practice Act.

Nurse E-notify System Keeps Employers Informed

On December 3, 2012, the National Council of State Boards of Nursing implemented the Nursys e-Notify system. This is a nurse licensure notification system which 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 little or no charge to subscribe to the service. Employers can learn more and sign up by visiting the Nursys Web site at <https://www.nursys.com>. An introductory video on the system is available on the Web site.

BRN Web Site Satisfaction Survey

Complete our Web site Satisfaction Survey at www.dca.ca.gov/webapps/rn/survey.php. We need your feedback to continually improve our Web site!



Enforcement Division Updates

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 at the BRN Web site www.rn.ca.gov by selecting Permanent or Temporary License Verification under the Quick Hits list on the home page.

The BRN also has a 24-hour automated voice verification system at (800) 838-6828. Callers can verify up to three licenses during BRN office hours and up to ten after hours and on weekends. *(NOTE: This service will be suspended in early 2013.)*

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® 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. The BRN became a participating member board in October of 2011 and California's RN data is now 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/QuickConfirmJurisdictions.aspx. This system is helpful for 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 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 randomly been 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 continuing education since your last license renewal. However, California Code of Regulations section 1451(d) states that "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

continued on next page

Enforcement Division *continued*

media sites. Any patient information learned by the nurse during the course of treatment must be safeguarded. 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 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 Web site at www.ncsbn.org/Social_Media.pdf.

For Consumers

Recent Disciplinary Actions

Information regarding recent disciplinary actions can be viewed on the BRN Web site at www.rn.ca.gov/enforcement/dispaction.shtml.

Unapproved 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 which is not approved by the BRN and not listed on the BRN Web site please contact the BRN’s Enforcement Division at (916) 557-1213. 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 your 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.

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 with Rules and Regulations. 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, or 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).



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:

- » Download and complete the "Change of Address and/or Name" form for licensees from the BRN Web site 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 Change of Address and/or Name for Licensees.
- » A copy of the 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 Web site at <http://rn.ca.gov/licensees/ren-address.shtml>.

The Importance of Responding to BRN Surveys

If you receive a survey or request for information from the BRN or its representative, please take a few minutes to complete and return it!

The BRN conducts or commissions surveys and research to be completed in order to assess the current nursing workforce, nursing student enrollments, and graduations to review trends in California as well as assess current issues important to nursing. In order to capture complete and accurate data, the BRN needs assistance from the registered nursing community. The more data that is collected, the more accurate the assessment of the current California registered nursing workforce, the potential incoming workforce, and forecasting future supply and demand can be. The data collected is used by a variety of sources including policymakers, legislators, educators, employers, researchers, nursing stakeholders, and the general public. Current reports, interactive data summaries, and all of the BRN publications can be found on the BRN Web site at <http://rn.ca.gov/forms/pubs.shtml>. Some of the most recent reports posted on the Web site include:

Biennial Survey of Registered Nurses in California – the most recent was completed in 2010 and another one is currently underway for 2012.

Forecasts of the RN Workforce in California – the most recent was completed in 2011.

Annual School Reports – these are published in the late winter to early spring of each year with data from the previous August 1 through July 31. Statewide and regional reports and an interactive database are completed for pre-licensure nursing programs and a report of post-licensure nursing programs is also completed. The most recent was completed in 2010-2011.

Survey of Nurse Practitioners and Nurse-Midwives in California 2010 and Survey of Clinical Nurse Specialists in California 2010 - these were the first significant studies of Advanced Practice Registered Nursing (APRN) practice conducted by the BRN.

The Diversity of California's Nursing Workforce – this is the first study of RN diversity in California completed by the BRN and an update will be completed in 2013.

RN Advanced Education Survey – the BRN is currently conducting a survey of California RNs about their interest, experience, and completion of advanced education since becoming a licensed registered nurse.

When You Need Information... STAT, Visit the BRN Web Site

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 renew your 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!

NCLEX®-RN Exam Pass Rates for January -December

First time U.S.-educated candidates seeking licensure in California*

	2010	2011
Total number tested	12,141	11,398
Total number passed	10,572	10,024
Percent passed (%)	87.00	88.00

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

Repeat U.S.-educated candidates seeking licensure in California*

	2010	2011
Total number tested	2,466	2,448
Total number passed	1,269	1,235
Percent Passed (%)	51.40	50.40

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

First time internationally educated candidates seeking licensure in California

	2010	2011
Total number tested	8,087	4,213
Total number passed	2,748	1,053
Percent passed (%)	34.00	25.00

Repeat internationally educated candidates seeking licensure in California

	2010	2011
Total number tested	9,463	7,932
Total number passed	1,686	1,339
Percent passed (%)	17.8	16.90

Data Source: BRN ATS NCLEX Reports

National Council of State Boards of Nursing Unveils New Video for NCLEX® Candidates

The National Council of State Boards of Nursing (NCSBN) is pleased to unveil the new "NCLEX® Using CAT" video. This video is intended to explain computer adaptive testing (CAT) and how it is used by the NCLEX® to measure the competencies needed to perform safely and effectively as a newly licensed, entry-level nurse. CAT is a method for administering exams that merges computer technology with modern measurement theory to increase the efficiency of the exam process. Topics covered include item selection and pass/fail rules. Visit www.ncsbn.org/3761.htm.

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 be employed in the United States 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 United States 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.

To apply for the Item Writing or Item Review Panel, you can complete an online application at the NCSBN Web site www.ncsbn.org and select Item Development from the QuickLinks list.

BRN Activities

The following summarizes the BRN activities for the 2011-2012 fiscal year. A fiscal year runs from July 1 through June 30.

Fiscal Year 2011-2012

Licensing

Applications Received	37,397
Licenses Issued	22,679
Total Licenses	394,533
Active	377,095
Inactive	17,438

Approved RN

Pre-Licensure Programs	144
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Continuing Education Providers

3,468

Enforcement Program

Complaints Received	7,844
Cases Referred to Attorney General	1,070
Formal Charges Filed	793

Disciplinary Actions

Revocation	227
Surrender of License	128
Probation	268
Probation with Suspension	0

Diversion Program

Self-referrals	53
Board Referrals	137
Number of Participants	486
Successful Completions	102



Navigating the 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 Automated License Verification System.

Use this option if you know the permanent RN license number and wish to know the status, expiration date, issuance date, advanced practice certification, or other key data. In California, you can also reach this verification service by calling (800) 838.6828.

Press “2” 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 “3” 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 “4” to reach the Diversion Program.

Use this option to inquire about the rehabilitation program for RNs who may be impaired by chemical dependency or mental illness.

Press “5” to file a complaint about a registered nurse.

This option transfers the caller to the Enforcement Division.

Press “6” 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 “0” for all other inquiries.

The BRN also has an automated 24-hour, toll-free, license verification number: (800) 838-6828.

Also, the BRN Web site, www.rn.ca.gov, is available seven days a week, 24 hours a day!