Agenda Item 5.0

Report of the Administrative Committee

BRN Board Meeting | August 21-22, 2024

Administrative Committee
August 21-22, 2024
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Agenda Item 5.1

Executive Officer Report

BRN Board Meeting | August 21-22, 2024

BOARD OF REGISTERED NURSING
Agenda Item Summary

ACTION REQUESTED: Executive Officer Report

REQUESTED BY: Board

BACKGROUND: Loretta Melby, Executive Officer (EO), will provide information related to education and outreach events including, but not limited to, conferences attended, stakeholder meetings, and social media updates. All other EO updates are provided as follows:

Report of the Administrative Committee:
- Strategic Plan: update on goals – Agenda item 5.2
- Budget update and personnel – Agenda item 5.3
- Regulations update – Agenda item 7.2

Report of the ELC:
- Licensing information including current population, Applications received, Licenses issued, Processing times - Agenda item 8.7
- Examination information including pass/fail rates – Agenda item 8.6

Report of the EIIC:
- Enforcement and Investigations information including numbers of complaints received and pending, case aging, case disposition, and probation - Agenda item 4.0 (Day 2)

Report of the Legislative Committee:
- Legislative update – Agenda item 9.0

NEXT STEP:

PERSON TO CONTACT: Loretta Melby
Executive Officer
California Board of Registered Nursing
Loretta.Melby@dca.ca.gov

Agenda Item 5.2

Information Only:
2022-2025 Strategic Plan and Goal Progression

BRN Board Meeting | August 21-22, 2024

BOARD OF REGISTERED NURSING
Agenda Item Summary

ACTION REQUESTED: Update on the 2022-2025 Strategic Plan and goal progression

REQUESTED BY: Dolores Trujillo, President

BACKGROUND: The Board will receive updates on the progress towards the goals identified in the Strategic Plan for 2022 to 2025.

NEXT STEP:

PERSON TO CONTACT: Loretta Melby
Executive Officer
California Board of Registered Nursing
Loretta.Melby@dca.ca.gov

GOAL PROGRESSION
2022 – 2025 STRATEGIC PLAN
(Current as of August 8, 2024)

GOAL 1: LICENSING

Goal 1: Licensing	
The Board promotes licensing standards to protect consumers and support access to the profession for qualified individuals.	

1.1	Reduce license processing times to improve access and customer satisfaction.	
Success Measure(s)		**Status**
A.	California License by Examination: The license by exam process is reduced to within 2 weeks of graduation in California.	MET
1. Completed Activities		**Month Year**
a.	Implemented automatic application closure when no fee is included with the BreEZe application within a set period of time. (Enlighten Licensing Project (ELP))	Jun 2021
b.	Streamlined application requirements by removing photo requirement. (ELP)	Jul 2021
c.	Licensing staff email deficiency notices to applicants.	Jul 2021
d.	Eliminated paper application from the BRN website which promotes a more efficient and expeditious application process via BreEZe. (ELP)	Jul 2021
e.	Deployed the California Graduate Nursing Program Director Portal (Portal) to allow Program Directors to electronically submit graduate education data which is then imported to the applicants BreEZe application. (ELP)	Oct 2021
f.	Updated BreEZe to allow the Enforcement Division to place and remove holds. (ELP)	Mar 2022
g.	Email notification sent to Program Directors every two (2) weeks to inform them of any pending approval request(s).	Nov 2022
h.	Streamlined the reasonable accommodation request process by removing the requirement that the nursing program submits specific documentation.	Jan 2023
i.	Added graduation date milestone, for California graduates, to BreEZe which is when the Board can start processing the application; thereby, improving transparency of Board application processing times.	Apr 2023
j.	Implemented an automatic initial review and if deficiencies exist an email notification is sent; thereby, allowing staff to conduct their initial review once all documentation is received.	Oct 2023
k.	Implemented an automated email notification with deficiency(ies) that is sent to applicants at 30 days after application submission if the Program Director has not entered education data in the portal.	Feb 2024
2. Ongoing Activities		
a.	Automated email notification with status update details sent to applicants. (ELP)	
b.	Continuing the reasonable accommodation request process improvement efforts by adding the applicant's request form to BreEZe and updating the BRN's website.	
c.	Continuing with the reasonable accommodation request process improvement efforts, had initial discussions with National Council of State Nursing Boards (NCSBN) and the	

		testing vendor, Pearson Vue, regarding the electronic submission of accommodation requests.	
	d.	Continue identifying and implementing efficiencies to accurately reflect processing times.	
B.		**Verifications: Process has been automated and reduced to 24 hours for license records in BreEZe/1-2 weeks for license records outside of BreEZe.**	**MET**
1. Completed Activities			**Month Year**
	a.	BRN's website was updated to include a statement regarding "Primary Source" data which explains that DCA's License Search reflects the BRN's primary source information.	May 2021
	b.	Identified streamlined processes allowing documents received via the mail or microfilm to be searchable by staff and attached to the BreEZe record more expeditiously.	Nov 2021
	c.	Requests and payment of fees for APRN certification verification and international license verification requests available online.	Feb 2022
	d.	Effective March 10, 2022, License Verifications are completed through NURSYS®.	Mar 2022
	e.	BreEZe interface was updated to include, but not limited to, delinquent and 8-year renewal license types allowing these records to be included in the NURSYS® daily interface.	Oct 2022
	f.	Implemented adding APRN licensing data to NURSYS® for license verification purposes.	Apr 2024
2. Ongoing Activities			
	a.	Working with NCSBN to develop and implement data cleanup process to assist with verifying information prior to BreEZe is accessible through NURSYS®.	
C.		**Advanced Practice: Completion of initial review of APRN application within 30 days and review of deficient applications is completed within 30 days of receipt of documents.**	
1. Completed Activities			**Month Year**
	a.	Licensing staff email deficiency notices to applicants.	Jul 2021
	b.	Identified streamlined processes allowing documents received via the mail or microfilm to be searchable by staff and attached to the BreEZe record more expeditiously.	Nov 2021
	c.	The Board's sunset bill, AB 2684 (Berman, Chapter 413, Statutes of 2022), provided authority to combine the initial Certified Nurse Midwife (CNM) and Nurse Practitioner (NP) license applications with the CNM and NP furnishing number applications.	Jan 2022
	d.	Executed a contract with National Clearinghouse to improve the transmission and receipt of transcripts.	Feb 2022
	e.	Expanded the California Graduate Nursing Program Director Portal (Portal) to allow Program Directors of Nurse Practitioner (NP) and Certified Nurse Midwife (CNM) programs to electronically submit NP, NP Furnishing, CNM and CNM Furnishing education data which is then imported to the applicants BreEZe application. (ELP)	Mar 2022

	f.	Updated BreEZe to allow the Enforcement Division to place and remove holds. (ELP)	Mar 2022
	g.	Implemented automatic application closure when no fee is included with the BreEZe application within a set period of time. (ELP)	Mar 2022
	h.	Eliminated paper application from the BRN website which promotes a more efficient and expeditious application process via BreEZe. (ELP)	Jun 2022
	i.	Executed contract with Parchment to improve the transmission and receipt of transcripts.	Oct 2022
	j.	Combined CNM and NP license applications with the CNM and NP furnishing number applications.	Jan 2023
	k.	Streamlined the APRN application processes to ensure all processes/procedures adhere to the NPA which promotes a more efficient and expeditious application review process.	May 2023
	l.	The Board voted during the May 2023 Board meeting to remove Method Three pathway for licensure for qualifying APRN applicants.	May 2023
	m.	The Board voted during the May 2023 Board meeting to only accept electronic submission of transcripts (excluding international applicants).	May 2023
	n.	Implemented initial phase of an auto issuance of Public Health Nurse (PHN) certification for California graduates.	Oct 2023
	o.	Expanded the Portal to allow Program Directors of PHN programs to electronically submit education data which is then imported to the applicants BreEZe application.	Oct 2023
	p.	Streamlined the process for the approval of Schedule II when advanced pharmacology content is verified during the furnishing application review.	Oct 2023
	q.	DCA executed contract with Horne, LLP (Horne) for licensing application processing services and BRN onboarded contracted staff.	Oct 2023
	r.	BRN trained Horne contracted staff on NP/NPF application processing.	May 2024
2. Ongoing Activities			
	a.	Continuous expansion of the Portal to allow Program Directors of Clinical Nurse Specialist (CNS) programs to electronically submit education data which is then imported to the applicants BreEZe application.	
	b.	Continue process for automated email notification with status update details sent to applicants. (ELP)	
	c.	Improving the combined CNM/CNMF and NP/NPF license application process.	
	d.	Ongoing continuous quality improvements efforts and website enhancements to increase efficiency with the APRN additional document submission process.	
	e.	Streamlining the out-of-state PHN certification process.	
	g.	Initiated process to start utilizing the national certification for CRNA and NMW added to Nursys® by NCSBN to increase efficiency with the APRN application requirements.	
D.	**Out-of-State License by Examination: Reduce processing time down to 4-8 weeks.**		
1. Completed Activities			**Month Year**
	a.	Streamlined application requirements by removing photo requirement. (ELP)	Jul 2021
	b.	Licensing staff email deficiency notices to applicants.	Jul 2021

c.	Eliminated paper application from the BRN website which promotes a more efficient and expeditious application process via BreEZe. (ELP)	Jul 2021
d.	Identified streamlined processes allowing documents received via the mail to be searchable by staff and attached to the BreEZe record more expeditiously.	Nov 2021
e.	Identified streamlined processes allowing documents received via the mail or microfilm to be searchable by staff and attached to the BreEZe record more expeditiously.	Nov 2021
f.	Executed a contract with National Clearinghouse to improve the transmission and receipt of transcripts.	Feb 2022
g.	Updated BreEZe to allow the Enforcement Division to place and remove holds. (ELP)	Mar 2022
h.	Implemented automatic application closure when no fee is included with the BreEZe application within a set period of time. (ELP)	Mar 2022
i.	Executed contract with Parchment to improve the transmission and receipt of transcripts.	Oct 2022
j.	The Board voted during the May 2023 Board meeting to remove Method Three pathway for licensure for qualifying APRN applicants.	May 2023
k.	Approval of California Code of Regulations (CCR), title 16, section 1410.5 on August 18, 2023.	Aug 2023
l.	DCA executed contract with Horne, LLP (Horne) for licensing application processing services and BRN onboarded contracted staff.	Oct 2023
m.	DCA released the Federal Professional License Portability and State Registration online portal implementing new professional license portability provisions within the Federal Servicemembers Civil Relief Act (SCRA).	Nov 2023
n.	BRN trained Horne contracted staff on out-of-state license by examination application processing.	Apr 2024
2. Ongoing Activities		
a.	Automated email notification with status update details sent to applicants. (ELP)	
b.	Horne began interviews to identify process improvements.	
c.	Initiated meetings with DCA OIS to improve and streamline the RN out of state temporary license process and create a management monitoring tool.	

Goal 1: Licensing		
The Board promotes licensing standards to protect consumers and support access to the profession for qualified individuals.		
1.2	**Enhance stakeholder accessibility to and communication with the BRN to improve customer satisfaction.**	
Success Measure(s)		**Status**
A.	**Significant reduction of repeat callers (volume cut by 25%).**	
1. Completed Activities		**Month Year**
a.	Initiated a protocol for nursing registries, hospitals, and traveling nursing companies to obtain weekly application status(es).	Jan 2021
b.	The "Contact Us" page on the BRN website was enhanced to improve ease of completion.	Nov 2021
c.	Cross trained Public Information Unit staff to perform some licensing activities, including but not limited to endorsement applications, to address the callers at the initial point of contact.	Jan 2022
d.	During the November 2022 meeting, Nurse Midwifery Advisory Committee (NMAC) created the following subcommittees: 1) Public Engagement and Website, 2) Nurse Midwifery Scope of Practice 3) Regulations and 4) Nurse Midwifery Education. The Public Engagement and Website subcommittee will focus website improvement that will assist with accessibility, information sharing, and decreasing call volume.	Nov 2022
e.	The "Fingerprint Request" page on the BRN website was updated to allow applicants to request, via the website, a fingerprint Livescan form which results in an email transmittal immediately. This is a process improvement from the 2-3 business days timeframe for mailing prior to this update.	Oct 2023
f.	The "Fingerprint Request" page on the BRN website was updated to allow individuals to request, via the website, a fingerprint FD-258 Hard Card which results in a confirmation email as well as instructions on how to fill out the FD-258.	Oct 2023
g.	During the January 2024 meeting, CNSAC created the following subcommittees: 1) Public Engagement and Website and 2) Regulations. The Public Engagement and Website subcommittee will focus website improvement that will assist with accessibility, information sharing, and decreasing call volume.	Jan 2024
h.	During the January 2024 meeting, CRNAAC created the following subcommittees: 1) Public Engagement and Website, 2) Regulations and 3) Regulation Definitions. The Public Engagement and Website subcommittee will focus website improvement that will assist with accessibility, information sharing, and decreasing call volume.	Jan 2024
i.	Met with subcommittees on various advisory committees on public engagement and/or website enhancements.	Aug 2024

2. Ongoing Activities	
a.	Licensing management and staff responding to general licensing emails received from external stakeholders and initiated a target date of one (1) to four (4) business days for responses.
b.	Continue quality improvement efforts to inform applicants and licensees if compliant with the fingerprint submission requirement.
c.	Ongoing continuous quality improvements efforts and website enhancements to provide transparent communication and to improve accessibility and efficiency with the application requirements for all licensing types and decrease the need for initial and repeat callers through the incorporation of including, but not limited to, feedback from internal and external stakeholders.

Goal 1: Licensing	
The Board promotes licensing standards to protect consumers and support access to the profession for qualified individuals.	
1.3	**Analyze and ensure fees are reasonable and align with other states/boards to ensure BRN fiscal solvency while ensuring affordability to applicants and licensees.**

Success Measure(s)	Status
A. Identification and implementation of appropriate fees.	

1. Completed Activities		**Month Year**
a.	The Board's sunset bill, AB 2684 (Berman, Chapter 413, Statutes of 2022), removed the minimum fee range for all licensing fees.	Jan 2022
b.	Fees charged for Continuing Approval Visits for prelicensure nursing education programs were removed by the Board's sunset bill thereby reducing the cost to prelicensure nursing programs by $15,000.	Jan 2022
c.	Effective March 10, 2022, License Verifications are completed through NURSYS®. The $30 fee is paid to NURSYS® which eliminated the $100 fee previously paid to the BRN.	Mar 2022
d.	NP/NPF combined application does not require a fee for the furnishing license thereby reducing the initial application cost by $400.	Jan 2023
e.	CNM/CNMF combined application does not require a fee for the furnishing license thereby reducing the initial application cost by $400.	Jan 2023
f.	BRN removed fees for all curriculum changes to a prelicensure nursing education program except for substantive changes defined in 16 CCR 1432 thereby reducing the cost to all programs by $2,500 for each curriculum change request.	Jan 2023
g.	In partnership with DCA, implemented the PHN fee waiver for certification and recertification temporarily (SB 72 Budget Act of 2023).	Jan 2024
h.	Submitted legislative proposal in the second year of the 2023-2024 legislative session resulting in the introduction of AB 2471, authored by Assembly Member Patterson, to permanently remove the recertification renewal fee for all PHN certificate holders.	Jan 2024

2. Ongoing Activities	
a.	Continue partnership with DCA's Budget Office to monitor and assess BRN's fund condition.
b.	Presenting of information and training on fund condition to the Board by DCA's Budget Office during quarterly Board meetings.
c.	Implementing BreEZe fix to remove NPF and NMF renewal fees.
d.	Continue evaluating process improvements and enhancements to ensure the current fee is aligned with the workload for the specified activity.
e.	Continue its efforts to update fees in CCR 1417 to align with statute and to ensure the current fee is aligned with the workload for the specified activity.

Goal 1: Licensing			
The Board promotes licensing standards to protect consumers and support access to the profession for qualified individuals.			15
1.4	**Improve the process for licensing by endorsement to make it more timely and cost effective while maintaining low application fees.**		
Success Measure(s)			**Status**
A.	**Processing times within 4-8 weeks of receipt of all documents.**		
1. Completed Activities			**Month Year**
	a.	Streamlined application requirements by removing photo requirement. (ELP)	Jul 2021
	b.	Licensing staff email deficiency notices to applicants.	Jul 2021
	c.	Eliminated paper application from the BRN website which promotes a more efficient and expeditious application process via BreEZe. (ELP)	Jul 2021
	d.	Identified streamlined processes allowing documents received via the mail or microfilm to be searchable by staff and attached to the BreEZe record more expeditiously.	Nov 2021
	e.	Cross trained Public Information Unit staff to perform some licensing activities, including but not limited to endorsement applications, to address the callers at the initial point of contact.	Jan 2022
	f.	Executed a contract with National Clearinghouse to improve the transmission and receipt of transcripts.	Feb 2022
	g.	Updated BreEZe to allow the Enforcement Division to place and remove holds. (ELP)	Mar 2022
	h.	Implemented automatic application closure when no fee is included with the BreEZe application within a set period of time. (ELP)	Mar 2022
	i.	Executed contract with Parchment to improve the transmission and receipt of transcripts.	Oct 2022
	j.	Enhanced BreEZe to allow for applicants and licensees to pay miscellaneous fees (e.g. fingerprint fees)	Jan 2023
	k.	The Board voted during the May 2023 Board meeting to remove Method Three pathway for licensure for qualifying APRN applicants.	May 2023
	l.	Approval of CCR, title 16, section 1410.5 on August 18, 2023	Aug 2023
	m.	Implemented an automatic initial review and if deficiencies exist an email notification is sent; thereby, allowing staff to conduct their initial review once all documentation is received.	Oct 2023
	n.	DCA executed contract with Horne, LLP (Horne) for licensing application processing services and BRN onboarded contracted staff.	Oct 2023
	o.	BRN trained Horne contracted staff on licensure by endorsement application processing.	Nov 2023

2. Ongoing Activities	
a.	Continue monitoring and assessment of processing times of licensure by endorsement applications.
b.	Automated email notification with status update details sent to applicants. (ELP)
c.	Continue monitoring and assessment of Horne work product associated to licensure by endorsement applications.
d.	Horne began interviews to identify process improvements.

GOAL 2: ENFORCEMENT

Goal 2: Enforcement		
The Board protects the health and safety of consumers through the enforcement of the laws and regulations governing the practice of nursing.		
2.1	**Align the enforcement processing times with the Board's efforts to ensure safe nurses continue to practice.**	
A.	**Reduction of processing times with sixty percent (60%) of cases**	
a.	Eliminated paper case processing in several areas, including but not limited to, electronic complaint processing, electronic investigative cases, transmittals to the Attorney General's Office, Expert Consultants and created the Central Enforcement File.	Dec 2021
b.	Executed a Memorandum of Understanding (MOU) between the Superior Court of California, County of Los Angeles and BRN to improve the receipt of court documents.	Jun 2022
c.	Developed and implemented new marketing materials to inform a greater number of RNs of the Intervention Program.	Nov 2022
d.	Division of Investigation (DOI) referral and triage pilot concluded.	Mar 2024
e.	Implemented the DOI Complaint Prioritization and Referral Guidelines for Healing Arts Boards which was initiated on March 1, 2024. With this implementation, the BRN triage pilot ended; however, the BRN continues to perform enhanced triage on appropriate cases which was	Mar 2024
a.	Partnering with the Organizational Improvement Office (OIO) to map out the process of the Enforcement Division and the Investigation Section to identify areas in which efficiencies can be achieved.	
b.	Continue quality improvement efforts to identify and address processing delays related to the intake, triage and investigation of complaints.	
c.	Continue quality improvement efforts to eliminate paper case processing.	
d.	Partnering with DCA's Office of Information Services (OIS) within the DCA Portfolio Governance team to develop the BreEZe Time Tracking Functionality and the accompanying Quality Business Interactive Reporting Tool (QBIRT) reports.	
e.	Continue to identify and procure investigative tools to efficiently triage and investigate complaints.	
f.	Recruiting Special Investigators, permanent and limited term, to improve case processing times in the Investigations Section.	
g.		
h.	Ongoing development of a procedure manual for investigation of prelicensure nursing school complaints and applicable training for staff.	

Goal 2: Enforcement		
The Board protects the health and safety of consumers through the enforcement of the laws and regulations governing the practice of nursing.		
2.2	Review the Board's approach to discipline to make sure it is evidence-based and effective to protect the public.	

Success Measure(s)		Status
A.	Uniform in our approach, with regards to other healing arts boards.	
1. Completed Activities		Month Year
	a.	Hired the two vacant Enforcement Deputy Chief positions which allows BRN to begin the process of reviewing the Board's approach to discipline.	Apr 2022
	b.	Established a pilot process where Executive Management attends all IECs to provide guidance and identify efficiencies.	Apr 2022
	c.	Initiated using BreEZe for assigning and tracking cases for job placement and course assignments for probationers.	Sep 2022
	d.	Coordinated with DCA for a third-party citation fine and cost recovery.	Oct 2023
	e.	Hired the vacant Investigations Division Deputy Chief position.	May 2023
	f.	Developed an Intervention Evaluation Committee Member guide which included retraining of existing and training of new Intervention Evaluation Committee (IEC) members.	Dec 2022
	g.	Conducted an in-person Investigations All Staff meeting and training on February 7, 2023.	Feb 2023
	h.	Realigned of the probation employment approval and modification of employment processes.	Jun 2023
	i.	Realigned of the probation course approvals and modification of course approval processes.	Jun 2023
	j.	Hired the vacant Enforcement Nursing Education Consultant (NEC) which allows BRN to continue to review the realignment of the employment approvals and modifications process and the course assignments and approvals process.	Jul 2023
2. Ongoing Activities		
	a.	Continue partnership with DCA on the implementation for a third-party citation fine and cost recovery.	
	b.	Partnering with other healing arts boards in the Med Spa/IV Hydration Taskforce and investigate cases alleging negligent intravenous hydration and/or therapy.	
	c.	Participation in the NCSBN Substance Use Disorder Monitoring Programs (5-year pilot study 2022-2027).	
	d.	Review of the Intervention Program, including but not limited to the Intervention Evaluation Committees (IEC) and delivery of services.	

GOAL 3: CONTINUING EDUCATION

Goal 3: Continuing Education	
The Board establishes continuing education standards to ensure ongoing nursing competency and promote public safety.	

3.1	Increase audits of RNs and education providers to ensure compliance with continuing education requirements.	
Success Measure(s)		**Status**
A.	Complete RN audits per Comprehensive Plan for Approving and Disapproving Continuing Education Opportunities.	
1. Completed Activities		**Month Year**
	a.	Hired a Retired Annuitant (RA) NEC to begin streamlining the RN audit process to ensure alignment with the Comprehensive Plan for Approving and Disapproving Continuing Education Opportunities. RA NEC resigned, and a new RA NEC was hired.	Aug 2022 Jun 2023
	b.	Redirected a staff member who was returned from the contract tracing assignment to work with the RA NEC to streamline the RN audit process and ensure alignment with the Comprehensive Plan for Approving and Disapproving Continuing Education Opportunities.	Aug 2022
2. Ongoing Activities		
	a.	Executive Leadership Team continues to look at the organizational structure to ensure optimal effectiveness and efficiency.	
	b.	Partnering with DCA's Office of Information Services (OIS) to research the development of an IT tool to maintain CE provider and course data.	
	c.	Review and updating the website to for transparency of the CE requirements.	
B.	Complete CEP audits per Comprehensive Plan for Approving and Disapproving Continuing Education Opportunities.	
1. Completed Activities		
	a.	Hired a RA NEC to begin streamlining the RN audit process to ensure alignment with the Comprehensive Plan for Approving and Disapproving Continuing Education Opportunities. RA NEC resigned, and a new RA NEC was hired.	Aug 2022 Jun 2023
	b.	Approval of CCR, title 16, sections 1450 and 1456 by OAL on August 12, 2022.	Aug 2022
2. Ongoing Activities		
	a.	Executive Leadership Team continues to look at the organizational structure to ensure optimal effectiveness and efficiency.	
	b.	Continue partnership with OIO to map out the process of the Continuing Education Provider (CEP) audit process.	
	c.	Continue design and implementation of the CEP audit process.	

Goal 3: Continuing Education		
The Board establishes continuing education standards to ensure ongoing nursing competency and promote public safety.		
3.2	Analyze, and update if needed, ways to improve the continuing education reporting process to streamline and improve customer service.	
Success Measure(s)		**Status**
A.	**CE reporting consistent with Comprehensive Plan for Approving and Disapproving Continuing Education Opportunities.**	
1. Completed Activities		**Month Year**
a.	Hired a RA NEC to begin developing the CEP audit process and ensure alignment with the Comprehensive Plan for Approving and Disapproving Continuing Education Opportunities. RA NEC resigned, and a new RA NEC was hired.	Aug 2022 Jun 2023
2. Ongoing Activities		
a.	Updating the Continuing Education request and approval process to include, but not limited to, integrating the form submitted by the continuing education provider for course approval into BreEZe.	
b.	Partnering with OIS to research the development of an IT tool to maintain CE provider and course data.	
c.	Executive Leadership Team continues to look at the organizational structure to ensure optimal effectiveness and efficiency.	
d.	Continued partnership with OIO to map out the process of the CEP audit process.	

GOAL 4: EDUCATIONAL OVERSIGHT

	Goal 4: Educational Oversight	
The Board establishes nursing education standards to ensure the quality of education and consumer protection.	
4.1		**Align educational oversight activities with national accreditation programs to identify and reduce any redundancies.**
	**Success Measure(s)**	**Status**
A.	**Visits conducted in collaboration with accreditors.**	**MET**
	**1. Completed Activities**	**Month Year**
	a.	Conducted the first joint Continuing Approval Visit (CAV) with accreditors to increase efficiencies.	Sep 2021
	b.	Implemented new policies and procedures to align with accreditation processes, where appropriate (i.e., allowing nursing programs to submit the accreditors report and supplement any missing information with an addendum thereby minimizing the workload of the Dean or Director).	Jan 2022
	c.	Faculty approvals available on the DCA License Search page.	Mar 2022
	d.	Data migration of existing faculty approvals completed in August 2022.	Aug 2022
	e.	Submitted legislative proposal in the second year of the 2023-2024 legislative session resulting in the introduction of AB 2015, authored by Assembly Member Schiavo, establishing a process and the criteria for a RN to obtain approval from the Board to serve as a faculty member, assistant director, or director at any Board-approved prelicensure nursing program.	Jan 2024
	g.	Presented at COADN and CACN conferences on topic including but not limited to the clarification of the updated Faculty approval process outlined in the Board's sunset bill, AB 2684 (Berman, Chapter 413, Statutes of 2022).	Mar/Apr 2024
	h.	Provided notification to legislative staffer and NECs on the clarified Faculty approval process in alignment with BPC 2786.2(b)(1).	Mar 2024
**2. Ongoing Activities**	
	a.	Staff is reviewing the faculty approval process to streamline, data collection to track growth and recession by region, and creating a faculty resource for academia.	
	b.	Continue the development of the uniform methods required per the Board's sunset bill, which includes, but is not limited to, meeting with three nursing accrediting agencies.	
	c.	Ongoing continuous quality improvements efforts, form(s) revisions, and website enhancements to provide transparent communication and to improve efficiency with the CAV.	
	d.	Continue partnership with the California Community Colleges Chancellors Office (CCCCO) leadership regarding community college nursing program oversite.	
	e.	Continue partnership with the Bureau of Private and Postsecondary Education (BPPE) leadership regarding private college and university oversite.	

Goal 4: Educational Oversight		
The Board establishes nursing education standards to ensure the quality of education and consumer protection.		
4.2	Support regional consortiums to promote equitable clinical placements and reduce clinical impaction.	
Success Measure(s)		Status
A.	Regional data accessible on website for public and Board use.	
1. Completed Activities		Month Year
a.	The Board's sunset bill, AB 2684 (Berman, Chapter 413, Statutes of 2022) prohibits the Board from considering nursing workforce issues, including those identified under BPC section 2717 as factors for purposes of enrollment increase considerations. This conflicts with CSA Audit 2019-120 Recommendation 2 issued to the Board.	Jan 2022
b.	The Board's sunset bill, AB 2684 (Berman, Chapter 413, Statutes of 2022) amended BPC Section 2786(c) to read: (3)(A) The board shall annually collect, analyze, and report information related to the number of clinical placement slots that are available and the location of those clinical placement slots within the state, including, but not limited to, information concerning the total number of placement slots a clinical facility can accommodate and how many slots the programs that use the facility will need. (B) The board shall utilize data from available regional or individual institution databases. (C) The board shall place the annual report on its internet website.	Jan 2022
c.	Updated CCR, title 16, sections 1432 to require the EDP-I-01 for any new campus location(s).	Oct 2022
d.	Developed and implemented a regional data tool that reflects Board actions of enrollment increase requests to inform the Board when making evidence-based decisions and increase transparency to the public.	Nov 2022
2. Ongoing Activities		
a.	Continue implementation activities for amended BPC Section 2786(c)(3)(A-C) and CSA Report 2019-120 recommendations 6, 7 and 9.	
b.	Continued collaboration with DCA's OIS to develop a prelicensure nursing program enrollment IT tool that displays the Board's actions on requests for enrollment increases on its website.	
c.	Continue partnering with various parties to support the efforts on data collection and reporting on clinical placements.	

4.3	Continue to assess and report on workforce needs and the availability of clinical placement sites to ensure the Board's decisions are evidence-based.	
Success Measure(s)		**Status**
A.	Regional data accessible on website for public and Board use.	
1. Completed Activities		**Month Year**
a.	The contract for the University of California, San Francisco (UCSF) was extended and updated to include regional analysis as a contract deliverable.	Aug 2021
b.	Nursing Education and Workforce Advisory Committee (NEWAC) restructure approved during the November 2021 Board meeting with the Charter approved during the May 2022 Board meeting.	May 2022
c.	Approval of CCR, title 16, section 1427 by OAL on October 14, 2022.	Oct 2022
d.	Developed and implemented a regional data tool that reflects Board actions of enrollment increase requests to inform the Board when making evidence-based decisions and increase transparency to the public.	Nov 2022
e.	Discussed during the February 2023 Board meeting the requirements of BPC 2717 in which the Board shall develop a plan to address regional areas of shortage identified by its nursing workforce forecast.	Feb 2023
f.	During the December 2022 and March 2023 meetings, NEWAC created the following subcommittees: 1) Simulation Standards, 2) Workforce Survey, 3) Clinical Placement and Impaction, 4) Cultural Competency, Diversity, Pathway to Nursing, 5) Theory Practice Gap and New Grad Orientation, 6) Workforce Retention, 7) Curriculum Standards and Guidelines, and 8) Faculty. These subcommittees will assist NEWAC in the assessment and reporting of workforce needs and the availability of clinical placement sites to the Board.	Mar 2023
g.	Posted the "California Board of Registered Nursing 2020 Survey of Registered Nurses" report, dated May 1, 2023, to the BRN website and a presentation by University of California, San Francisco on the analysis of nursing workforce was given during the May 2023, Board meeting.	May 2023
h.	The contract for the University of California, San Francisco (UCSF) was extended.	Sep 2023
i.	During the March 2024 meeting, NEWAC voted to sunset the Workforce Survey subcommittee.	Mar 2024
2. Ongoing Activities		
a.	In partnership with DCA's OIS a clinical placement technological tool was developed and is in the testing phase. This tool that will compile and aggregate facility and school specific information and compare data with HCAI's (formerly OSHPD), list of health care facilities.	
b.	Continue to work towards compliance with the requirements of BPC 2717 in which the Board shall develop a plan to address regional areas of shortage identified by its nursing workforce forecast.	
c.	Continue collaboration with DCA's OIS to implement an interactive map displaying information, including but not limited to, student enrollment numbers, faculty resources, and nursing workforce.	

d.	Continuous quality improvement efforts to enhance the BRN's website to make nursing workforce data easily accessible.	
e.	Continue partnering with various parties to support the efforts on data collection and reporting on clinical placements.	

Goal 4: Educational Oversight	
The Board establishes nursing education standards to ensure the quality of education and consumer protection.	

4.4	Evaluate educational requirements and initiate evidence-based revisions as appropriate.	
Success Measure(s)		**Status**
A.	16 CCR 1426 is current and is evidence based to ensure preparation of the applicant and meet the mission of the Board.	
1. Completed Activities		**Month Year**
	a. The Board's request to add language to AB 2684 (Berman, Chapter 413, Statutes of 2022) regarding 500-hour direct patient care requirement was successful. BPC 2756(a)(2) was added to state: An approved school of nursing or nursing program shall meet a minimum of 500 direct patient care clinical hours in a board-approved clinical setting with a minimum of 30 hours of supervised direct patient care clinical hours dedicated to each nursing area specified by the board.	Jan 2022
	b. Implemented second look process on any faculty approval request submitted by the Board approved Program Directors to ensure all information has been reviewed prior to denying a request for faculty approval	Aug 2022
	c. Enhanced the BRN's website to include nursing program's tuition and enrollment numbers.	Apr 2023
	d. All Board-approved prelicensure nursing programs are in compliance with the updated 500-hour direct patient care requirement delineated in BPC 2786(a)(2).	Aug 2023
	e. All Board-approved prelicensure nursing programs are in compliance with the updated implicit bias graduation requirement delineated in BPC 2786(f)(1).	Aug 2023
	f. Approval of regular rulemaking package to update CCR, title 16, section 1410.5 to provide a coursework exemption for out of state applicants on August 18, 2023.	Aug 2023
2. Ongoing Activities		
	a. Continue collaboration with Board of Vocational Nurses and Psychiatric Technicians (BVNPT) and BPPE to discuss education oversight, identify and minimize possible duplication of efforts, and enhance partnership.	
	b. Initial rulemaking package to update CCR, title 16, section 1426 to remove the requirement for 75 percent of clinical hours to be completed in direct patient care in a specified nursing content area is under review by BRN leadership after the comment period closed and no comments/requests for hearing were received and was submitted to the Office of Administrative Law (OAL) on March 26, 2023	

GOAL 5: LAWS AND REGULATIONS

Goal 5: Laws and Regulations The Board enforces the laws within its purview, establishes regulations and advocates for legislation to effectively carry out its mission.		
5.1	**Ensure all stakeholder voices are heard and given equal consideration for better informed policies.**	
Success Measure(s)		**Status**
A.	**Increased stakeholder engagements.**	
1. Completed Activities		**Month Year**
a.	Held public Interested Parties Meetings to solicit comments on regulatory language that the NPAC was recommending to the Board.	Jul 2021 Oct 2021
b.	Reviewed and restructured the membership composition of non-legislative advisory committees to include a public member.	May 2022
c.	The Board's Executive Officer (EO) and staff attended California Organization of Associate Degree Nursing (COADN) and California Association of Colleges of Nursing (CACN) joint conference in Monterey in October 2022.	Oct 2022
d.	Board voted during the November 2022 meeting to create a Certified Registered Nurse Anesthetist Advisory Committee (CRNAAC).	Nov 2022
e.	Board voted during the November 2022 meeting to create a Created a Clinical Nurse Specialist Advisory Committee (CNSAC).	Nov 2022
f.	Conducted an in-depth training in January 2023, including but not limited to, the Recommended Guidelines for Disciplinary Orders and Conditions of Probation (Disciplinary Guidelines) through a joint NPAC and NMAC public meeting.	Jan 2023
g.	EO attended NCSBN Executive Officer Orientation meeting in Chicago in January 2023.	Jan 2023
h.	EO and staff attended COADN spring conference in Palm Springs in March 2023.	Mar 2023
i.	EO and Board President attended 2023 NCSBN Midyear Meeting Executive Leadership and President Forum in Seattle in March 2023.	Mar 2023
j.	EO and staff attended CACN spring conference in Long Beach in April 2023.	Apr 2023
k.	EO appointed CRNA members to the CRNAAC and CNS members to the CNSAC.	May 2023
l.	Implemented a process to email a reminder to the Deans and Directors via the ListServ on Board and Committee meeting days.	Jun 2023
m.	Held a public NEWAC interested parties meeting to solicit comments on issues pertinent to registered nursing education and/or workforce on June 15, 2023.	Jun 2023
o.	Chief of Legislative Affairs attended Congressional Nursing Workforce Summit in Fresno.	Jun 2023
n.	EO and Board President attended 2023 NCSBN Annual Meeting in Chicago in August 2023.	Aug 2023

p.	Initiated an email notification process to notify appropriate external stakeholders when a webcast of a meeting is available on the BRN website.	Sep 2023
q.	EO and staff attended the COADN and CACN joint conference in Monterey in October 2023.	Oct 2023
r.	Conducted two sessions of training in December 2023, including but not limited to, roles and responsibilities, meeting structure and polices, Public Records Act, MaxCMS, and CalATERS.	Dec 2023
s.	EO appointed the public member to the CRNAAC, filling its final vacancy.	Dec 2023
t.	Conducted the first CNSAC and CRNAAC public meeting which included an onboarding training, including but not limited to, roles and responsibilities, the Bagley-Keene Open Meeting Act, and the regulatory process.	Jan 2024
u.	EO and staff attended COADN spring conference in Palm Springs in March 2024.	Mar 2024
v.	EO and Board President attended 2024 NCSBN Midyear Meeting Executive Leadership and President Forum in Atlanta in March 2024.	Mar 2024
w.	EO and staff attended CACN spring conference in Rancho Mirage in April 2024.	Apr 2024
x.	EO attended NCSBN Executive Officer Summit in Utah in June 2024.	Jun 2024
y.	EO presentation on the California Community Colleges new initiative (Apprenticeship Pathway Demonstration Project).	Aug 2024
2. Ongoing Activities		
a.	Continue the WebEx platform for all public meetings to allow for greater public participation.	
b.	DCA and BRN staff, including but not limited to, DCA Regulations Attorney, Board Legal Counsel, Executive Officer, Chief of Legislative Affairs, attend Board meetings, stakeholder meetings and taskforce meetings to provide information.	
c.	Continue outreach and/or onboarding activities for advisory committee members, as appropriate.	
d.	Creating a ListServ email for Deans and Directors of APRN programs to enhance communication.	

Goal 5: Laws and Regulations		
The Board enforces the laws within its purview, establishes regulations and advocates for legislation to effectively carry out its mission.		
5.2	Review statutes and advocate for updates or new statutes as appropriate to ensure they are current and based on evidence and best practices.	
Success Measure(s)		**Status**
A.	Established policies and procedures with a monitoring and reevaluation component.	
1. Completed Activities		**Month Year**
	a.	Hired and initiated the on-boarding of the new Chief of Legislative Affairs to lead this endeavor and the change agent for the organization.	May 2022
	b.	Communicated Board positions, testified, provided technical assistance and drafted proposed language for bills that impacted the BRN or its licensees during the 2021-2022 legislative session.	Jan-Sep 2022
	c.	Submitted legislative proposal for code clean up to the Senate Business and Professions Committee.	Jan 2023
	d.	Communicated Board positions, testified, provided technical assistance and drafted proposed language for bills that impacted the BRN or its licensees during the first years of the 2023-2024 legislative session.	Jan-Sep 2023
	e.	DCA released the Federal Professional License Portability and State Registration online portal implementing new professional license portability provisions within the Federal Servicemembers Civil Relief Act (SCRA).	Nov 2023
	f.	In partnership with DCA, implemented the PHN fee waiver for certification and recertification temporarily (SB 72 Budget Act of 2023).	Jan 2024
	h.	Identified legislative vehicles for three legislative proposals in the second year of the 2023-2024 legislative session: 1) proposal to improve faculty approval process; 2) proposal to remove the renewal process for PHNs; and 3) code clean up proposal.	Jan 2024
2. Ongoing Activities		
	a.	Continue enhanced partnership with DCA to include regular meetings on bill impact and implementation plans; identification of outdated statutes requiring repeal; and advocate for updates to existing or new statutes.	
	b.	Continue developing policies and procedures to ensure statutes and regulations are current and based on evidence and best practices.	
	c.	Continue partnership with DCA, via the EO and DCA's Executive Leadership and Legal Division, to implement the provisions of BPC 870 requiring expedited licensure for applicants who provide abortions and can demonstrate their intent to do so as delineated in statute.	
	d.	Communicating Board positions, testifying, providing technical assistance, and drafting proposed language for bills that could impact the BRN or its licensees during the second year of the 2023-2024 legislative session.	

Goal 5: Laws and Regulations			
The Board enforces the laws within its purview, establishes regulations and advocates for legislation to effectively carry out its mission.			
5.3	Review regulations and revise as necessary to ensure currency and alignment with best practices and evidence.		
Success Measure(s)			Status
A.	Enhanced regulation process to clear backlogs and prevent future backlogs.		
1. Completed Activities			Month Year
	a.	Approval of Change without Regulatory Effect (Section 100) to update CCR, title 16, section 1480 on December 23, 2021.	Dec 2021
	b.	Approval of regular rulemaking package to update CCR, title 16, section 1484 on February 8, 2022.	Feb 2022
	c.	Hired and initiated the on-boarding of the new Chief of Legislative Affairs to lead this endeavor and the change agent for the organization.	May 2022
	d.	Approval of regular rulemaking package to update CCR, title 16, section 1486 on August 8, 2022.	Aug 2022
	e.	Approval of regular rulemaking package to update CCR, title 16, sections 1450 and 1456 on August 12, 2022.	Aug 2022
	f.	Approval of regular rulemaking package to update CCR, title 16, section 1427 on October 14, 2022.	Oct 2022
	g.	Approval of regular rulemaking package to update CCR, title 16, sections 1423 and 1432 on October 18, 2022.	Oct 2022
	h.	Established a ListServ for regulations packages.	Dec 2022
	i.	Approval of Change without Regulatory Effect (Section 100) to update CCR, title 16 section 1452 on December 14, 2022.	Dec 2022
	j.	Approval of Change without Regulatory Effect (Section 100) to update CCR, title 16 section 1426 on December 19, 2022.	Dec 2022
	k.	Approval of regular rulemaking package to update CCR, title 16, sections 1480, 1481, 1482.3, 1482.4, and 1487 to establish two new categories of nurse practitioners on December 23, 2022.	Dec 2022
	l.	Conducted an in-depth training in January 2023, including but not limited to, the Disciplinary Guidelines through a joint NPAC and NMAC public meeting.	Jan 2023
	m.	Provided technical assistance and proposed regulatory language for inclusion in a legislative bill creating a retired license (AB 633 (Patterson)).	April 2023
	n.	Approval of regular rulemaking package to update CCR, title 16, section 1410.5 to provide a coursework exemption for out of state applicants on August 18, 2023.	Aug 2023
	o.	Approval of Change without Regulatory Effect (Section 100) to update CCR, title 16, section 1463 on October 18, 2023.	Oct 2023
	p.	Approval of Change without Regulatory Effect (Section 100) to update CCR, title 16, section 1421 on November 7, 2023.	Nov 2023

q.	Approval of regular rulemaking package to update CCR, title 16, section 1452 regarding continuing education requirement exemptions on March 14, 2024.	Mar 2024
r.	Approval of regular rulemaking package to update CCR, title 16, section 1426 regarding direct patient care hours on May 1, 2024.	May 2024
s.	Approval of Change without Regulatory Effect (Section 100) to update CCR, title 16, section 1484 on August 2, 2024.	Aug 2024

2. Ongoing Activities

a.	The Board is continuing its efforts to address the backlog of regulations along with the current regulation packages.
b.	Enhanced partnership with DCA to include regular meetings on bill impact and implementation plans; identification of outdated statutes requiring repeal; and advocate for updates to existing or new statutes.
c.	Developing, repairing, and fostering relationships with Legislators, legislative staff, and external stakeholders for purposes of increasing the clarity and quality of regulation development.
d.	Draft language to update CCR, title 16, 1444.5 regarding disciplinary guidelines for independent practitioners has been developed and updated to incorporate committee/board member input. Updated language will be brought back before committee/board members for final approval.
e.	Draft language to update CCR, title 16, 1484 regarding out of state nurse practitioner programs has been developed and will be brought before committee/board members for input.

GOAL 6: ORGANIZATIONAL DEVLOPMENT

Goal 6: Organizational Development	
The Board strives to build an excellent organization through effective and responsible Board governance, leadership, management.	

6.1	Assess dialogue with stakeholders to increase transparency.	
Success Measure(s)		**Status**
A.	Numbers and ratings for customer service survey improved.	
1. Completed Activities		**Month Year**
a.	Conducted BRN All Staff meeting in June 2022.	Jun 2022
b.	Established an internal SharePoint site to improve efficiency of the review and record keeping process for media inquiries.	Sep 2022
c.	Conducted BRN All Staff meeting in November 2022.	Nov 2022
d.	Conducted BRN All Staff meeting in May 2023.	May 2023
e.	Released the Fall 2023 BRN report in September 2023.	Sep 2023
f.	Conducted BRN All Staff meeting in November 2023.	Nov 2023
g.	During the January 2024 meeting, CNSAC created the following subcommittees: 1) Public Engagement and Website and 2) Regulations.	Jan 2024
h.	During the January 2024 meeting, CRNAAC created the following subcommittees: 1) Public Engagement and Website, 2) Regulations and 3) Regulation Definitions.	Jan 2024
i.	BRN 2024 satisfaction survey released.	Mar 2024
j.	Conducted BRN All Staff meeting in May 2024.	May 2024
2. Ongoing Activities		
a.	Continue media campaign to increase engagement through social media utilizing Facebook, Instagram, and LinkedIn.	
b.	Increase transparency by encouraging individuals to sign up for the BRN ListServ.	
c.	Engage with various stakeholders regarding the Enforcement processes.	
d.	Pro-actively communicate with media to share Board updates (e.g. AB 890)	
e.	Developing outreach to encourage individuals to use Livescan technology when submitting their fingerprints for an endorsement application. The use of Livescan technology can reduce the processing time for endorsement applications.	
f.	Continuous quality improvement efforts to enhance and increase the accessibility of the BRN's website.	
g.	Designing, implementing, and revising, as appropriate, an internal and external communication plan to release and receive information.	

Goal 6: Organizational Development		
The Board strives to build an excellent organization through effective and responsible Board governance, leadership, management.		
6.2	**Identify and implement opportunities to improve practices and communication with Board Members to ensure the highest level of meeting preparation and transparency.**	
Success Measure(s)		**Status**
A.	**Numbers and ratings for customer service survey improved.**	
1. Completed Activities		**Month Year**
a.	Restructured the Committee and Board meeting formats so that the Board meetings focus on decision making and education while the Committee meetings concentrate on the matters being presented to the Committees.	Jan 2022
b.	Established a procedure to include a standing agenda item to report information to the Board on advisory committee activities and Board activities to the advisory committees.	Nov 2022
2. Ongoing Activities		
a.	Continue posting materials in advance of meetings and in formats more accessible to the public.	
b.	Meetings with BRN liaisons and committee chairs are scheduled as appropriate.	
c.	Provide educational presentations and tools to Board members as appropriate.	
d.	Reviewing and enhancing BRN Board member onboarding and continued training processes to support DCA's Board Member Orientation Training (BMOT).	

Goal 6: Organizational Development	
The Board strives to build an excellent organization through effective and responsible Board governance, leadership, management.	
6.3	**Provide ongoing continuing education for Board Members to increase their effectiveness in serving as a Board Member.**

Success Measure(s)	Status
A. **Provide informational sessions at Board meetings.**	
1. Completed Activities	**Month Year**
a. Provided training during the January 13, 2022, Board meeting on how to research a legislative bill using LegInfo.com.	Jan 2022
b. Presentation on the role and scope of the RN in aesthetic medicine during the May 18-19, 2022, Board meeting.	May 2022
c. Implemented and trained Board Members on new discipline voting platform processes.	Jun 2022
d. Presentation by HCAI on scholarship and loan repayment programs for nursing students during the February 15-16, 2023, Board meeting.	Feb 2023
e. Presentation by EO on United States Pharmacopeia (USP chapters 795 and 797) regarding compounding standards during the February 15-16, 2023, Board meeting	Feb 2023
f. Presentation by BRN's Chief of Legislative Affairs on the legislative process during the March 16, 2023, Board meeting.	Mar 2023
g. Presentation by the BRN's Chief of the Enforcement Division on the Disciplinary Guidelines during the March 16, 2023, Board meeting.	Mar 2023
h. Presentation by University of California, San Francisco on analysis of nursing workforce conducted pursuant to BPC section 2717 during the May 17, 2023, Board meeting.	May 2023
i. Presentation by Surani Kwan with Sutter Health on employment for Nurse Practitioners with the 103-distinction during the June 29, 2023, Nursing Practice Committee meeting.	June 2023
j. Presentation by NCSBN on the new nursing shortage report during the August 24-25, 2023, Board Meeting.	Aug 2023
k. Presentation by the CDA Internal Audit Office on the State Leadership Accountability Act (SLAA) during the August 24-25, 2023, Board Meeting.	Aug 2023
l. Presentation by EO on IV Hydration during the August 24-25, 2023, Board Meeting.	Aug 2023
m. Presentation by NCSBN on E-notify during the November 15-16, 2023, Board Meeting.	Nov 2023
n. Presentation by NCSBN on the Impact of COVID-19 Pandemic on Nursing Education: A National Study of Prelicensure RN Programs during the November 15-16, 2023, Board Meeting.	Nov 2023
o. Presentation by the Department of Rehabilitation (DOR) (Hellan Dowden and Dawn Anderson) on School Nurse Apprenticeship Pathway to Success with DOR during the February 28-29, 2024, Board Meeting.	Feb 2024
p. Presentation by EO on the overview of scope of practice of CNS during the February 28-29, 2024, Board Meeting.	Feb 2024

q.	Presentation by Enforcement Division Chief on the Intervention Program, including but not limited to statistics, program updates, the intervention evaluation committee's roles and responsibilities.	Feb 2024
r.	Presentation by EO of roles and responsibilities of Board, Board members, state agency organizational structure and Board staff.	May 2024
s.	Presentation by EO on the overview of scope of practice of CRNA during the May 23-24, 2024, Board Meeting.	May 2024
t.	Presentation by Enforcement Division Chief on the Intervention Program, including but not limited to contracted program vendor, general requirements, legislation, regulations, and Uniform Standards governing the IP; recovering agreements, IEC member appointment, terms, responsibilities, and training; differences between IP and probation; etc.	May 2024
u.	Presentation by Enforcement Division Chief on the Intervention Program, including but not limited to needing full clinical diagnostic evaluation(s) and reassessment(s) with a focus on the participants' ability to safely return to work in a capacity as a registered nurse during the Intervention Program.	Jun 2024
v.	Presentation by Enforcement Division Chief on the Intervention Program, including but not limited to working a registered nursing in a position requiring patient care, with or without narcotic access, prior to successful completion of Intervention Program.	Jun 2024
2. Ongoing Activities		
a.	Information and training on fund condition presented to Board by DCA's Budget Office during quarterly Board meetings.	
b.	Information and training on the nursing profession presented to Board during quarterly Board meetings as appropriate.	
c.	Updating the on-boarding materials and general information for Board Members.	
d.	Continuous quality improvement efforts to provide BRN process training and tools at Board meetings.	
e.	Continue to respond to Board members requests for information on Board activities and provide training, when appropriate.	

GOAL 7: OUTREACH

Goal 7: Outreach The Board informs and educates consumers, licensees, and stakeholders about the practice and regulation of the profession.		
7.1	**Create, implement, and evaluate a comprehensive outreach plan to build and maintain relationships and support licensees and consumers while carrying out the Board's mission.**	
Success Measure(s)		**Status**
A.	**Numbers and ratings for customer service survey improved.**	
1. Completed Activities		**Month Year**
a.	Developed and implemented new marketing materials to inform a greater number of RNs of the Intervention Program.	Nov 2022
b.	Developed and implemented new outreach materials to inform a greater number of individuals and grow the visibility of the expert practice consultant opportunity.	Mar 2023
c.	Purchased Hootsuite software to create more engaging social media content and increase visibility.	Oct 2023
2. Ongoing Activities		
a.	Developing policies and procedures to implement and evaluate a comprehensive outreach plan.	
b.	Continuous quality improvement efforts on outreach and marketing efforts in collaboration with DCA, including but not limited to, grow participation in the Intervention Program, grow the visibility of the expert practice consultant opportunity and recruit, retain, and train Intervention Evaluation Committee (IEC) members and nurse support group facilitators.	
c.	Continue media campaign to increase engagement through social media utilizing Facebook, Instagram, and LinkedIn.	
d.	Increase transparency by encouraging individuals to sign up for the BRN ListServ.	
e.	Collaborate with CDPH to provide outreach and facilitate relationship with CDPH licensees and facilities.	
f.	Collaborate with NCSBN and Executive Officers of Boards of Nursing in all jurisdictions.	
g.	DCA and BRN staff, including but not limited to, Executive Officer, Board Legal Counsel, Assistant Executive Officer, Chief of Legislative Affairs, Chief of Enforcement, Chief of Licensing, NECs, attend Board meetings, stakeholder meetings and taskforce meetings to provide information.	

Agenda Item 5.3

Information Only:
Registered Nursing Fund condition
(presentation by DCA Budget Office)

BRN Board Meeting | August 21-22, 2024

BOARD OF REGISTERED NURSING
Agenda Item Summary

ACTION REQUESTED: Fund condition report

REQUESTED BY: Board

BACKGROUND: Presentation on the condition of the Board of Registered Nursing Fund

NEXT STEP:

PERSON TO CONTACT: Matthew Yeates
Deputy Chief, Consumer Services and Board Operations Division
California Board of Registered Nursing
Matthew.Yeates@dca.ca.gov

MEMORANDUM

DATE	August 21, 2024
TO	Board of Registered Nursing
FROM	Luke Fitzgerald, Budget Analyst Suzanne Balkis, Budget Manager
SUBJECT	**Budget Update**

FY 2022-23 (Prior-Year) Expenditure Summary:

The following chart provides a 2022-23 year-end summary of Board expenditures. The Board was appropriated $62.2 million and spent an estimated $58.4 million (93.78%), which resulted in savings of $ $3,9 million.

FY 2022-23 Expenditures			
Fund	**Appropriation**	**Expenditures**	**Savings**
Board of Registered Nursing	$62,212,000	$58,343,987	$3,868,013

FY 2023-24 (FM 12) Expenditure Projection Detail:

The Board's budget for fiscal year 2023-24 is $66.5 million. The Board projected expenditure of approximately $63.3 million, of which $25.6 million was expended on personal services costs and $37.6 million on operating expenses & equipment (OE&E).

- Personal Services $25,634,083 (38.57%)
- Operating Expenses & Equip $26,201,917 (39.42%)
- Enforcement (AG, OAH) $11,446,577 (17.22%)
- Reversion $3,180,424 (4.79%)

FY 2023-24 Expenditures			
Fund	**Appropriation**	**Expenditures***	**Savings**
Board of Registered Nursing	$66,463,000	$63,282,576	$3,180,424

*Based on FM12 Projections

0761 - Board of Registered Nursing Fund Analysis of Fund Condition (Dollars in Thousands)

2024-25 Governor's Budget W-FM 12 Projections

	ACTUAL 2022-23	CY 2023-24	BY 2024-25	BY +1 2025-26
BEGINNING BALANCE	$ 55,941	$ 77,062	$ 30,614	$ 79,662
Prior Year Adjustment	$ 349	$ -	$ -	$ -
Adjusted Beginning Balance	$ 56,290	$ 77,062	$ 30,614	$ 79,662
REVENUES, TRANSFERS AND OTHER ADJUSTMENTS				
Revenues				
4121200 - Delinquent fees	$ 833	$ 728	$ 1,083	$ 1,083
4127400 - Renewal fees	$ 49,584	$ 51,280	$ 51,867	$ 51,867
4129200 - Other regulatory fees	$ 628	$ 491	$ 469	$ 469
4129400 - Other regulatory licenses and permits	$ 28,062	$ 22,225	$ 31,482	$ 31,482
4143500 - Miscellaneous Services to the Public	$ 10	$ 8	$ -	$ -
4163000 - Income from surplus money investments	$ 1,740	$ 1,496	$ 669	$ 1,398
4170400 - Capital Assest Sales Proceeds	$ 7	$ 5	$ -	$ -
4171100 - Other Revenue Cost Recoveries	$ 2	$ 1	$ -	$ -
4171400 - Escheat of unclaimed checks and warrants	$ 18	$ 22	$ -	$ -
4172500 - Miscellaneous revenues	$ 298	$ 8	$ -	$ -
Totals, Revenues	$ 81,182	$ 76,264	$ 85,570	$ 86,299
Loan Repayment from the General Fund (0001) to the Board of Registered Nursing Fund (0761) per Item 1111-011-0761, Budget Act of 2020	$ -	$ -	$ 30,000	$ -
Loan from the Board of Registered Nursing Fund (0761) to the General Fund (0001) per Control Section 13.40, Budget Act of 2023	$ -	$ -65,000	$ -	$ -
Totals, Transfers and Other Adjustments	$ -	$ -65,000	$ 30,000	$ -
TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS	$ 81,182	$ 11,264	$ 115,570	$ 86,299
TOTAL RESOURCES	$ 137,472	$ 88,326	$ 146,184	$ 165,961
Expenditures:				
1111 Department of Consumer Affairs Regulatory Boards, Bureaus, Divisions (State Operations)	$ 55,385	$ 60,309	$ 65,753	$ 67,726
9892 Supplemental Pension Payments (State Operations)	$ 654	$ 654	$ 489	$ -
9900 Statewide General Administrative Expenditures (Pro Rata) (State Operations)	$ 4,371	$ 3,415	$ 3,613	$ 3,613
Less funding provided by General Fund (State Operations)	$ -	$ -6,666	$ -3,333	$ -
TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS	$ 60,410	$ 57,712	$ 66,522	$ 71,339
FUND BALANCE				
Reserve for economic uncertainties	$ 77,062	$ 30,614	$ 79,662	$ 94,622
Months in Reserve	16.0	5.5	13.4	15.5

NOTES:
1. Assumes workload and revenue projections are realized in BY +1 and ongoing.
2. Expenditure growth projected at 3% beginning BY +1.

Department of Consumer Affairs

Expenditure Projection Report

Board of Registered Nursing
Reporting Structure(s): 11113000 Support, 11113010 BRN–Public Health Nurse Waiver
Fiscal Month: 12
Fiscal Year: 2023 - 2024

PERSONAL SERVICES

Fiscal Code	PY Budget	PY FM13	Percent Budget Spent	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Projections to Year End	Balance	Percent Budget Spent
5100 PERMANENT POSITIONS	$16,229,000	$14,418,132	23.18%	$17,051,000	$1,268,824	$15,164,286	$0	$15,164,286	$15,164,287	$1,886,713	22.82%
5100 TEMPORARY POSITIONS	$135,000	$641,238	1.03%	$135,000	$56,961	$848,808	$0	$848,808	$887,914	-$752,914	1.34%
5105-5108 PER DIEM, OVERTIME, & LUMP SUM	$82,000	$121,917	0.20%	$82,000	$4,800	$93,288	$0	$93,288	$101,988	-$19,988	0.15%
5150 STAFF BENEFITS	$9,785,000	$8,513,654	13.68%	$10,358,000	$715,672	$9,456,798	$0	$9,456,798	$9,479,894	$878,106	14.26%
PERSONAL SERVICES	$26,231,000	$23,694,941	38.09%	$27,626,000	$2,046,256	$25,563,179	$0	$25,563,179	$25,634,083	$1,991,917	38.57%

OPERATING EXPENSES & EQUIPMENT

Fiscal Code	PY Budget	PY FM13	Percent Budget Spent	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Projections to Year End	Balance	Percent Budget Spent
5301 GENERAL EXPENSE	$952,000	$1,191,631	1.92%	$952,000	$2,589	$712,020	$67,507	$779,527	$943,031	$8,969	1.42%
5302 PRINTING	$183,000	$437,031	0.70%	$183,000	$172	$239,079	$232,410	$471,489	$471,781	-$288,781	0.71%
5304 COMMUNICATIONS	$151,000	$84,185	0.14%	$151,000	$2,358	$53,090	$0	$53,090	$65,460	$85,540	0.10%
5306 POSTAGE	$81,000	$88,021	0.14%	$81,000	$1,690	$59,308	$0	$59,308	$59,308	$21,692	0.09%
5308 INSURANCE	$0	$8,661	0.01%	$0	$0	$15,729	$0	$15,729	$15,729	-$15,729	0.02%
53202-204 IN STATE TRAVEL	$163,000	$50,076	0.08%	$163,000	$1,648	$56,878	$0	$56,878	$59,333	$103,667	0.09%
53206-208 OUT OF STATE TRAVEL	$0	$46	0.00%	$0	$0	$0	$0	$0	$0	$0	0.00%
5322 TRAINING	$82,000	$48,586	0.08%	$82,000	$1,175	$8,445	$575	$9,020	$10,220	$71,780	0.02%
5324 FACILITIES	$1,519,000	$1,803,546	2.90%	$1,519,000	$66,848	$1,656,358	$0	$1,656,358	$1,657,109	-$138,109	2.49%
53402-53403 C/P SERVICES (INTERNAL)	$11,250,000	$10,565,983	16.98%	$12,087,000	$1,042,777	$10,770,537	$212,834	$10,983,371	$11,446,577	$640,423	17.22%
5340310000	$9,810,000	$8,436,384	13.56%	$9,810,000	$804,842	$8,639,993	$0	$8,639,993	$8,722,354	$1,087,646	13.12%
5340320000	$1,140,000	$1,825,646	2.93%	$1,977,000	$237,570	$1,995,982	$0	$1,995,982	$2,375,095	-$398,095	3.57%
53404-53405 C/P SERVICES (EXTERNAL)	$2,930,000	$4,164,126	6.69%	$2,930,000	$174,744	$2,782,094	$1,166,078	$3,948,171	$3,972,964	-$1,042,964	5.98%
5342 DEPARTMENT PRORATA	$18,197,000	$15,439,032	24.82%	$20,087,000	-$630,092	$18,297,553	$0	$18,297,553	$18,297,553	$1,789,447	27.53%
5342 DEPARTMENTAL SERVICES	$2,000	$171,642	0.28%	$2,000	$21,266	$74,810	$0	$74,810	$180,868	-$178,868	0.27%
5344 CONSOLIDATED DATA CENTERS	$125,000	$102,011	0.16%	$125,000	$777	$3,896	$0	$3,896	$128,027	-$3,027	0.19%
5346 INFORMATION TECHNOLOGY	$61,000	$38,351	0.06%	$61,000	$0	$50,369	$34,966	$85,335	$85,335	-$24,335	0.13%
5362-5368 EQUIPMENT	$189,000	$415,923	0.67%	$50,000	$0	$208,440	$13,188	$221,628	$221,628	-$171,628	0.33%
5390 OTHER ITEMS OF EXPENSE	$96,000	$35,195	0.06%	$364,000	$333	$15,688	$0	$15,688	$18,974	$345,026	0.03%
54 SPECIAL ITEMS OF EXPENSE	$0	$5,002	0.01%	$0	$2,530	$14,597	$0	$14,597	$14,597	-$14,597	0.02%
OPERATING EXPENSES & EQUIPMENT	$35,981,000	$34,649,047	55.70%	$38,837,000	$688,815	$35,018,889	$1,727,558	$36,746,447	$37,648,494	$1,188,506	56.65%

OVERALL TOTALS	$62,212,000	$58,343,987	93.78%	$66,463,000	$2,735,071	$60,582,069	$1,727,558	$62,309,626	$63,282,576	$3,180,424	95.21%

4.79%

Department of Consumer Affairs

Revenue Projection Report

Reporting Structure(s): 11113000 Support, 11113010 BRN–Public Health Nurse Waiver
Fiscal Month: 12
Fiscal Year: 2023 - 2024

Revenue

Fiscal Code	Budget	July	August	September	October	November	December	January	February	March	April	May	June	Year to Date	Revenue Percentage
Delinquent Fees	$1,058,000	$67,086	$65,484	$63,213	$66,102	$58,360	$51,546	$76,025	$56,893	$62,955	$59,683	$60,073	$40,230	$727,648	0.95%
Other Regulatory Fees	$464,000	$41,990	$51,345	$41,436	$39,695	$39,593	$25,960	$29,160	$44,832	$80,998	$43,682	$32,974	$19,390	$491,055	0.64%
Other Regulatory License and Permits	$29,713,000	$1,743,318	$1,964,806	$1,698,138	$1,973,209	$1,705,663	$2,120,986	$1,940,029	$1,575,845	$1,731,206	$1,648,513	$2,836,656	$1,286,590	$22,224,958	29.14%
Other Revenue	$1,381,000	$1,994	$2,057	$2,795	$787,401	$1,741	$1,732	$374,066	$1,173	$4,698	$346,776	$7,905	$8,022	$1,540,361	2.02%
Renewal Fees	$50,631,000	$4,614,215	$4,742,618	$8,072,897	$8,122,211	$4,235,919	$3,562,229	$5,107,080	$4,421,973	$3,331,475	$2,922,322	$1,863,482	$283,146	$51,279,565	67.24%
Revenue	$83,247,000	$6,468,604	$6,826,310	$9,878,478	$10,988,618	$6,041,276	$5,762,452	$7,526,360	$6,100,715	$5,211,332	$5,020,975	$4,801,090	$1,637,377	$76,263,587	100.00%

Reimbursements

Fiscal Code	Budget	July	August	September	October	November	December	January	February	March	April	May	June	Year to Date	Revenue Percentage
Scheduled Reimbursements	$0	$78,743	$83,349	$85,767	$90,782	$77,175	$65,023	$93,003	$80,441	$84,280	$77,763	$79,623	$52,185	$948,134	31.88%
Unscheduled Reimbursements	$0	$141,993	$168,346	$164,006	$139,742	$126,000	$170,998	$235,490	$166,425	$173,543	$185,188	$191,786	$163,130	$2,026,648	68.14%
Reimbursements	$0	$220,736	$251,695	$249,773	$230,524	$203,175	$236,021	$328,493	$246,866	$257,823	$262,951	$271,409	$215,315	$2,974,782	100.00%

Agenda Item 5.4

Information Only:
Presentation by The American Red Cross on
Nurses as a Vital Resource in Disaster

BRN Board Meeting | August 21-22, 2024

BOARD OF REGISTERED NURSING
Agenda Item Summary

AGENDA ITEM: 5.4
DATE: August 21-22, 2024

ACTION REQUESTED: Presentation by The American Red Cross on Nurses as a Vital Resource in Disaster

REQUESTED BY: Dolores Trujillo, President

BACKGROUND: Trisha Mims, PhD(c), MBA, RN, HCM, Senior Program Manager, Disaster Health Services Disaster Cycle Services will present on American Red Cross: Nurses as a Vital Resource in Disaster.

NEXT STEP:

PERSON TO CONTACT: Loretta Melby
Executive Officer
California Board of Registered Nursing
Loretta.Melby@dca.ca.gov

Agenda Item 5.5

Information Only:
Presentation by National Council of State Boards of Nursing (NCSBN) on Approval of nursing programs and the evidence-based Regulatory Guidelines for Boards of Nursing when approval programs and the Annual Report Program

BRN Board Meeting | August 21-22, 2024

BOARD OF REGISTERED NURSING
Agenda Item Summary

ACTION REQUESTED: Presentation on Approval of nursing programs and the evidence-based regulatory guidelines for Boards of nursing when approval programs and the Annual Report Program

REQUESTED BY: Dolores Trujillo, President

BACKGROUND: Nancy Spector, PhD, RN, FAAN, Director of Nursing Education, National Council State Boards of Nursing will present information regarding why Boards of Nursing approve nursing programs.

I.   Why should BONs approve nursing programs?
   a. Approval improves program quality from a regulatory perspective, unrelated to program accreditation (qualitative study where we studied 5 years of site visit documents from BONs found this)
   b. Present the 2-pronged model of licensure in the U.S. and for the nursing profession
   c. Present the differences of approval versus accreditation

II. NCSBN's Annual Report Program
   a. Brief on the background – supporting evidence
   b. Description of how the Annual Report collects data on evidence-based quality indicators of nursing programs
   c. Process of the Annual Report program – 35 participating BONs
   d. Briefly, what does the aggregate report illustrate as to strengths and limitations of U.S. programs

III. Site visits of nursing education programs
   a. Template in the Regulatory Guidelines
   b. Virtual vs. on-site visits

NEXT STEP:

PERSON TO CONTACT: Loretta Melby
Executive Officer
California Board of Registered Nursing
Loretta.Melby@dca.ca.gov

National Nursing Education Database: 2021–2022 Aggregate Data

Nancy Spector, PhD, RN, FAAN

Josephine Silvestre, MSN, RN

Qiana McIntosh, MBA

Nicole Kaminski-Ozturk, PhD, PMP

Introduction

In the fall of 2020 NCSBN launched the Annual Report Program, which is the first national program to collect annual education data from all nursing programs in participating U.S. nursing regulatory bodies (NRBs). This program is based on NCSBN's studies of quality indicators of nursing programs (Spector et al., 2020), where NCSBN's Annual Report team collects demographic data and evidence-based quality indicators of nursing programs for the NRBs. Most NRBs require nursing education annual data as part of their approval process of nursing programs.

Each nursing program in participating states/jurisdictions receives a report of their metrics and each participating NRB receives a report of all their programs' metrics, including how their programs are meeting the quality indicators. Annually NCSBN will disseminate a report of the aggregate data so that programs and NRBs can benchmark the program metrics. The NRBs and nursing programs can then work together to identify needed improvements – *before* NCLEX® Exam pass rates and other outcomes fall. It is important to remember that NCLEX pass rates are lagging indicators, meaning that they don't begin to fall until other key quality indicators have not been met (Spector et al., 2020).

Participating NRBs

While 20 U.S. NRBs participated in NCSBN's Annual Report Program in 2020–21 (NCSBN, 2023), 23 NRBs participated in 2021–2022. Table 1 illustrates how the participating jurisdictions in 2020–2021 compared to those in 2021–2022. A goal of the Annual Report Program is that all NRBs will participate, thus providing us with the first national nursing education database of all U.S. nursing programs.

Table 1. Participants in 2020–21 and 2021–22		
	2020–2021	**2021–2022**
Participating NRBs	20	23
Number of Programs	843	972
Enrolled Students	112,147	124,912
Full-time Faculty	8,263	9,653
Part-time Faculty	3,104	4,402
Clinical Adjunct Faculty – Employed by Program	7,296	8,822
Clinical Adjunct Faculty – Not Employed by Program	472	837

Results

Table 2 illustrates program demographics. Similar to the 2020–2021 data, there are only five diploma programs and seven master's entry programs in this sample, which limits generalizations across those populations. As can be seen from Table 2, the majority of the bachelor's and accelerated bachelor's programs are urban, while the majority of licensed practical/vocational nurse (LPN/VN) and associate's programs are rural. These findings compare to the 2020–2021 data. The majority of LPN/VN, associate's and bachelor's programs are publicly owned, though 44.4% of the of the bachelor's programs are private not-for-profit, as are a majority of the master's entry programs. Of note, 24.1% of the 29 accelerated BSN programs are private for–profit programs. Of the LPN/VN programs and associate's programs, 12.4% and 12%, respectively, are private for–profit programs. These findings related to private for-profit programs are similar to those from 2020–2021. Regarding learning modalities, only 20.7% of the accelerated Bachelor of Science in Nursing (BSN) programs are in–person only, though the majority of the other program types are in-person-only (range from 56.8% to 80%). This compares to the 2020–2021 data, though the accelerated BSN programs had more in-person-only learning in 2020–2021 (39.1%). Similar to 2020–2021 data, online-only learning is present in associate's and accelerated BSN programs to a very limited extent and not at all in the other programs. Of the six program types evaluated, between 20% and 75.9% had some hybrid component. The literature often cites hybrid or blended education, when well implemented, to be beneficial in higher education (Müller & Mildenberger, 2021). Similar to 2020–2021 data most nursing program directors do not have administrative authority over allied health. In this 2021–2022 sample, most programs do not have an assistant/associate director, which is similar to the 2020–2021 data. However, nearly all the programs have dedicated administrative support for assisting with day-to-day activities of the nursing program. In accordance with 2020–2021 data, most programs implement formal orientation for adjunct faculty, full-time faculty and part-time faculty, as well as mentoring of full-time faculty. It should be noted, however, that while definitions of orientation and mentoring are provided, these data are self-reported.

Table 2. Program Demographics						
	LPN/VN	Diploma	Associate s	Bachelor s	Accelerated BSN	Master s Entry
N	330	5	367	234	29	7
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Geographic Location						
Urban	90 (27.3%)	2 (40.0%)	109 (29.7%)	106 (45.3%)	19 (65.5%)	2 (28.6.0%)
Suburban	75 (22.7%)	2 (40.0%)	75 (20.4%)	57 (24.4%)	10 (34.5%)	4 (57.1%)
Rural	161 (48.8%)	1 (20.0%)	174 (47.4%)	65 (27.8%)	0 (0.0%)	1 (14.3%)
Other	4 (1.2%)	0 (0.0%)	9 (2.5%)	6 (2.6%)	0 (0.0%)	0 (0.0%)
Institutional Ownership						
Public	279 (84.5%)	2 (40.0%)	299 (81.5%)	107 (45.7%)	11 (37.9%)	3 (42.9%)
Private, Not-for-Profit	10 (3.0%)	2 (40.0%)	24 (6.5%)	104 (44.4%)	11 (37.9%)	4 (57.1%)
Private, For-Profit	41 (12.4%)	1 (20.0%)	44 (12.0%)	23 (9.8%)	7 (24.1%)	0 (0.0%)
Learning Modalities						
In-Person Only	250 (75.8%)	4 (80.0%)	209 (56.9%)	133 (56.8%)	6 (20.7%)	4 (57.1%)
Online Only	0 (0.0%)	0 (0.0%)	3 (0.8%)	0 (0.0%)	1 (3.4%)	0 (0.0%)
Hybrid	80 (24.2%)	1 (20.0%)	155 (42.2%)	101 (43.2%)	22 (75.9%)	3 (42.9%)
Simulated Clinical Experience Offered						
Yes	273 (82.7%)	5 (100.0%)	354 (96.5%)	226 (96.6%)	29 (100.0%)	7 (100.0%)
No	57 (17.3%)	0 (0.0%)	13 (3.5%)	8 (3.4%)	0 (0.0%)	0 (0.0%)

Table 2. Program Demographics						
	LPN/VN	Diploma	Associate s	Bachelor s	Accelerated BSN	Master s Entry
N	330	5	367	234	29	7
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Director Has Administrative Responsibility for Allied Health						
Yes	93 (28.2%)	1 (20.0%)	91 (24.8%)	22 (9.4%)	1 (3.4%)	0 (0.0%)
No	237 (71.8%)	4 (80.0%)	276 (75.2%)	212 (90.6%)	28 (96.6%)	7 (100.0%)
Program Has Assistant/Associate Director						
Yes	76 (23.0%)	2 (40.0%)	102 (27.8%)	98 (41.9%)	15 (51.7%)	3 (42.9%)
No	254 (77.0%)	3 (60.0%)	265 (72.2%)	136 (58.1%)	14 (48.3%)	4 (57.1%)
Director Has Dedicated Administrative Support						
Yes	274 (83.0%)	5 (100.0%)	336 (91.6%)	210 (89.7%)	23 (79.3%)	6 (85.7%)
No	56 (17.0%)	0 (0.0%)	31 (8.4%)	24 (10.3%)	6 (20.7%)	1 (14.3%)
Formal Orientation for New Adjunct Clinical Faculty						
Yes	279 (84.5%)	4 (80.0%)	341 (92.9%)	213 (91.0%)	28 (96.6%)	6 (85.7%)
No	51 (15.5%)	1 (20.0%)	26 (7.1%)	21 (9.0%)	1 (3.4%)	1 (14.3%)
Formal Orientation for New Full-Time Faculty						
Yes	317 (96.1%)	5 (100.0%)	361 (98.4%)	232 (99.1%)	29 (100.0%)	7 (100.0%)
No	13 (3.9%)	0 (0.0%)	6 (1.6%)	2 (0.9%)	0 (0.0%)	0 (0.0%)
Formal Orientation for New Part-Time Faculty						
Yes	275 (83.3%)	5 (100.0%)	328 (89.4%)	203 (86.8%)	25 (86.2%)	6 (85.7%)
No	55 (16.7%)	0 (0.0%)	39 (10.6%)	31 (13.2%)	4 (13.8%)	1 (14.3%)
Formal Mentoring for New Full-Time Faculty						
Yes	293 (88.8%)	5 (100.0%)	353 (96.2%)	217 (92.7%)	27 (93.1%)	7 (100.0%)
No	37 (11.2%)	0 (0.0%)	14 (3.8%)	17 (7.3%)	2 (6.9%)	0 (0.0%)

Table 3 illustrates the clinical hours (direct care, simulation and skills lab[1]) across the six program types, while Table 4 reports on the trend of direct care clinical hours (those hours where students take care of actual patients) in the U.S. between 2010 and 2022. While the mean of direct care clinical hours for bachelor's and Accelerated Bachelor of Science in Nursing (ABSN) programs decreased slightly from 2020-2021, the rest of the programs' direct care hours increased slightly. Nearly all programs have simulation (Table 2), though as can be seen in Table 3, the number of simulation hours being used is low (range: 46.96 to 93.31 hours). According to NCSBN's Member Board Profiles (NCSBN, 2022), 35 (61%) of the U.S. NRBs allow up to 50% of the clinical hours[2] to be replaced by simulation, as long as accepted simulation guidelines are used. Therefore, in most states and U.S. jurisdictions regulation is not a barrier to programs using simulation (NCSBN, 2022). Interestingly, all of the six program types use more skills lab hours than simulation hours.

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1. Direct patient care, simulation, and skills lab are all defined in the survey.

2. 7 NRBs (12%) allow up to 25%; 1 (2%) NRB allows more than 75%; 1 (2%) NRB allows up to 30%; 2 (4%) NRBs allow no simulation to replace clinical experiences; and in 11 (19%) NRBs simulation is not addressed in the statute or rules.

Table 3. Breakdown of Program Hours by Program Type

	LPN/VN	Diploma	Associate s	Bachelor s	Accelerated BSN	Master s Entry
N	330	5	367	234	29	7
Direct Patient Care Hours						
Mean	406.13	612.00	445.43	610.29	552.85	736.57
SD	±181.68	±392.98	±299.58	±240.2	±156.75	±155.14
Simulation Hours						
Mean	46.96	56.30	67.44	83.26	93.31	59.57
SD	±43.73	±32.75	±57.45	±62.29	±63.3	±26.92
Skills Lab Hours						
Mean	110.86	99.30	105.05	112.03	108.14	104.14
SD	±63.54	±59.20	±78.59	±69.71	±69.41	±56.73

Table 4 reports on the trend of direct care clinical experience hours from 2010 through 2022. The 2010 and 2017 data on direct care clinical experience hours were obtained in national studies by NCSBN (Smiley, 2019), while the 2020–2021 and 2021–2022 data are from the aggregate Annual Report data, from participating NRBs, for those years (NCSBN, 2023). As is apparent in Table 4, direct care clinical hours have decreased in U.S. nursing programs since 2010. When comparing direct care clinical hours across English speaking countries, Hungerford (2019) found in a scoping review exercise that the U.S. lags behind Australia, New Zealand and the United Kingdom[3]. The pandemic could be a reason for decreasing hours in 2020–2021 and 2021–2022, so we will see if this downward trend reverses with the 2022–2023 data. While direct care clinical hours are pivotal to positive outcomes in nursing education (Spector et al., 2020), at this time we do not have evidence on the specific numbers of clinical experience hours students should have. This is an important indicator to monitor.

Table 4. Trend of Direct Care Clinical Hours from 2010–2022

	2010 (median hours)	2017 (median hours)	2020-21 (mean hours)	2021-22 (mean hours)
Master's Entry	770	780	665	736.57
Bachelor's	765	712	625.64	610.29
Associate's	628	573	437.61	445.43
Diploma	720	683	530.21	612.00
LPN/VN	(data not collected)	565	386.3	406.13

NCSBN's mixed-methods, national study of nursing education, followed by an analysis of the data by researchers, educators, attorneys and regulators, determined the key quality indicators of nursing education programs (Spector et al., 2020). It is crucial for nursing education programs and NRBs to identify any quality indicators that have not been met so that programs can be proactive in making improvements before their outcomes are adversely impacted. Therefore, the Annual Reports that the NRBs and nursing programs receive have a summary of the eight key quality indicators that need to be met. Table 5 illustrates the percentage of the 972 nursing programs, across program types, in the 2021–2022 Annual Report program that met, or did not meet, the quality indicators. Nursing programs can present these national data to their administrators to convince them that more resources and/or funding are needed so they will meet national standards.

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3 Australia mandates 800 hours; New Zealand mandates 1100 hours; the United Kingdom mandates 2300 hours.

Compared to the 2020–2021 Annual Report aggregate data for programs meeting quality indicators (NCSBN, 2023), the 2021–2022 data are similar. For example, LPN/VN programs continue to lag behind other nursing programs for national nursing accreditation. The literature suggests that national nursing accreditation leads to better program outcomes (Spector et al., 2020). Another trend identified was that many programs experienced major organizational changes. Some of these changes include new director or assistant/associate director, staff or faculty layoff, changes in institutional leadership, collapsing programs, economic efficiencies which often lead to layoffs or cutting programs, etc. The research suggests that this lack of upper administrative support is associated with poorer outcomes (Spector et al., 2020). There were 26.4% (similar to the percentage in 2020–2021) of the programs in this database that had less than 35% full-time faculty, which is a major quality indicator and can lead to poorer outcomes (Spector et al., 2020). In the 2021–2022 database, we found that on-time graduation rates of 70% (used by the U.S. national nursing accreditors and the U.S. Department of Education) are not being met by programs. While graduation rates were not identified as a quality indicator in the NCSBN study (Spector et al., 2020), that may be because not all NRBs had been consistently collecting those data. However, we are now consistently collecting those data and will be statistically analyzing if on-time graduation rates are associated with better program outcomes. Indeed, 45.4% of the programs in the 2021–2022 database have less than 70% graduation rates.

Table 5. Key Quality Indicators Across Nursing Program Types							
	LPN/VN	Diploma	Associate s	Bachelor s	Accelerated BSN	Master s Entry	Grand Total
N	330	5	367	234	29	7	972
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Accreditation Status							
Yes	42 (12.7%)	3 (60.0%)	283 (77.1%)	227 (97.0%)	29 (100.0%)	7 (100.0%)	591 (60.8%)
No	288 (87.3%)	2 (40.0%)	84 (22.9%)	7 (3.0%)	0 (0.0%)	0 (0.0%)	381 (39.2%)
Programs' Approval Status							
Fully Approved	303 (91.8%)	4 (80.0%)	326 (88.8%)	216 (92.3%)	26 (89.7%)	6 (85.7%)	881 (90.6%)
Not Approved/Conditional/ Probationary or Warning Status	27 (8.2%)	1 (20.0%)	41 (11.2%)	18 (7.7%)	3 (10.3%)	1 (14.3%)	91 (9.4%)
Experienced Major Organizational Changes							
Yes	144 (43.6%)	3 (60.0%)	166 (45.2%)	131 (56.0%)	21 (72.4%)	5 (71.4%)	470 (48.4%)
No	186 (56.4%)	2 (40.0%)	201 (54.8%)	103 (44.0%)	8 (27.6%)	2 (28.6%)	502 (51.6%)
Director Turnover							
Less than or Equal to Three Directors over the Past Five Years	308 (93.3%)	5 (100.0%)	328 (89.4%)	213 (91.0%)	23 (79.3%)	7 (100.0%)	884 (90.9%)
More than Three Directors over the Past Five Years	22 (6.7%)	0 (0.0%)	39 (10.6%)	21 (9.0%)	6 (20.7%)	0 (0.0%)	88 (9.1%)
Less Than 50% Direct Care Clinical Experience							
Greater than 50% Direct Care Clinical Experience	309 (93.6%)	5 (100.0%)	343 (93.5%)	226 (96.6%)	29 (100.0%)	7 (100.0%)	919 (94.5%)
Less than 50% Direct Care Clinical Experience	21 (6.4%)	0 (0.0%)	24 (6.5%)	8 (3.4%)	0 (0.0%)	0 (0.0%)	53 (5.5%)
Less Than 35% Full-Time Faculty							
Greater than 35% Full-Time Faculty	266 (80.6%)	3 (60.0%)	265 (72.2%)	163 (69.6%)	13 (44.8%)	5 (71.4%)	715 (73.6%)
Less than 35% Full-Time Faculty	64 (19.4%)	2 (40.0%)	102 (27.8%)	71 (30.3%)	16 (55.2%)	2 (28.6%)	257 (26.4%)

Table 5. Key Quality Indicators Across Nursing Program Types							
	LPN/VN	Diploma	Associate s	Bachelor s	Accelerated BSN	Master s Entry	Grand Total
N	330	5	367	234	29	7	972
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Less Than 70% Graduation Rate							
Greater than or Equal to 70% Graduation Rate	150 (45.5%)	0 (0.0%)	199 (54.2%)	159 (67.9%)	18 (62.1%)	5 (71.4%)	531 (54.6%)
Less than 70% Graduation Rate	180 (54.5%)	5 (100.0%)	168 (45.8%)	75 (32.1%)	11 (37.9%)	2 (28.6%)	441 (45.4%)
Programs Established 2017 or Before 2017/After 2017							
2017 or before	313 (94.9%)	5 (100.0%)	330 (89.9%)	209 (89.3%)	23 (79.3%)	3 (42.9%)	883 (90.8%)
After 2017	17 (5.1%)	0 (0.0%)	37 (10.1%)	25 (10.7%)	6 (20.7%)	4 (57.1%)	89 (9.2%)

Besides the key quality indicators, other quality indicators were identified by the NCSBN mixed-methods study (Spector et al., 2020) and these are highlighted in Table 6. While most programs provide disability support services, services for students with low socioeconomic statuses and formal remediation for students needing academic support, English as a second language (ESL) services/resources are missing in many nursing programs. While there is slight improvement from the 2020–2021 data, the majority of programs are not offering resources in ESL. Promoting more diversity in nursing education has become a major focus and providing these students with ESL resources has been shown to enhance outcomes (Sailsman, 2021; Spector et al., 2020). Therefore, nurse educators need to be more proactive with advocating for their ESL students, and the administrators should pay attention to this quality indicator. Of all the programs in the 2021–2022 database, 81.8% have remediation in place for students making errors or near misses in their clinical experiences, which means that 18.2% do not. These data are similar to 2020–2021 data, and this remains an area where improvements should be made. Similar to the 2020–2021 data, though even a little lower, only 4.1% of the simulation labs are accredited and 19.3% of simulation faculty are certified. With the advances being seen in simulation, this is an area where programs should focus in the future.

Table 6. Other Quality Indicators							
	LPN/VN	Diploma	Associate s	Bachelor s	Accelerated BSN	Master s Entry	Grand Total
N	330	5	367	234	29	7	972
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Disability Support Services							
Yes	322 (97.6%)	5 (100.0%)	365 (99.5%)	233 (99.6%)	29 (100.0%)	7 (100.0%)	961 (98.9%)
No	8 (2.4%)	0 (0.0%)	2 (0.5%)	1 (0.4%)	0 (0.0%)	0 (0.0%)	11 (1.1%)
ESL Services							
Yes	124 (37.6%)	2 (40.0%)	186 (50.7%)	99 (42.3%)	10 (34.5%)	4 (57.1%)	425 (43.7%)
No	206 (62.4%)	3 (60.0%)	181 (49.3%)	135 (57.7%)	19 (65.5%)	3 (42.9%)	547 (56.3%)
Services for Low Socioeconomic Class Students							
Yes	305 (92.4%)	4 (80.0%)	349 (95.1%)	2 14 (91.5%)	24 (82.8%)	6 (85.7%)	902 (92.8%)
No	25 (7.6%)	1 (20.0%)	18 (4.9%)	20 (8.5%)	5 (17.2%)	1 (14.3%)	70 (7.2%)
Formal Remediation Process for Students Needing Academic Support							
Yes	273 (82.7%)	4 (80.0%)	313 (85.3%)	198 (84.6%)	28 (96.6%)	6 (85.7%)	822 (84.6%)
No	57 (17.3%)	1 (20.0%)	54 (14.7%)	36 (15.4%)	1 (3.4%)	1 (14.3%)	150 (15.4%)

Table 6. Other Quality Indicators							
	LPN/VN	Diploma	Associate s	Bachelor s	Accelerated BSN	Master s Entry	Grand Total
N	275	7	326	208	23	4	843
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Formal Remediation Process for Students Committing Errors/Near Misses							
Yes	263 (79.7%)	3 (60.0%)	309 (84.2%)	188 (80.3%)	26 (89.7%)	6 (85.7%)	795 (81.8%)
No	67 (20.3%)	2 (40.0%)	58 (15.8%)	46 (19.7%)	3 (10.3%)	1 (14.3%)	177 (18.2%)
Certified Simulation Faculty							
Yes	29 (8.8%)	2 (40.0%)	70 (19.1%)	70 (29.9%)	13 (44.8%)	4 (57.1%)	188 (19.3%)
No	244 (73.9%)	3 (60.0%)	284 (77.4%)	155 (66.2%)	16 (55.2%)	3 (42.9%)	705 (72.5%)
Does not offer simulated clinical experience	57 (17.3%)	0 (0.0%)	13 (3.5%)	9 (3.8%)	0 (0.0%)	0 (0.0%)	79 (8.1%)
Accredited Simulation Lab							
Yes	7 (2.1%)	0 (0.0%)	10 (2.7%)	14 (6.0%)	8 (27.6%)	1 (14.3%)	40 (4.1%)
No	266 (80.6%)	5 (100.0%)	344 (93.7%)	211 (90.2%)	21 (72.4%)	6 (85.7%)	853 (87.8%)
Does not offer simulated clinical experience	57 (17.3%)	0 (0.0%)	13 (3.5%)	9 (3.8%)	0 (0.0%)	0 (0.0%)	79 (8.1%)

Conclusion

This 2021-2022 national report of 972 nursing education programs is provided for NRBs and nursing programs to benchmark nursing education metrics to these evidence-based quality indicators. Nurse regulators can work with nursing programs to identify deficiencies so that nursing programs can make improvements *before* outcomes (such as NCLEX pass rates) are adversely affected. These 2021–2022 data illustrate the nursing education trends:

- Clinical experience hours have decreased since 2010, though there has been a slight improvement since 2020–2021;
- More than 50% of the nursing programs have no resources and programs for ESL students;
- LPN/VN programs lag behind other nursing programs for being nationally nursing accredited;
- More than a quarter of all nursing programs have less than 35% of their faculty being full-time;
- Many nursing programs do not have a 70% on-time graduation rate;
- Higher administration is often not supportive of nursing education; and
- A majority of simulation labs are not accredited. Similarly a majority of simulation faculty are not certified.

More states are joining this Annual Report Program every year and our goal is for all NRBs to participate in the program. This database is a major contribution to nursing education and we are grateful to the NRBs and nursing programs that have participated.

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NURSING EDUCATION
Approval Guidelines

NCSBN

Leading Regulatory Excellence

Guidelines for Prelicensure Nursing Program Approval

NCSBN Approval Guidelines for BONs

Scope and Purpose: The following guidelines are meant to guide:

1. BONs and other nursing regulatory bodies (NRBs) in their approval of prelicensure nursing education programs in meeting regulatory standards.
2. The collection of annual report data from prelicensure nursing education programs.
3. Site visits to nursing education programs when warning signs have been identified.

Level of Nursing Education Programs:

Prelicensure RN and PN/VN nursing education programs.

Guideline Development

An Expert Panel consisting of representatives from the BONs, the College of Nurses of Ontario, the National League for Nursing, the American Association of Colleges of Nursing, the Organization of Associate Degree Nursing and NCSBN staff developed the guidelines from a literature review and three landmark national studies of nursing education outcomes and metrics that were conducted and analyzed by NCSBN.

Expert Panel

Maryann Alexander, PhD, FAAN Chief Officer, Nursing Regulation, NCSBN	**Donna Meyer, MSN, ANEF, FAADN, FAAN** CEO, Organization of Associate Degree Nursing
Janice Brewington, PhD, RN, FAAN Director, Center for Transformational Leadership, Chief Program Officer, National League for Nursing	**Bibi Schultz, MSN, RN, CNE** Director of Education Missouri State Board of Nursing
Rebecca Fotsch, JD Director, State Advocacy and Legislative Affairs, NCSBN	**Anne Marie Shin RN, MN, MSc (QIPS)** Manager, Education Program, College of Nurses of Ontario
Janice I. Hooper, PhD, RN, FRE, CNE, FAAN, ANEF Nursing Consultant for Education, Texas Board of Nursing	**Josephine H. Silvestre, MSN, RN** Senior Associate, Regulatory Innovations, NCSBN
Nicole Livanos, JD Senior Associate, State Advocacy and Legislative Affairs, NCSBN	**Nancy Spector, PhD, RN, FAAN** Director, Regulatory Innovations, NCSBN
Elizabeth Lund, MSN, RN Executive Director, NCSBN Board of Directors, Tennessee Board of Nursing	**Joan Stanley, CRNP, FAAN, FAANP** Chief Academic Officer, American Association of Colleges of Nursing
Brendan Martin, PhD Associate Director, Research, NCSBN	**Crystal Tillman, DNP, RN, CPNP, PMHNP-BC, FRE** Director of Education and Practice, North Carolina Board of Nursing

The Guidelines

These guidelines have been developed at the request of nursing regulatory bodies (NRBs) who requested evidence-based criteria for the prelicensure nursing education program approval process. The guidelines are based on both quantitative and qualitative data that emerged from three groundbreaking national studies[1] and a literature review conducted by NCSBN to learn about quality indicators of nursing education programs, as well as warning signs. These guidelines are meant to help both NRBs as well as nursing education programs. It is hoped that these will increase collaboration between regulators and educators, allow for transparency in the approval process, help NRBs avoid antitrust issues, and provide criteria which allow the NRB to intervene prior to a program falling below standards.

Definitions

1. **Approval of nursing education programs** – Official recognition of nursing education programs that go through a systematic approval process implemented by U.S. BONs, thus meeting regulatory standards and being able to make their students eligible to take the nursing licensure exam. In most states, the approval process will be designated as full approval when all requirements are met; conditional or probationary or other designations when some, but not all of the requirements are met; or approval removal when programs fail to correct cited deficiencies. (adapted from Spector et al., 2018)

2. **Graduation rates** – Number and percentage of degree-seeking students who graduate within the normal program time. (Reyna, 2010, p. 10)

3. **Metrics** – For the purposes of this report, those measures that are used when evaluating the outcomes, quality and warning signs of nursing programs.

4. **Outcomes** – The behaviors, characteristics, qualities, or attributes that learners display at the end of an educational program (Gaberson et al., 2015, p. 18).

5. **Quality clinical experiences** – Either in face-to-face clinical experiences or in simulation, under the oversight of an experienced clinical instructor, the intentional integration of knowledge, clinical reasoning, skilled know-how and ethical comportment across the lifespan (adapted from Benner et al., 2010).

6. **Warning signs** – Negative indicators when a program is beginning to fall below the standards of graduating safe and competent students.

Warning Signs

1. Complaints to BONs or other NRBs from students, faculty, clinical sites or the public.

2. Turnover of program directors; More than three directors in a five-year period.

3. Frequent faculty turnover/cuts in numbers of faculty.

4. Trend of decreasing NCLEX® pass rates.

High-Risk Programs That May Need Additional Oversight[2]

Prelicensure programs younger than seven years.

Quality Indicators

Administrative Requirements

1. The program has criteria for admission, progression and student performance.

2. Written policies and procedures are in place and have been vetted by faculty and students.

Program Director

1. The program director of an RN program is doctorally prepared and has a degree in nursing.

2. The program director of a PN/VN program has a graduate degree and a degree in nursing.

Faculty

1. At a minimum, 35% of the total faculty (including all clinical adjunct, part-time, or other faculty) are employed at the institution as full-time faculty.

2. In RN programs, faculty hold a graduate degree.

3. In PN programs, faculty hold a BSN degree.

4. Faculty can demonstrate they have been educated in basic instruction of teaching and adult learning principles and curriculum development. This may include the following:

    a. Methods of instruction;

    b. Teaching in clinical practice settings;

    c. Teaching in simulation settings;

    d. How to conduct assessments, including test item writing; and

    e. Managing "difficult" students.

5. Faculty can demonstrate participation in continuing education related to nursing education and adult learning pedagogies.

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2 Additional oversight may include progress reports every six months related to the number of students, faculty qualifications, stability of the program director, NCLEX® pass rates, in addition to the regularly collected annual reports. If there is concern, the BON may make a focused visit to the program to make recommendations.

6. The school provides substantive and periodic workshops and presentations devoted to faculty development.

7. Formal mentoring of new full-time and part-time faculty takes place by established peers.

8. Formal orientation of adjunct clinical faculty.

9. Clinical faculty have up-to-date clinical skills and have had experience in direct patient care in the past 5 years.

10. Simulation faculty are certified.

Students

1. The nursing program should ensure the following are in place to assist students:

    a. English as a second language assistance is provided.

    b. Assistance is available for students with learning disabilities.

    c. All students have books and resources necessary throughout the program and strategies to help students who can't afford books and resources.

    d. Remediation strategies are in place at the beginning of each course and students are aware of how to seek help. This should include processes to remediate errors and near misses in the clinical setting.

Curriculum and Clinical Experiences

1. 50% or more of clinical experience in each clinical course is direct care with patients.

2. Variety of clinical settings with diverse patients.

3. Opportunities for quality and safety education integrated into the curriculum, including delegating effectively, emergency procedures, interprofessional communication and time management.

4. Systematic evaluation plan of the curriculum is in place.

Teaching and Learning Resources

1. The simulation lab is accredited.

2. Students have access to a library, technology and other resources.

3. Programs are able to assess students with learning disabilities and tailor the curriculum to meet their needs.

Evidence Table

Warning Signs	Evidence
1. Complaints to BONs or other NRBs from students, faculty, clinical sites or public.	1. Literature, Delphi, Qualitative 5-Year Site Visit Study.
2. Turnover of program directors; More than three directors in a five-year period.	2. Literature, Delphi, Qualitative 5-Year Site Visit Study; Quantitative 5-Year Annual Report Study.
3. Frequent faculty turnover/cuts in numbers of faculty.	3. Literature, Delphi, Qualitative 5-Year Site Visit Study, Quantitative 5-Year Annual Report Study.
4. Trend of decreasing NCLEX® pass rates.	4. Delphi, Qualitative 5-Year Site Visit Study, Quantitative 5-Year Annual Report Study.

High-Risk Programs That May Need Additional Oversight[3]	Evidence
Prelicensure programs younger than seven years.	Literature, Qualitative 5-Year Site Visit Study; Quantitative 5-Year Annual Report Study.

Quality Indicators.	Evidence
Administrative Requirements	
1. The program can provide evidence that their admission, progression and student performance standards are based on data.	1. Literature, Qualitative 5-Year Site Visit Study
2. Policies and procedures are in place, based on data that have been vetted by faculty and students.	2. Literature, Qualitative 5-Year Site Visit Study

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3 Additional oversight may include progress reports every six months related to the number of students, faculty qualifications, stability of the director, NCLEX® pass rates, in addition to the regularly collected annual reports. If there is concern, the BON may make a focused visit to the program to make recommendations.

Evidence Table (continued)

Program Director

1. The program director of an RN program is doctorally prepared and has a degree in nursing.

2. The program director of a PN/VN program has a graduate degree and a degree in nursing.

1. Literature, Qualitative 5- Year Site Visit Study, Quantitative 5-Year Annual Report Study

2. Literature, Quantitative 5-Year Annual Report Study

Faculty

1. At a minimum, 35% of the total faculty (including all clinical adjunct, part-time, or other faculty) are employed at the institution as full-time faculty.

2. In RN programs, faculty hold a graduate degree.

3. In PN programs, faculty hold a BSN degree.

4. Faculty can demonstrate they have been educated in basic instruction of teaching and adult learning principles and curriculum development. This may include the following:

   a. Methods of instruction;

   b. Teaching in clinical practice settings;

   c. Teaching in simulation settings;

   d. How to conduct assessments, including test item writing; and

   e. Managing "difficult" students.

1. Literature, Delphi, Qualitative 5-Year Site Visit Study, Quantitative 5-Year Annual Report Study.

2. Literature, Qualitative 5-Year Site Visit Study, Quantitative 5-Year Annual Report Study.

3. Literature, Quantitative 5-Year Annual Report Study.

4. Literature, Qualitative 5-Year Site Visit Study.

Evidence Table (continued)

5. Faculty can demonstrate participation in continuing education related to nursing education and adult learning pedagogies.	5. Literature, Qualitative 5-year Site Visit Study
6. The school provides substantive and periodic workshops and presentations devoted to faculty development.	6. Literature, Delphi, Qualitative 5-Year Site Visit Study
7. Formal mentoring of new full-time and part-time faculty takes place by established peers.	7. Literature, Delphi, Qualitative 5-Year Site Visit Study
8. Formal orientation of adjunct clinical faculty.	8. Literature, Delphi, Qualitative 5-Year Site Visit Study
9. Clinical faculty have up-to-date clinical skills and have had experience in direct patient care in the past 5 years.	9. Literature, Delphi, Qualitative 5-Year Site Visit Study
10. Simulation faculty are certified.	10. Literature, Qualitative 5-Year Site Visit Study

Students

1. The nursing program should ensure the following are in place to assist students: a. English as a second language assistance is provided. b. Assistance is available for students with learning disabilities c. All students have books and resources necessary throughout the program and strategies to help students who can't afford books and resources. d. Remediation strategies are in place at the beginning of each course and students are aware of how to seek help. This should include processes to remediate errors and near misses in the clinical setting.	1. Literature, Delphi, Qualitative 5-Year Site Visit Study.

Evidence Table (continued)

Curriculum and Clinical Experiences

1. 50% or more of clinical experience in each clinical course is direct care with patients.

2. Variety of clinical settings with diverse patients.

3. Opportunities for quality and safety education integrated into the curriculum, including delegating effectively, emergency procedures, interprofessional communication and time management.

4. Systematic evaluation plan of the curriculum is in place.

1. Literature, Delphi.

2. Literature, Delphi, Qualitative 5-Year Site Visit Study.

3. Literature, Delphi.

4. Literature, Delphi, Qualitative 5-Year Site Visit Study.

Teaching and Learning Resources

1. The simulation lab is accredited.

2. Students have access to a library, technology and other resources.

3. Programs are able to assess students with learning disabilities and tailor the curriculum to meet their needs.

1. Literature, Qualitative 5-Year Site Visit Study.

2. Literature, Qualitative 5-Year Site Visit Study.

3. Literature, Qualitative 5-Year Site Visit Study.

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Additional Resources

Site Visit Template

Use of the Site Visit Template: This template was developed based on the qualitative five-year site visit study that NCSBN conducted, looking at programs that were not fully approved by BONs. Each of the items below were found to be lacking in those programs not meeting regulatory standards. Nursing regulatory bodies (NRBs) could use this template as a guide when making a focused site visit. NRBs may choose to adapt this template to customize it to their particular needs.

Date of Site Visit _____

Name of Education Consultant _____

Name of Program _____

Address of Program _____

Director of Program _____

Contact Information of Director _____

NCLEX® Program Code _____

Program

1. Current approval status _____

2. Age of program _____

3. Ownership of program (for-profit; nonprofit; public) _____

4. Trend of Program's NCLEX® Pass rates for Three Years

_____ Current Year

_____ Year 2

_____ Year 3

Administration

5. Written policies and procedures are available to faculty and students. Yes/No/Comments

6. There is evident student and faculty input into policies and procedures. Yes/No/Comments

7. Record keeping is in place for faculty credentials, course evaluations, student records. Yes/No/Comments

8. Quality improvement strategies are in place, particularly related to student outcomes and course evaluations. Yes/No/Comments

9. Students have the educational materials (books, uniforms, software, internet access, syllabi, etc.) they need to be successful. Yes/No/Comments

10. Data is used to set admission, progression and student performance. Yes/No/Comments
    (Below are some key areas to check)

    a. Student socioeconomic status.

    b. English as a second language.

    c. Presence of children under 18 years of age in the home.

    d. Need to work while attending program.

    e. Program admission, such as GPA, SAT®/ACT®, secondary education.

    f. Remediation programs, including remediation for clinical errors/near misses, are in place.

    g. Program progression (GPA standards, minimum course grades, pass/fail, etc.).

Program Director

11. How many directors has the program had in the past five years (including interim directors)?_____

12. Is the director in charge of other allied health and/or vocational programs? Yes/No

13. If the answer to #12 is yes, is there an assistant director for managing the day-to-day operations of the nursing program? Yes/No
    Explain _____

14. What is the highest academic degree of the program director? _____

15. Is the program director a nurse? Yes/No

Faculty

16. Total number of faculty (including full-time, part-time, adjunct clinical faculty each academic cycle, etc.)
    is _____

17. Number of full-time faculty _____

18. Credentials of faculty (provide separately)

19. Faculty have a basic knowledge of pedagogical methods Yes/No Comments

20. Workload for faculty is reasonable (average number of courses taught in an academic year) _____
    Yes/No Comments

21. All faculty teaching in clinical experiences have performed direct patient care in the last 5 years.
    Yes/No Comments

22. Formal orientation plan for new full-time/part-time faculty is in place. Yes/No
    Explain _____

23. Formal orientation plan for adjunct faculty is in place. Yes/No
    Explain _____

24. There is administrative support for ongoing faculty development. Yes/No
    Explain _____

25. All faculty who teach simulation are certified. Yes/No

26. Faculty have control over the curriculum. Yes/No
    Explain _____

27. Full-time faculty turnover during the past academic year was _____

Students

28. English as a second language assistance is provided on an ongoing basis, when appropriate. Yes/No Comments

29. Resources are available for student learning disabilities. Yes/No Comments

30. Throughout the program books and resources are provided. Yes/No Comments

    a.   When students can't afford books and other required resources, strategies are in place to help them.

31. Remediation strategies are in place so that students are aware of how to seek help. Yes/No Comments

    a.   Remediation strategies include errors/near misses made in clinical experiences.

Curriculum and Clinical Experiences

32. 50% or more of clinical experiences in each course are with direct care with patients. Yes/No

33. Variety of clinical settings with diverse patients. Yes/No Comment

34. Opportunities in clinical experiences for promoting safety and quality. Yes/No Comment
    Evidence-based examples include:

    a.   Delegation

    b.   Emergency procedures

    c.   Interprofessional communication

    d.   Time management

Teaching and Learning Resources

35. The simulation lab is accredited. Yes/No

    a.   Simulation lab in working order with up-to-date equipment. Yes/No Comment

36. Syllabi are consistent in their design and with internal policies. Yes/No Comment

    a.   Course descriptions match the course content and expected outcomes. Yes/No Comment

37. Physical instructional resources are adequate. Yes/No

    a.   Full- and part-time faculty have private office space for student meetings. Yes/No Comment

    b.   Adjunct faculty have the ability to reserve conference rooms to meet with students. Yes/No. Comment

Additional Resources

Annual Report Core Data Template

Name of Program _____

Address of Program _____

Person Completing Form _____

Phone # of Person Completing Form _____

NCLEX® Program Code _____

Program

1. Is the program nationally nursing accredited?   Yes   No

2. What is the program's current approval status?
   ☐ Full Approval
   ☐ Conditional/Probationary Approval
   ☐ Non-Approved

3. What best describes the program's geographic location?
   ☐ Urban
   ☐ Suburban
   ☐ Rural
   ☐ Not Applicable

4. What is the institutional ownership?
   ☐ Public
   ☐ Private Not for Profit
   ☐ Private for Profit

5. What is the program type?
   ☐ Licensed Practical Nurse/Licensed Vocational Nurse
   ☐ Diploma
   ☐ Registered Nurse – Associates
   ☐ Registered Nurse – Bachelors
   ☐ Master's Entry

6. In what year was the program founded? _____ [Numeric response field]

7. Does the program have any satellite sites?   Yes [Q8]   No [Skip to Q9]

8. [If yes to Q7] How many total sites, including the home site, does the program have?
   _____ [Numeric response field]

9. What types of learning modalities does the program offer?
    - ☐ In-Person Only [Skip to Q11]
    - ☐ Online Only [Skip to Q11]
    - ☐ Hybrid

10. What proportion of your program is online? [Sliding scale proportion]

11. What best describes the program's academic schedule?
    - ☐ Quarters
    - ☐ Trimesters
    - ☐ Semesters
    - ☐ Other

12. Does the program administer a formal student orientation process?   Yes   No

13. Does the program offer English as a second language services for non-native English speakers?
        Yes   No

14. Does the program offer disability support services?   Yes   No

15. Does the program offer support services to help low socioeconomic students access available resources (e.g. peer mentoring services, tuition assistance, work study program, etc.)?   Yes   No

16. Does the program have a formal remediation process in place for students having trouble?   Yes   No

17. Does the program have a formal remediation process in place for students who commit errors/near misses in their clinical experiences?   Yes   No

18. Has the nursing program experienced major organizational changes over the past year (such as collapsing programs)?   Yes [Q19]   No [Skip to Q20]

19. What major organizational changes have the nursing program experienced in the past year?
    - ☐ New Director
    - ☐ New Assistant/Associate Director
    - ☐ Staff Layoff
    - ☐ Faculty Layoff
    - ☐ Change in University Leadership (e.g. Provost or President)
    - ☐ Collapsing programs
    - ☐ Economic efficiencies
    - ☐ Other _____

20. What is the total number of clinical experience hours?_____ [Numeric response field]

21. How many hours do students spend in direct client care?_____ [Numeric response field]

22. How many hours do students spend in simulation?_____ [Numeric response field]

23. How many hours do students spend in skills lab?_____ [Numeric response field]

Simulation Data

24. Does the program offer simulated clinical experience?   Yes [Q25]   No [Skip to Q27]

25. [If yes to Q24] Are simulation faculty certified?   Yes   No

26. [If yes to Q24] Is the simulation lab accredited?   Yes   No

Program Director Data

27. Is the program director a nurse?

       Yes [Q28]   No [Skip to Q29]

28. [If yes to Q27] What is the program director's highest nursing degree achieved?

- ☐ Diploma
- ☐ ADN
- ☐ BSN
- ☐ MSN
- ☐ MS
- ☐ DNP
- ☐ PhD
- ☐ Other_____

29. What is the program director's highest non-nursing degree achieved?

- ☐ Associates
- ☐ Bachelors
- ☐ MEd
- ☐ Other Master's
- ☐ EdD
- ☐ Other Doctoral
- ☐ Other_____

30. In the past year, how many directors, including interim directors, has the program had?

       _____ [Numeric response field]

31. Does the program director hold a joint allied health appointment?   Yes   No

32. Does the program have an assistant/associate director?   Yes   No

33. Does the program director have administrative support?   Yes   No

Faculty Data

34. How many full-time faculty are there?   _____ [Numeric response field]

35. How many clinical adjunct faculty are there?_____ [Numeric response field]

36. How many part-time faculty are there?_____ [Numeric response field]

37. How many of the full-time faculty are graduate educated?

- ☐ MSN _____ [Numeric response field]
- ☐ MS   _____ [Numeric response field]
- ☐ Other Masters _____ [Numeric response field]
- ☐ DNP _____ [Numeric response field]
- ☐ PhD _____ [Numeric response field]
- ☐ Other Doctoral_____ [Numeric response field]

38. What is the student to faculty ratio for didactic/theory courses?_____ [Numeric response field]

39. What is the student to clinical faculty ratio?_____ [Numeric response field]

40. Does the program offer formal orientation for new adjunct clinical faculty?   Yes   No

41. Does the program offer formal orientation for new part-time faculty?   Yes   No

42. Does the program offer formal orientation for new full-time faculty?   Yes   No

43. Does the program offer formal mentoring for new full-time faculty?   Yes   No

Student Data

44. How many students are enrolled in the nursing program as of the beginning of the current academic year?
    _____ [Numeric response field]

45. What is the maximum nursing enrollment capacity? _____ [Numeric response field]

46. What is your attrition rate?

47. What is the average age of a student enrolled in the program as of the beginning of the current academic year? [Instructions: Round to the nearest integer]
    _____ [Numeric sliding scale]

48. Please provide a detailed breakdown of the racial composition of the students currently enrolled in the program.
    ☐ American Indian or Alaska Native _____ [Proportion response field]
    ☐ Asian _____ [Proportion response field]
    ☐ Black or African American _____ [Proportion response field]
    ☐ Native Hawaiian or Other Pacific Islander _____ [Proportion response field]
    ☐ White _____ [Proportion response field]
    ☐ Multi-Racial _____ [Proportion response field]
    ☐ Other _____ [Proportion response field]

49. Please provide a detailed breakdown of the ethnic composition of the students currently enrolled in the program.
    Hispanic or Latino or Spanish Origin _____ [Proportion response field]
    Non-Hispanic or Latino or Spanish Origin _____ [Proportion response field]

50. Please provide a detailed breakdown by student sex.
    Female _____ [Numeric response field]
    Male _____ [Numeric response field]
    Other _____ [Numeric response field]

Agenda Item 5.6

Information Only:
Presentation by NCSBN on Substance use disorder (SUD) alternative to discipline outcomes and components of monitoring programs 2020 research study

BRN Board Meeting | August 21-22, 2024

BOARD OF REGISTERED NURSING
Agenda Item Summary

ACTION REQUESTED: Presentation on Substance use disorder (SUD) alternative to discipline outcomes and components of monitoring programs 2020 research study
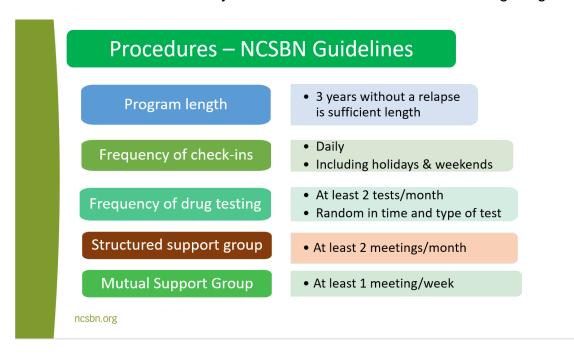
REQUESTED BY: Dolores Trujillo, President

BACKGROUND: Richard Smiley, Senior Statistician, National Council of State Boards of Nursing will present information on the 2020 Research Study on Substance Use Disorder Monitoring Programs.

Procedures – NCSBN Guidelines

Program length	• 3 years without a relapse is sufficient length
Frequency of check-ins	• Daily • Including holidays & weekends
Frequency of drug testing	• At least 2 tests/month • Random in time and type of test
Structured support group	• At least 2 meetings/month
Mutual Support Group	• At least 1 meeting/week

ncsbn.org

Outcomes of Substance Use Disorder Monitoring Programs for Nurses

Components of Nurse Substance Use Disorder Monitoring Programs

NEXT STEP:

PERSON TO CONTACT: Loretta Melby
Executive Officer
California Board of Registered Nursing
Loretta.Melby@dca.ca.gov

Agenda Item 5.7

Discussion and Possible Action:
Regarding 2025 Board and Committee Meeting Dates

BRN Board Meeting | August 21-22, 2024

BOARD OF REGISTERED NURSING
Agenda Item Summary

ACTION REQUESTED: Discussion and possible action regarding Board and Committee meeting dates for 2025

REQUESTED BY: Dolores Trujillo, President

BACKGROUND: In September 2020, the Board adopted a plan for the selection of future meeting dates which included flexibility with regard to meeting dates, format, and location, depending on factors such as the state of emergency.

The Board needs to post the meeting dates for 2025 on its website. Consideration of future Board and Committee meeting dates should include delegating authority to the Executive Officer to make changes, if necessary, in regard to dates, format, and location of the meetings based on business needs.

NEXT STEP: Place on Board agenda

PERSON TO CONTACT: Dolores Trujillo
President
California Board of Registered Nursing
Dolores.Trujillo@dca.ca.gov

BRN Board and Committee Meetings – 2025

January 29, 2025	**Board Committee Meetings** Nursing Practice Committee Education/Licensing Committee Enforcement, Investigations, and Intervention Committee Legislative Committee
February 26-27, 2025	**Board Meeting**
March 2025	**No Scheduled Meetings**
April 23, 2025	**Board Committee Meetings** Nursing Practice Committee Education/Licensing Committee Enforcement, Investigations, and Intervention Committee Legislative Committee
May 21-22, 2025	**Board Meeting**
June 2025	**No Scheduled Meetings**
July 10, 2025	**Board Committee Meetings** Nursing Practice Committee Education/Licensing Committee Enforcement, Investigations, and Intervention Committee Legislative Committee
August 20-21, 2025	**Board Meeting**
September 2025	**No Scheduled Meetings**
October 21, 2025	**Board Committee Meetings** Nursing Practice Committee Education/Licensing Committee Enforcement, Investigations, and Intervention Committee Legislative Committee
November 19-20, 2025	**Board Meeting**
December 2025	**No Scheduled Meetings**