State Board Update 2012

Pamela Randolph
Associate Director Education and Evidence-based Regulation

Personnel Update

- Debra McGinty RN, Ph.D. is Education Program Manager
- Opal Wagner RN, BSN Education Consultant for CNA
- Pamela Randolph RN, MS Associate Director Education and Evidence-based Regulation (part-time)
- Helen Turner-Epple BA, Administrative Assistant

Board Update
Nurse Practice Act Changes

- Prohibits the Board from scope of practice determinations as it related to nurse practitioners and abortion.
- "The board does not have authority to decide scope of practice relating to abortion as defined in section 36-2151."

Rulemaking Activity

- Moratorium on Rulemaking—eased for 90/10 agencies
- Article 2, 3, 5, and 8 need updating
- Need new rules for innovation and Medication Assistant
- Please volunteer on your evaluation forms if you would like to help

Continued Competency

- Continued Competence Subcommittee
- Evidence supports partnerships with employers
- Just culture approach balancing system with individual accountability
  - Risk of behavior considered, not outcome—no discipline for human error
- Legislative language proposed—unlikely to be adopted

Sunset Review Success

Recommended

- Authority for Executive Director to order evaluations
- Better tracking of complaints
- Increased efficiency in handling low priority cases
- Presenting signed consent agreements to Board

Medication Assistant Update

- 3 Medication Assistant Programs
  Prescott Samaritan Village
  Cochise College
  Regional Center for Border Health (Yuma)
- 12 Persons took written/manual test—75%overall pass rate
- 18 CMAs certified to date (11/1/11)

IOM and the Future of Nursing

- 8 recommendations for transforming nursing to meet the challenges for the future
  - Practice
  - Education
  - Leadership
  - Workforce

IOM

- Self study completed and on website--futureofnursingaz.com
- Charter developed
- Non-nurse partner obtained
- State “Action Coalition” status application

Other activities

- Measuring Competency with Simulation—Phase II funded by NCSBN—looking for 80 RN volunteers to perform simulation and 24 raters—see website for information

C.N.A. TESTING—Effective January 1, 2012

- Must register with D and S at enrollment—D and S will train and support
- NO certificates of completion generated by the program—D and S validation code is instructor's signature
- Do not sent application to Board until testing is completed (passed)
- Handout of sample application

Test Advisory Panel (TAP) Effective February 1, 2012

- Met August 23, 2011
  - Linda Buchanan-Anderson, CAC
  - Mary Edwards, Hospice of the Valley
  - Teresa Hagen-Hale, Cochise College
  - Stacy Hatton, Rio Rico High School
  - Virginia Houghtling, Desert Winds
  - Marie Rozell, EVIT
  - Gretchen Urkov, Tucson College

TAP Recommendations

CHANGES IN TESTING PROCESS

- Institute a "Waiting Period" for both CNA and CMA written examinations: Following three attempts to pass the written examination, the student must wait 45 days before retesting.
  - *Rationale: This waiting period allows for rotation of items to avoid overexposure.*

TAP Recommendations

CHANGES IN CNA TEST PLAN (still 75 items)

- Reduce personal care items from 12 to 9
- Add 2 items in the safety category increasing it from 4 to 6
- Add 1 item to infection control increasing it from 7 to 8
  - *Rationale: more consistent with other states' test plans; and aligns more closely with the Board's public protection mission.*

TAP Recommendations—Skill Testing

CHANGES IN TESTING PROCESS

- D & S Diversified Technologies will specify a distance to the washroom from the testing area that will be cause less than 30 seconds of time to elapse.
- Candidates who have failed twice may request to retest with a previous test observer.

TAP Recommendations

- **Mouthcare of Comatose Resident**: Eliminate step 13 “Washes face” and step 14 “Dries face” and replace with one step “Wipes resident’s mouth”
- **Isolation Gown and Gloves**: Eliminate step 2 “Greets resident by name”

TAP Recommendations

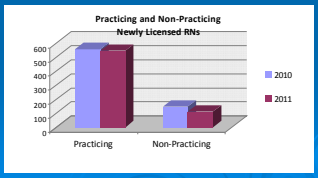
- **Transferring a Weight Bearing Non-Ambulatory Resident**: Add Key Step (**bolded** step) “**Does not attempt to ambulate the resident**.” (both skills to the WC and back to bed)

Employment Among New Graduates

- Repeat survey of new graduates licensed between April 1, 2010 and April 1, 2011
- 2546 total/2540 valid e-mails
- 7657 responses (27%)
  - 29% response last year

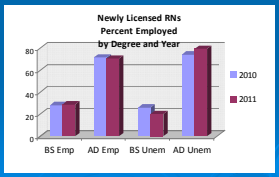
Results

- 83% practicing
- 17% not practicing



Program Type

- Slight preference for BSN—28% of sample was BSN—only 20% of unemployed were BSNs

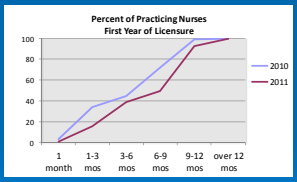


Length of Licensure

- Most common length of licensure 9-12 months for employed (2010; 1-3mo)

Comparison

- 2010 and 2012



Description of work

- 82% full time with benefits (83% 2010)
- 68% acute care (74% 2010)
- 16% long term care (12% 2010)
- 8% home health (7% in 2010)

Program complaints

- Most frequent substantiated complaint is
  - **Providing fewer hours than mandated by regulation—includes**
    - **early dismissal from class or clinical**
    - **cancelling classes with no make-up of scheduled topics**
    - **offering "accelerated options" with less classroom or clinical without Board approval**

Consequences

- Will not certify graduates of programs with open complaints that have not demonstrated that the graduates meet minimum hour requirements
- Program must make up missing hours with students before certification
- Program may be placed on probation
- Providing false information to the Board is unprofessional conduct and may result in action on the coordinator's or instructors nursing license

Other complaints

- Failure to follow policies—especially financial policies
  - Must provide and date financial policies
  - Website policies must be adhered to—cannot change when person visits
  - Notice to public on tuition and fees must be honest and provide prior notice of planned fee increases
    - "on January 30 tuition fees will increase to <>

Questions

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