PERFORMANCE AUDIT

BOARD OF NURSING

Report to the Arizona Legislature
By the Auditor General
October 1988
88-8

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October 31, 1988

Members of the Arizona Legislature
The Honorable Rose Mofford, Governor
Ms. Joey Ridenour, President
Arizona Board of Nursing

Transmitted herewith is a report of the Auditor General, A Performance Audit of the Arizona State Board of Nursing. This report is in response to House Bill 2222, enacted by the 1988 Legislature.

We found that the Board needs to improve the timeliness of its complaint investigations and communications with the State's nursing industry. In addition, Board efficiency could be improved by adopting a staggered renewal schedule.

My staff and I will be pleased to discuss or clarify items in the report.

Sincerely,

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SUMMARY

The Office of the Auditor General has conducted a performance audit of the Arizona State Board of Nursing (ASBN) in response to House Bill 2222 enacted by the 1988 Legislature.

ASBN's purpose is to protect the health and welfare of the public as it relates to nursing practice. It performs such functions as: 1) establishing educational standards and accrediting nursing schools; 2) examining, licensing, and renewing licenses of duly qualified applicants; 3) conducting investigations, hearings and proceedings concerning violations and 4) disciplining violators.

ASBN Needs To Investigate Complaints In A More Timely Manner **(see pages 5 through 11)**

ASBN has taken too long to investigate many complaints filed in the past two years, resulting in delays in disciplinary actions against nurses. Over half of the 71 closed cases we reviewed took anywhere from seven months to over a year to complete. In addition, 14 of the 37 open cases reviewed have been under investigation for over a year. For example, in October 1986, ASBN received a complaint from the Department of Health Services alleging that a nurse in a nursing home left a patient in the sun for an extended period of time, resulting in his death. The investigation was completed and sent to the Board in March 1987. At that time, the Board decided to either set the case for a hearing or obtain a Consent Agreement from the licensee. As of September 1988 the case remains under investigation, nearly two years after the complaint was received.

Several factors have hindered ASBN's ability to handle complaints in a timely manner. ASBN's lack of an adequate complaint tracking system results in its inability to adequately track complaints and ensure that cases are being investigated in a timely manner. In addition, high turnover of staff has contributed to delays in conducting investigations as it has resulted in: 1) relatively new and inexperienced staff and 2) many cases being transferred to different investigators two to three

times. Finally, past problems among office staff have resulted in further delays in conducting investigations.

One Statutory Change Would Streamline Board Complaint Handling **(see pages 13 through 14)**

A provision in Board statutes governing the investigation of sworn complaints could be repealed since it is unnecessary and could result in delays in investigating complaints. Currently, the Board is required to conduct an investigation when a sworn complaint is filed charging a nurse with any action which would be grounds for disciplinary action. However, most health regulatory boards with similar enforcement responsibilities do not have a similar provision in their statutes and will initiate complaint investigations based on a letter received from a complainant.

ASBN's Fees Should Be Increased **(see pages 15 through 18)**

ASBN's current revenues are too low to cover its short-term needs. According to our analysis, due to increased expenditures for complaint investigations and legal costs, the Board will run out of money by the 1990-91 fiscal year unless its fees are increased.

To meet its needs through 1993, ASBN's fees should be raised. Biennial fees of $37.50 and application fees of $65 and $80 would allow the Board to meets expenditures for the next five years. In comparison to other states, these fees are reasonable.

In order for ASBN to increase fees to cover its expenditures, its statutory ceiling needs to be increased. ASBN is currently charging the statutory maximum $20 on renewal fees, and is close to the limit on application fees. To allow for growth in the Nursing Board program, a statutory ceiling should be set above the fee levels we are recommending.

Staggering License Renewal Would Improve Efficiency **(see pages 19 through 21)**

ASBN's licensing system should be changed to provide for staggered renewals. Currently, A.R.S. §30-1642 requires that all licenses expire on December 31. With 35,500 RN licenses expiring on even years and 7,900

LPN's licenses expiring on odd years, the volume of work can be overwhelming for ASBN's small clerical staff. In addition, because of the disparity in numbers of RN's and LPN's, ASBN revenues are cyclical with alternating high years and low years.

Staggering renewal dates would spread the work and revenues more evenly, and would reduce the need for temporary help.

Communication With the Industry Needs To Be Improved **(see pages 23 through 25)**

Our interviews with representatives of Arizona's nursing community indicated a strained relationship between the Board and some members of the industry in recent years. The nursing industry has asked for guidance and interpretations on important issues which concern the industry, but the Board's responses have been slow. In addition, ASBN's routine communications have been sporadic and incomplete.

Although communication problems in the past may have resulted from turnover in Executive Directors, the current Executive Director is attempting to heal the rift between the Board and the community by increasing direct communication with the industry.

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INTRODUCTION AND BACKGROUND

The Office of the Auditor General has conducted a Performance Audit of the Arizona State Board of Nursing. This performance audit was conducted in response to House Bill 2222 enacted by the 1988 Legislature.

The State Board of Nursing was established in 1921. Its purpose is to protect the health and welfare of the public as it relates to nursing practice. To accomplish its purpose, the Board performs a variety of functions including: 1) establishing educational standards and accrediting nursing schools; 2) examining, licensing, and renewing licenses of duly qualified applicants, 3) conducting investigations, hearings and proceedings concerning violations and 4) disciplining violators. Currently, there are approximately 43,000 active and 4,460 inactive nursing licenses issued by the Board.[1]

The Board consists of nine members appointed by the Governor for five-year terms. The Board members include five registered nurses, two licensed practical nurses and two public members.

Staffing And Budget

To carry out its functions, the Board is authorized 21 FTE positions. These staff include an executive director, an associate director, nurse consultants, a nurse monitoring specialist, and clerical staff.

The Board receives monies for operations from the Board of Nursing Fund. The Fund is comprised of fees collected for licenses and permits, charges for services, fines and forfeitures , and other miscellaneous income. The Board receives 90 percent of fees collected for operations, while the remaining 10 percent is deposited in the General Fund. Table 1 illustrates ASBN's revenues, expenditures and FTEs for fiscal years 1986-87 through 1988-89.

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(1) There are also approximately 5,300 nurses that are delinquent in renewing their licenses.

TABLE 1

STATE BOARD OF NURSING
REVENUES, EXPENDITURES, AND FTEs
FOR FISCAL YEARS 1986-87 THROUGH 1988-89
(unaudited)

	1986-87 Actual	1987-88 Actual	1988-89 Approved
FTE Positions	19.2	19.2	21.2
Funds Available			
Balance Beginning of Fiscal Year	$ 830,000	$ 882,000	$ 452,243
Revenues (a) (b)	780,500	387,245	1,050,500(c)
Total Funds Available	$1,610,500	$1,269,245	$1,502,743
Disposition of Funds			
Personal Services	$ 411,400	$ 423,324	$ 496,500
Employee Related Expense	75,900	80,765	115,000
Professional and Outside Services	56,200	92,615	69,100
Travel - State	17,200	18,914	16,700
Travel - Out-of-State	10,400	4,490	7,400
Other Operating Expenses	149,500	172,050	186,400
Equipment	7,900	14,116	1,300
Food	-0-	8	-0-
Operation Sub-Total	728,500	806,282	892,400
Board Relocation	-0-	10,720	-0-
Total Funds Expended	728,500	817,002	892,400
Balance Forward End of Fiscal Year	882,000	452,243	610,343
Total Disposition of Funds	$1,610,500	$1,269,245	$1,502,743

(a) The Board of Nursing has a biennial licensing cycle.

(b) This table depicts only 90 percent of Nursing Board monies which is deposited in the Nursing Board Fund. The other 10 percent is deposited in the General Fund.

(c) This amount includes estimated revenues resulting from a $10 surcharge on each license renewal that expires in 1988.

Source: JLBC Appropriations Report for fiscal year 1988-89.

Scope of Audit

The audit contains findings in five major areas:

- The timeliness of the Board's complaint handling.
- The need for statutory changes related to complaint handling.
- The adequacy of the Board's license fees.
- The efficiency of the Board's renewal cycle.
- The effectiveness of the Board's communication with the industry.

During the course of our audit, we developed other pertinent information regarding: 1) disciplinary action taken against nurses affiliated with St. Mary's Hospital in Tucson (see page 27), and 2) entry requirements for nurses (see page 32).

Because Executive Session minutes from July 1986 to February 1988 were missing, we were unable to examine all Board records pertinent to the St. Mary's case. To the extent these minutes may have provided additional information about Board actions, the scope of our audit was impaired.

The audit was conducted in accordance with generally accepted governmental auditing standards.

The Auditor General and staff express appreciation to the Board members, Executive Director and employees of the State Board of Nursing for their cooperation and assistance during the course of the audit.

FINDING I

ASBN NEEDS TO INVESTIGATE COMPLAINTS IN A MORE TIMELY MANNER

The Arizona State Board of Nursing (ASBN) has taken too long to investigate many complaints filed in the past two years. Our review of complaints revealed ASBN's lack of timeliness in handling complaints, resulting in delays in disciplinary actions against nurses. Several factors have hindered ASBN's ability to handle complaints in a timely manner.

We reviewed a sample of 108 complaint files for fiscal years 1986-87 and 1987-88, equating to approximately 22 percent of the complaints received during that time period. Fifty percent of the complaints reviewed related to a nurse's practice, 34 percent were drug related complaints, and 16 percent related to a nurse's conduct[1]. In addition, Table 2 on page 6 illustrates the disciplinary actions taken on the 67 cases that were presented to the Board and of which a final decision has been made.

Complaint Investigations Have Been Slow

During our review, we noted several cases that revealed ASBN's lack of timeliness in handling complaints. Of the 108 complaint files we reviewed, 71 of the cases have been closed and 37 cases are still under investigation. As illustrated in Table 3, (page 7) over half of the closed cases took anywhere from 7 months to over a year to complete. In addition, 14 of the 37 open cases have been under investigation for over a year. Table 4 (page 7), illustrates how long cases still under investigation have been open.

Untimely investigations can result in a nurse continuing activities that may endanger public health, safety and welfare. ASBN staff have

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(1) Due to the small sample size, these figures may not accurately reflect the actual number of complaints received in each category for the population as a whole. In addition, these figures represent the type of complaint as initially reported. Once an investigation has started, it may expand to include other issues such as chemical dependency.

TABLE 2

DISCIPLINARY ACTIONS TAKEN BY ASBN
FOR COMPLAINTS RECEIVED IN FISCAL YEARS 1986-87 AND 1987-88 [a]

TYPE OF ACTION	NUMBER OF CASES
Dismissal	24
Consent Agreement/ Stipulated Order	29
Letter of Concern	8
Decree of Censure	2
Fine	1[b]
Probation	1
Revocation/ Cease & Desist	2[c]

(a) As of September 9, 1988.
(b) The Board also filed a letter of concern in this case.
(c) Each action was imposed in one case only.

Source: Auditor General review of complaint files for fiscal years 1986-87 and 1987-88.

indicated that working on older cases is difficult because it becomes harder to make contact with individuals involved in the case, and the specifics of the case may not be easily remembered by the individuals involved. As a result, delays in investigations ultimately results in delays in disciplinary actions against nurses.

While the length of an investigation varies depending on the complexity of the complaint, establishing guidelines on timeliness may be beneficial. For example, the Dental Board is required by statute to take initial action on a complaint within 150 days of beginning an investigation. This timeframe is relatively strict and inflexible. To allow for greater flexibility, the Nursing Board could establish through written policy, guidelines which recognize that some complaints will take longer than others to investigate.

TABLE 3

LENGTH OF TIME TO COMPLETE INVESTIGATIONS
FOR COMPLAINTS RECEIVED IN FISCAL YEARS 1986-87 AND 1987-88

TIME PERIOD	NUMBER OF COMPLAINTS
0 - 3 Months	15
4 - 6 Months	17
7 - 9 Months	17
10 - 12 Months	10
Over 12 Months	9

Source: Auditor General review of complaint files for fiscal years 1986-87 and 1987-88.

TABLE 4

LENGTH OF TIME OPEN CASES[a] HAVE
BEEN UNDER INVESTIGATION
FOR COMPLAINTS RECEIVED IN FISCAL YEARS 1986-87 AND 1987-88

TIME PERIOD	NUMBER OF COMPLAINTS
0 - 3 Months	0
4 - 6 Months	7
7 - 9 Months	6
10 -12 Months	10
Over 12 Months	14

(a) As of September 9, 1988.

Source: Auditor General review of complaint files for fiscal years 1986-87 and 1987-88.

The following cases illustrate excessive time taken to conduct investigations.

Case One

In January 1987, a complaint regarding the practice of six nurses was received. The complaint alleged that methadone was being prescribed and administered by non-licensed individuals. This case was not assigned to an investigator until April 1987. It took six months to complete the initial investigation. However, in July 1987, the Board recommended that the investigation be continued. The case has since been transferred to another investigator. As of September 9, 1988, the case remains under investigation, over one and one-half years after date of receipt.

Case Two

In October 1986, ASBN received a complaint from the Department of Health Services regarding a nurse employed in a nursing home. The complaint alleged that one of the patients under this nurse's supervision had died from being left in the sun for an extended period of time. The investigation was completed and sent to the Board in March 1987. At that time, the Board decided to either set the case for a hearing or obtain a Consent Agreement from the licensee. Furthermore, in May 1987, ASBN received an anonymous complaint that the nurse in question had a problem with drugs and alcohol. The complaint file was reviewed in November 1987. However, nothing more has been done with the case since that time. As of September 9, 1988 the case remains under investigation, nearly two years after the complaint was received.

Case Three

In September 1987, a malpractice notice was received alleging that a group of nurses failed to provide appropriate nursing care which caused irreversible brain damage to a minor child. The case was not assigned until May 1988. According to the nurse consultant assigned to the case, this case had been filed as "pending". Upon the office's move to its new location, the complaint (along with other "pending" complaints) was found. It was at that time that the complaint was assigned. On October 12, 1988, five months after the matter was assigned, a letter was sent to an attorney involved in the case. Response to the inquiry indicated that the nurses, in fact, were not involved in the incident.

Case Four

In July 1987, a nurse self-reported to ASBN regarding her drug addiction. In addition, it was noted that the nurse had been working with a lapsed license for nearly four months. This case was originally assigned in August 1987. However, nothing was done on the case until November 1987 when the case was re-assigned. The

investigation was not completed until May 1988, almost nine months after receipt.

Case Five

In February 1987, a nurse self-reported to ASBN regarding her chemical dependency. This case was handed down to another investigator after the initial investigator left ASBN. Although the investigation was started in March 1987, the last time the file was reviewed was in December 1987. Since that time, the case has not progressed any further.

Several Factors Have Hindered ASBN's Ability To Handle Complaints In A Timely Manner

Several factors have hindered ASBN's ability to handle complaints in a timely manner. These factors include: 1) lack of an adequate complaint tracking system, 2) high staff turnover and 3) dissension among office staff.

ASBN cannot adequately track complaints to ensure timely investigations ASBN does not have an adequate tracking system to ensure timely investigation of complaints. Currently, the Executive Director assigns and prioritizes complaints for severity as they are received. Each of the nurse consultants responsible for conducting investigations maintains their own log of the complaints they have been assigned, and it is their responsibility to track its status. Although the consultants maintain a log of complaints, these logs do not track the intermediary steps in the investigative process. In addition, the Executive Director, who oversees the nurse consultants, maintains a master listing of all complaints received. However, this listing is not adequate for tracking complaints and ensuring that the cases are being investigated in a timely manner.

High turnover has resulted in delays in conducting investigations - High turnover in the past has resulted in delays in conducting investigations for several reasons. The length of time it takes to become familiar with a case creates delays. In addition, most of the Board's current staff is relatively new and inexperienced. Only two of the six nurse consultants have been in their position for more than 18 months. In addition, most of the investigators have not had prior investigative experience, and only two investigators have received formal

as interviewing techniques, evidence development, administrative law and report writing. Moreover, Attorney General representatives indicated that it may be beneficial for ASBN to hire trained investigators to supplement the work performed currently by the nurse consultants.

Second, the turnover of investigative staff has created several problems for current staff in conducting investigations. During our review, we noted many cases that had been transferred to different investigators two to three times. And, in many of those cases, we found the quality of documentation to be poor. For instance, in many cases, the investigator did not adequately document discussions or interviews conducted with individuals involved in the case. As a result, the length of time for a new investigator to become familiar with the case is delayed due to the lack of information contained in the file. While ASBN has recently implemented policies and procedures regarding investigative procedures, these procedures do not adequately address the information that should be documented in a complaint file.

Finally, high staff turnover has created additional cases for the current investigative staff. According to the current investigative staff, each had to take over an average of 43 cases from a previous investigator in addition to their own caseload.

Dissension among office staff created delays - In the past, ASBN staff and the Board itself has experienced a great deal of dissension, which ultimately resulted in further delays in conducting investigations. According to ASBN staff, investigative staff were without adequate supervision from the period of September 1985 to November 1987. From September 1985 to May 1987, there was a lack of cohesiveness among staff members. In addition, ASBN's current Executive Director indicated feelings of hostility developed from the staff. As a result, in March 1987, the Board hired a consultant to review the leadership and procedures of the office. The consultant observed that staff were not confident of the Executive Director's leadership abilities. In May 1987 the Executive Director was terminated, and the Board appointed an Acting Executive Director, who remained in that position until November 30, 1987, when the current Executive Director was appointed.

RECOMMENDATIONS:

1. ASBN should develop time guidelines to establish goals for conducting investigations.

2. ASBN should implement a more complete complaint tracking system to determine that investigations are concluded in a timely manner.

3. ASBN should ensure that staff receive adequate investigative training.

4. ASBN should consider hiring trained investigative staff to supplement the work performed currently by its nurse consultants.

5. ASBN should revise its policies/procedures to include procedures on file documentation.

FINDING II

ONE STATUTORY CHANGE WOULD STREAMLINE BOARD COMPLAINT HANDLING

One change in the Board's statutory provisions would streamline Board complaint handling. A provision regarding the filing of sworn complaints is unnecessary and could be eliminated.

A.R.S. Section §32-1664.C. provides that the Board must conduct an investigation when a sworn complaint is filed charging a nurse with any action which would be grounds for disciplinary action. When a complaint is filed with the Board, the Board normally will send the complaining party a form and request that the form be completed, notarized, and returned to the Board. This extra step in the complaint handling process can cause delays if the complaint is not returned promptly or if the complaining party decides not to return the form.

This provision is unnecessary since a sworn complaint is not required for the Board to initiate a complaint. A.R.S. Section §32-1664.A. authorizes the Board to initiate on its own motion an investigation if there is evidence that a nurse may have violated the Nurse Practice Act. Thus, if the Board receives a complaint, it may initiate an investigation whether or not a sworn complaint form is filed.

Most health regulatory boards with similar enforcement responsibilities do not have a similar provision in their enabling legislation. For example, the Board of Medical Examiners, the Board of Osteopathic Examiners, and the Board of Podiatry will initiate complaint investigations based on a letter received from a complainant. These boards can initiate complaint investigations more quickly than the Nursing Board because they do not take the extra step of requesting a sworn complaint.

RECOMMENDATION

1. The Legislature should consider repealing A.R.S. §32-1664.C. which provides for the investigation of sworn complaints.

FINDING III

ASBN'S FEES SHOULD BE INCREASED

ASBN's licensing fees should be raised to cover its cost of operations. Current revenues are too low to cover its short-term needs. To ensure sufficient revenues, ASBN should be given an increase in its statutory ceiling on fees.

Revenues Are Not Sufficient To Meet Expenditures

According to our analysis, the Board will run out of money by the 1990-91 fiscal year unless its fees are increased. Currently, the Board charges $45 for a new license and $20 to renew a license for two years. ASBN has a biennial licensing cycle and relies on carryover from even numbered years, when RN licenses are renewed, to provide funds for odd numbered years, when the less numerous LPN licenses are renewed.[1] In recent years, this carryover has declined each even-numbered year to the point where the 1988 RN renewal would not have covered 1989-90 fiscal year needs. Although the Legislature gave immediate relief by allowing the Board to impose a one-time $10 surcharge on the 1988 RN renewal, the effect is only temporary. Table 5 includes that surcharge and shows that the Board will soon have a deficit unless a more permanent solution is found.

Because expenditures are rising faster then revenues, we also examined whether expenditures have been adequately controlled. For the most part, ASBN's expenditures appear reasonable. We reviewed expenditures for 1986-87 and 1987-88 to determine whether ASBN's projected shortages could be prevented by controlling expenditures. We found that rising investigative workloads and legal costs account for much of the recent

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(1) As discussed in Finding IV, a staggered renewal system would smooth out the Board's revenues. It would not, however, address the fact that total revenues are not sufficient.

increases in spending. In fact, ASBN has postponed some needed changes due to shortage of revenues. For example, access to the National Council's disciplinary data bank could improve the Board's effectiveness at a modest cost, but the funds are not available. More frequent newsletters would improve communications with the nursing community, but printing and postage costs are prohibitive under the present fee structure.

TABLE 5

ACTUAL AND PROJECTED REVENUES AND EXPENDITURES
FOR FISCAL YEARS 1986-87 THROUGH 1990-91
WITH CURRENT FEE STRUCTURE

	Actual 86-87	Actual 87-88	Projected 88-89	Projected 89-90	Projected 90-91
Beginning balance	$830,000	$882,000	$ 452,243	$610,343	$ 6,908
Revenues[a]	780,500	387,245	1,050,500	333,585	828,099
Expenditures[b]	(728,500)	(817,002)	(892,400)	(937,020)	(983,871)
Ending balance	$882,000	$452,243	$ 610,343	$ 6,908	$(148,864)

(a) Future revenues are based on two-year average number of transactions other than renewals, and assume all current licensees will renew. The number of non-renewal transactions handled by ASBN has remained roughly constant since the 84-85 fiscal year, and ASBN expects the number of licensees to remain fairly stable. The 88-89 figure includes a one-time $10 surcharge on renewal fees.

(b) Projections based on JLBC estimate of cost increases at five percent per year.

Source: Figures for 86-87, 87-88, and 88-89 are from JLBC budget reports. Projected figures for 89-90 and 90-91 are calculated as described in Notes (a) and (b).

To Meet Needs Through 1993, Fees Should Be Raised

Renewal fees of $37.50 and application fees of $65 and $80 would allow

the Board to meet expenditures for the next five years.[1] These fees are reasonable compared to other states. Nationally, biennial renewal fees range from a low of $10 to a high of $65. California charges $40 for renewal, and fees in nearby New Mexico and Nevada are also comparable to the suggested fees.

Table 6 projects the results of charging fees at $37.50 for renewal ($17.50 more than the current fee), $65 for application by endorsement (a $20 increase), and $80 for application by examination (a $35 increase).[2]

TABLE 6

ACTUAL AND PROJECTED REVENUES AND EXPENDITURES
FOR FISCAL YEARS 1986-87 THROUGH 1990-91
WITH RECOMMENDED FEE STRUCTURE

	Actual 86-87	Actual 87-88	Projected 88-89	Projected 89-90	Projected 90-91
Beginning balance	$830,000	$882,000	$ 452,243	$610,343	$ 222,008
Revenues[a]	780,500	387,245	1,050,500	548,685	1,475,899
Expenditures[b]	(728,500)	(817,002)	(892,400)	(937,020)	(983,871)
Ending Balance	$882,000	$452,243	$ 610,343	$222,008	$ 714,036

(a) Future revenues are based on two-year average number of transactions other than renewals, and assume all current licensees will renew. The number of non-renewal transactions handled by ASBN has remained roughly constant since the 84-85 fiscal year, and ASBN expects the number of licensees to remain fairly stable. The 88-89 figure includes a one-time $10 surcharge on renewal fees.

(b) Projections based on JLBC estimate of cost increases at five percent per year.

Source: Figures for 86-87, 87-88, and 88-89 are from JLBC budget reports. Projected figures for 89-90 and 90-91 are calculated as described in Notes (a) and (b).

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(1) Our review focused on renewal and application fees because they are the Board's most important source of revenue. The Board has a number of other fees, but almost 90 percent of the Board's revenue comes from renewals and applications. A change in these two items would have the greatest impact on the Board's financial situation.

(2) Costs of administering exams make a exam/endorsement differential sensible. Nineteen states charge higher fees for exams than endorsement.

Statutory Ceilings Should Be Increased

In order for ASBN to increase fees to cover its expenditures, ASBN's statutory ceiling needs to be increased. A.R.S §32-1643 establishes an upper limit on ASBN's fees. The actual amounts charged are set by rule in R4-19-102. ASBN is currently charging the statutory maximum $20 on renewal fees, and is close to the limit on application fees. Although we did not review other fees, the Board is at or near the limit on all of them. To allow for growth in the Nursing Board program, a statutory ceiling should be set above the fee levels we are recommending. This would reduce the need to return to the Legislature on a continuing basis for a fee increase, yet put reasonable limits on Board fees.

RECOMMENDATIONS:

1. The Legislature should consider amending A.R.S §32-1643(A)(2) and (3) to increase the statutory maximums on renewal and application fees.

2. The Legislature should review all the statutory maximums in A.R.S §32-1643(A) to determine whether other fee limits should also be increased.

3. If given statutory authorization, ASBN should raise its fees by a sufficient amount to cover expenditures.

FINDING IV

STAGGERING LICENSE RENEWAL WOULD IMPROVE EFFICIENCY

ASBN's licensing system should be changed to provide for staggered renewals. All nursing licenses currently expire on the same day, which creates peaks and valleys in both workload and revenues. Staggering renewals would spread the work and the revenues more evenly, and allow for more efficient administration of the renewal process.

Renewal System Causes Fluctuations In Workload And Revenues

Currently, A.R.S §30-1642 requires that all licenses expire on December 31. RN licenses expire in even-numbered years and LPN licenses in odd-numbered years. In 1988, about 35,500 RNs will be due to renew; and in 1989, about 7,900 LPNs will renew. The volume of work in even years is overwhelming for ASBN's small clerical staff. As a result, temporaries are hired to assist in processing the renewals. Even in odd years, the Board must employ clerical pool help during the peak period. This requires Board staff to take time out to train and supervise temporary employees.

In addition, because of the disparity in numbers of RNs and LPNs, ASBN revenues are cyclical with alternating high years and low years. For example, in the last RN renewal year, 1986-87, ASBN's revenue was $780,500; while in 1985-86, an LPN renewal year, their revenue was only $387,000.

The uneven workload generated by the current renewal system may have contributed to problems encountered in prior years. Hospitals are required to verify that their nurses hold current licenses, but couldn't do so in early 1987 because ASBN was not up to date in processing the 1986 renewals. Processing was so far behind that on December 30, 1986,

the Board issued a statement that if a licensee had made timely application for renewal, the license would not expire until March 31, 1987, even if the renewal license was not in his or her possession.

Staggering Would Allow For Smoother Renewals

Staggering renewal dates would spread the work and revenues more evenly, and reduce the need for temporary help. Under the staggered system used is some states, licensees renew during their birth month, and licensees born in even-numbered years renew in even-numbered years. Changing to this system would provide the following advantages.

- Staff would handle about 1,750 renewals every month rather than encounter year-end peaks.

- Revenues would flatten out to about $584,000 every year[1] under the current fee structure.

- ASBN could use one full-time staff member [2] and part of another staff member's time to process renewals and handle requests for renewal information, instead of using temporaries.

- ASBN would not face the problem of training new staff at every renewal, since staff would work on renewals continuously.

- The reduced need for temporary help would allow ASBN to implement the new system at little or no increase in cost.[3]

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(1) This is an average of 1986 revenues of $780,000 and 1985 revenues of $387,000, taken by adding the figures together and dividing by 2.

(2) ASBN's associate director plans to handle 1988 renewals with a total of 2,088 hours of temporary clerical help. At 1,776 hours per full-time equivalent position (FTE), derived by subtracting vacation, sick leave, and other nonproductive activity hours from the total annual hours figure of 2,080, this amount of temporary help translates to 2,088 divided by 1,776 or 1.17 FTE.

(3) The hourly rates for temporaries in 1987-88 were $6.4676 and $7.2619. For 2,088 hours, their labor will cost at least $14,683.28 (including ERE of 8.73 percent), and could cost as much at $16,486.57. Total annual cost for a Clerk Typist III is $16,250.

A staggered renewal system appears to work well for other states. A staff member at the Texas nursing board, which licenses almost 100,000 RNs, said that staggering renewals improved their processing time. The California and New Mexico nursing boards also stagger renewal dates and reported smooth operations.

A switch to a birthday renewal system was recommended by Arthur Young, a public accounting firm which performed a Management Audit for the Arizona Cost Efficiency Commission in April 1988. ASBN agreed with the recommendation, and both the Executive Director and the Associate Director have expressed their support for the change.

RECOMMENDATIONS:

1. The Legislature should consider amending A.R.S §30-1642 to permit staggering of license renewal dates.

2. ASBN should request the Legislature to consider funding one additional permanent staff to handle the continuous task of processing renewals and to eliminate the need for using clerical pool workers for that job.

FINDING V

COMMUNICATION WITH THE INDUSTRY NEEDS TO BE IMPROVED

The Board of Nursing needs to improve its communication with the nursing industry. Arizona nurses have complained about the Board's slow response to inquiries and poor communication on Board activities. These problems may stem from the high turnover and poor communication by past executive directors.

Nursing Industry Has Valid Complaints About Board

Our interviews with members of Arizona's nursing community indicated a strained relationship between the Board and some members of the nursing industry in recent years. Some industry representatives said they were dissatisfied with the Board's slow responses to their inquiries and its failure to send out newsletters and meeting agenda.

The nursing industry has asked for guidance and interpretations on important issues which concern the industry, but the Board's responses have, at times, been slow. Nurses, including those serving as hospital nursing directors, expressed concern that the Board might enforce some laws or rules according to interpretations which had not been communicated to licensees. Because of their lack of knowledge of some Board enforcement policies, nurses said they felt vulnerable to Board disciplinary actions. For example, nursing directors say they have requested clarification of the four-year-old mandatory reporting law several times, but have yet to receive an advisory opinion. After a long delay, the Board is now attempting to resolve the issue - it has requested an Attorney General's opinion, participated with the industry in a task force to study the issue, and assigned its Legal/Internal Affairs committee to draft an opinion.

Other questions which have arisen in the past two years and have not been answered in a timely manner include supervision of school nurses, patient abandonment, and nursing AIDS patients. These issues are important to

the nurses involved, and the Board's delays (eighteen months in the school nurse question) may place the nurses at risk of violating the law.

Because ASBN's process for developing advisory opinions on these issues is time-consuming, interim statements could be made to guide the industry while awaiting a more formal response. Under the Board's current system, questions are assigned to a standing committee and advisory opinions are reviewed by the Attorney General's Office. This procedure is designed to permit nursing community input to the final decision. However, a year or more may pass before the advisory opinion is issued. To provide guidance to the nursing industry while an advisory opinion is under study, the Board could prepare a memo describing its interim policy. According to the Associate Director of the Board of Medical Examiners, that Board uses a similar method with good results.

In addition, ASBN's routine communications have been sporadic and incomplete. ASBN has not published its newsletter on a regular schedule, and Board agendas have not been mailed to interested individuals. The newsletter is an essential element in informing the nursing community of Board decisions, disciplinary actions, and advisory opinions. The agendas list matters to be discussed at meetings so those interested can attend and give their views. The current Executive Director is attempting to establish a regular publication schedule for the newsletter and to correct problems in getting out meeting notices and agendas.

Problems May Result From Turnover In Executive Directors

Board relations with the industry were positive until May 1985, when an Executive Director with good industry rapport resigned. That Director had been very accessible, and had a reputation in the nursing community for responding quickly to questions or requests for information. Arizona's nurses liked her so much that when she resigned, according to the current Director, a petition was circulated to try to bring her back. The Board has had three Directors since then: an Executive Director who was terminated in May 1987, an Acting Director and the current Executive Director who was appointed in November 1987. During that time conflicts developed between the Board and its staff and between the Board and

various segments of the nursing industry. These conflicts resulted from lack of communication and the different personalities of Board members and staff.

The Board's current Director, is attempting to heal the rift between the Board and the community. In addition to resolving problems with the Board's newsletter and meeting notices and agendas, she has increased direct communication with the industry. She accepts all invitations to attend or speak at nursing organization meetings, and plans Board meetings and educational forums outside the Phoenix area.

RECOMMENDATION

1. The Board should issue preliminary administrative bulletins describing its interim enforcement policies, instead of waiting until formal advisory opinions are ready.

OTHER PERTINENT INFORMATION

During the course of our audit, we developed other pertinent information regarding: 1) the "St. Mary's Case" and 2) entry requirements for nurses.

St. Mary's Case

The disciplinary action against nurses affiliated with St. Mary's Hospital in Tucson was reviewed by our office because of the considerable attention given to the case. We received numerous letters from nurses concerned about how the Board handled this case. In addition, this case was the most controversial of the complaint files we reviewed.

In February 1988, the Board of Nursing voted to discipline three nurses from St. Mary's Hospital. The Board found that nurses in the hospital's Burn Unit had been administering medications without proper physician approval. Two of the nurses were also placed on probation. One nurse had improperly removed injectable valium to treat her husband at home. The other nurse was the Director of Nursing at the hospital who, although aware of the incident, did not report it to the Board. No disciplinary action was taken against three other nurses involved in the case, although one received a strongly worded letter of concern.

This case has stirred considerable controversy in the nursing community. According to an Arizona Nursing Association Consultant, the Director of Nursing involved in the case is a leader in the State and well known nationally.

Case chronology - In January 1986, the Board began receiving telephone calls complaining about nursing practices in the Burn Unit at St. Mary's. Interviewed in July 1986, six current and former nurses employed in the unit alleged a broad range of problems: quality of nursing practices in the unit, diversion of drugs, falsification of records, and failure of supervisors and administrators to take corrective action. The complaints also raised questions as to whether supervisory nurses had violated the Board's mandatory reporting requirement.

In November 1986, Board staff met with the Attorney General's Office to decide how to proceed with the case. Because the Attorney General's Office was concerned about possible criminal violations, the case was kept in-house for several months while lawyers from the criminal division investigated and reviewed it. Eventually, the case was handed back over for the Nursing Board to pursue after it was determined a basis for proceeding on criminal grounds was lacking.

In October 1987, a confidential staff investigative report was submitted to the Board for review. The Board voted to assign the case to an independent hearing officer.

Following a four-day hearing in December 1987, the hearing officer issued his report to the Board recommending that five of the six nurses, including the Director of Nursing, be censured for administering medications without adequate physician approval. He also recommended that the nurse who had improperly removed valium receive a civil penalty and be placed on probation for two years. The hearing officer recommended that charges against the sixth nurse be dismissed.

The Board's final order followed the hearing officer's recommendations with some modifications. The Board voted to censure three of the five nurses recommended for discipline by the hearing officer. In addition, it placed the nurse who had improperly removed valium and the Nursing Director on probation for one year. Terms of their probation require each to take a class in medical-legal ethics. No disciplinary action was taken against the remaining three nurses.

Following the Board's final decision, the three disciplined nurses filed an appeal in superior court.

Concerns about the case - Based on our review of the case record and interviews with parties to the case, we conclude that the Board's actions, as a whole, were reasonable. However, several legitimate concerns about the case have been raised, some of which appear to warrant further investigation by the Attorney General and the Governor's Office.

- **Timeliness** - There was considerable delay between the time the Board was first contacted in January 1986 and the Board's meeting in November 1986 with the Attorney General's Office. Because all of the employees who worked on the case are no longer employed by the Board, we were not able to determine the cause of the delay. One former investigator speculated that the case may have been set aside due to the Board's heavy workload. The original charges appeared sufficiently broad and serious, however, to have demanded a more timely investigation.

- **Leak of confidential information** - The investigative report on the case submitted to the Board in October 1987 was a confidential document which contained specific information obtained through the staff's investigation. This report was leaked to a newspaper in Tucson which published a series of articles naming the respondent nurses and detailing the charges against them. The nurses did not have a copy of this report and, at that point, had not been provided the information in the investigative report. Nurses we interviewed described reading about the charges for the first time while they were driving from Tucson to Phoenix to attend a Board meeting. Thus, they felt they had been tried in the press before they had a chance to know the charges against them and defend themselves in front of the Board. The leak had a devastating impact on the nurses personally and tainted the Board's proceedings in their minds from that point on.

  The investigative report was most likely leaked by either a Board member, Board staff, or former staff who may have had access to the Board office and computer. The act of leaking the report may constitute a violation of Board statutes which require confidentiality, and could be subject to criminal sanction. If a Board member leaked the report, the act could also constitute grounds for removal of the Board member by the Governor. (A copy of this report has been forwarded to the Attorney General and the Governor's Office so they can review whether legal or administrative action should be taken regarding the leak.)

- **Board contact with respondents** - Following the Board's meeting in February 1988 when it voted to discipline three of the nurses, a Board member contacted the daughter of one of the respondent nurses. According to a sworn statement signed by the daughter, the Board member indicated that two Board members may have had conflicts and should not have been involved in the case, and that the Board was split: three members were in favor of the nurses and "three were out to hang them." However, the Board member denies having made this statement during the conversation. The conversation also raised concerns as to whether Board members had violated the Open Meeting Law by meeting a second time without giving proper notice.

  This matter was investigated by the Attorney General's Office and no evidence of an Open Meeting Law violation was discovered. The Board member's contact with the respondent nurse's daughter, at a point prior to release of the Board's final order, may have been inappropriate. An Attorney General representative stated that Board members are normally instructed not to contact anyone to discuss pending matters. According to an informal opinion from Legislative Council, such conduct could constitute grounds for removal by the Governor.

- **Investigative interviews and techniques** - A review of the original investigative interview with the complaining nurses in July 1986 reveals some inappropriate statements made by the Board consultant who investigated the case. For example, the consultant, who is no longer employed by the Board, stated that "when you do an incident report if there is a tendency for them to disappear, I suggest that you either make a duplicate or make a copy before you turn it in." Respondent nurses argue that statements like this were encouragements to complaining nurses to improperly remove hospital records and provide them to the Board. It is not the Board's policy to encourage the improper taking of records by complaining parties. The Board has subpoena powers and can obtain records on its own authority.

  The same consultant also appeared to depart from her fact-finding role by concluding on the testimony of the complaining nurses before

an investigation was done. For example, in response to a question as to whether supervisory nurses should be part of the original written complaint, the Board investigator stated: "Everybody that (sic) was involved was in violation." Respondent nurses have stated that they felt they were considered guilty by the Board before they even had an opportunity to defend themselves.

Another concern is that the case was assigned to an inexperienced investigator after the initial investigator left the Board. The Board investigator who took over the case was a new employee who did not receive investigative training until September 1987. Thus, she had been working on the St. Mary's case for almost a year before she received any formal training.

- **Letter of concern** - Nurses were told at their interviews that the Board can issue a letter of concern. They were told that these letters are not Board discipline and do not go into the nurses' permanent files. The letter of concern, which was approved by the Solicitor General's Office, went to one of the nurses and is a sharply worded admonishment which appears to indicate that the nurse was found to have violated standards of practice for nurses. It states that future complaints alleging similar problems could result in "more serious consequences." The letter contains no language explaining that letters of concern are not disciplinary actions of the Board and are issued when there is insufficient evidence to take such actions. The wording of such letters of concern was discussed at the Board's meeting in September 1988 and revisions to letters of concern will be considered.

Respondent nurses also expressed concern that they were not adequately informed of the charges against them when they were initially interviewed by the Board investigator in July 1987. Nurses were informed by the investigator at their interviews in July 1987 that complaints about practices in the Burn Unit had been received. Specific charges made against each individual nurse, however, were not enumerated. This procedure departed from the Board's usual policy whereby respondent nurses are informed of the nature of the allegations against them when they are interviewed by the Board. The interviews were conducted in this

manner, however, on advice of the Attorney General's Office. The Attorney General representatives handling the case were concerned about possible destruction of records and did not want to fully disclose allegations to the respondent nurses.

Entry Requirements

For several years, national attention has been focused on revising entry requirements for nurses. The American Nursing Association and the National League for Nursing have both proposed increased educational standards for entry into practice. The associations propose the establishment of two levels of nursing practice - professional and technical. For a professional nurse, the minimum preparation would be a baccalaureate in nursing, and for a technical nurse, the minimum preparation would be an associate degree in nursing (ADN).

According to proponents, the establishment of these educational requirements for entry into practice would standardize training for nurses who work in an increasingly complex field. A professional nurse would have the knowledge base requisite for additional formal education in specialized clinical practice, nursing research, nursing administration, and nursing education. A technical nurse would be prepared to engage in the technical aspects of the clinical practice of nursing and would have the knowledge base to apply a circumscribed body of established nursing principles and skills.

There are several arguments against increasing educational requirements. First, there is a nationwide nursing shortage, and an increase in educational requirements may bring enrollment into nursing programs down even further. Second, the opportunity to become an RN would be restricted since the programs would have to be offered through four-year colleges and universities. If four-year degrees were required, it would become more difficult for individuals residing in counties outside the University areas to attend since many registered nurses obtain a two-year degree at a community college.

Currently, North Dakota is the only state with a BSN requirement for registered nurses and an ADN for licensed practical nurses. Arizona was

the only state considering entry requirements into its legislation this year. In May, 1988, a 21 member task force representing all members of the nursing industry was created to draft revisions to Arizona's Nurse Practice Act. Entry requirements was one of the areas to be addressed by the task force. However, in September, 1988, the task force decided not to address the entry requirement issue and other controversial issues in the upcoming legislative session because these issues had not yet been resolved within the task force itself.

ARIZONA STATE BOARD OF NURSING

ROSE MOFFORD, Governor
FRAN ROBERTS, R.N., M.S., Executive Director

October 28, 1988

Mr. Douglas R. Norton
Auditor General
State of Arizona
Office of the Auditor General
2700 N. Central, Suite 700
Phoenix, AZ 85004

Dear Mr. Norton:

This letter represents the response of the Arizona State Board of Nursing (ASBN) to the performance audit conducted by the Auditor General's office. Our response will be directed primarily towards the five findings and recommendations of the report, comments on the areas referenced under the section titled "other pertinent information" and a brief introductory paragraph.

Introduction. The ASBN has viewed this audit process with enthusiasm and anticipation. In its effort to protect the public health, safety and welfare through the regulation of nursing practice and education, the Board acknowledges that the Agency and community at large can only benefit from a healthy, objective evaluation. Certainly, the Board further recognizes that the changes, challenges and conflicts it has been confronted by in the ensuing years since the 1981 performance audit, has brought the ASBN to a highly visible level in the nursing community. The Board, comprised of a group of committed, caring and knowledgeable individuals, continues to embrace its responsibility to the public and its concurrent support of the nursing profession.

Finding I. The Board requests that the most recent data be considered when assessing the timeliness of complaint investigations. While admittedly current staff have inherited "older cases" which are difficult to investigate, statistics on Fiscal Year (FY) 1988 (July 1, 1987 through June 30, 1988) shed a very positive light on the timeliness of investigations. ASBN's data indicate that of the 391 complaints received during FY88, 317 have been brought to the Board for resolution and only 74 remain under investigation. Of the 74 under investigation, approximately 20 have been presented to the Board and were directed by the Board to undergo further investigation or fact-finding by the staff. This indicates that of the total number of complaints received in FY88,

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81% have been resolved through some form of Board action. Further, the Executive Director has instructed the investigative staff to expedite investigation on any cases received prior to FY88 which have not yet been presented by bringing these cases to the Board no later than January 1989.

The Board is pleased to include in this response that the staff turnover rate, which hit an all-time high of 127% in 1986, has descended to less that 10% in the past two quarters. Under new management, staff dissension is virtually non-existent and morale and motivation is high. Additionally, as a result of this change in administration, a complaint tracking system has been established and will be further refined and automated through the course of the current fiscal year.

Recommendation 1, 2 and 5. The Board, as indicated above, agrees with these recommendations and commits to accomplishment in FY89.

Recommendations 3 and 4. Due to both great budgeting constraints and high turnover, the Board has not been able to support the training and education essential to staff in order to protect the public and ensure high quality performance. In the past quarter, one staff attended the week-long investigator's training sessions sponsored by the Commission for Licensure, Enforcement and Regulation and two additional staff will attend in December, 1988. The Board agrees wholeheartedly with this recommendation but has not had the financial support to proceed. While the Board additionally agrees with a recommendation supporting supplemental investigative staff, it voices concern regarding utilization of non-nurse personnel to investigate. Arguments can certainly be heard for both views, however the Board believes it is essential to employ individuals with a clear understanding of the nursing process and patient care to perform knowledgeable and just investigations.

Finding II. While the Board agrees that the request for a sworn letter of complaint is unnecessary and redundant, it wishes to clarify that investigations of concern are not "held up" awaiting sworn complaints.

Recommendation 1. The Board agrees.

Findng III. The data brought forth in this report substantiates the very sincere concerns of the Board in the past year. In a responsible effort to address this well-documented deficit, the Board submitted legislation in the 1988 session to increase the overall fee structure of the Agency. This piece of legislation, House Bill 2222, was greatly amended through pressure from select segments of the nursing community, to allow for a one-time surcharge to the 1988 Registered Nurse license renewal fee and called for a performance

audit by the Auditor General's office. Although frustrated by the delay, the Board welcomes the objective documentation in this report which supports the concerns expressed by the Board over a year ago.

Recommendations 1, 2 and 3. The Board is in total agreement.

Finding IV. As this response is being written, the ASBN office is receiving approximately 2000 RN renewal application responses per day. By December 31, 1988 the Board anticipates that it will have processed over 35,000 renewal applications over a ten week period. Reasonably stated, this process does not make a case for staff productivity, harmony or sanity. Additionally, it places a strain on the nursing community at large. Lastly, as indicated in the audit report, this process plays havoc with the Agency's revenue flow. In conclusion, the Board wholeheartedly accepts Recommendations 1 and 2.

Finding V. The Board acknowledges some problems in the area of community communication in the past few years and appreciates the recognition given for recent improvements. Certainly communication, especially between a profession as large as nursing represents in Arizona and their licensing and regulatory board, will always require careful cultivation and monitoring. While areas critically outlined in the report such as timely newsletter publication and agenda distribution are uncontested by the Board, issue is taken with the overall negativity reported concerning the Board's response to requests for advisory opinions.

The ability to issue advisory opinions was added to the Arizona Nurse Practice Act in 1984. Since that time, over 25 opinions have been issued. As one would expect, some questions are straight forward and simple, others have complicated facets and far-reaching implications. The "easy ones" can be expedited through minimal research and supplemental advisement. The more complex requests for opinions often require comprehensive reviews of literature, discussions (verbal and written) with other state boards of nursing or other professional boards, surveys to specific groups in the nursing community, consultation with professional nursing associations and lastly, advisement for legal direction from the Attorney General's office. In the later case, advisement may take as long as one year's time.

While the Board supports the Auditor General's concern for placing a nurse at risk for violating a law while an issue is undergoing research, it expresses even greater concern for the implications created by advisory opinions reached through less than comprehensive methods. A partial solution is found in the recommendation for issuing preliminary administrative bulletins. Indeed, the Board thought this recommendation by the Auditor General was so helpful, it

utilized this process in the October 1988 Board meeting, one month prior to the publication of this final report!

Specifically speaking, the process in reaching an advisory opinion on mandatory reporting has been arduous. The Board would like to use this request as an example of the steps taken to reach a complex advisory opinion.

In January of 1988, the Arizona Organization of Nurse Executives (AZONE) formally requested a legal opinion from the ASBN regarding mandatory reporting. The ASBN followed with a request for a legal opinion to the Assistant Attorney General then assigned to represent the Agency (January 1988). In order to provide interim relief while awaiting advisement from the Attorney General's office, cópies of an article from the December 1988 Journal of Nursing Administration, titled "Mandatory Reporting: Legal and Ethical Issues," were distributed by the ASBN Executive Director at the January 1988 AZONE meeting. In the March 1988 Board meeting, seeing that an answer from the AG's office was not in sight, the Board voted to establish a community based ad hoc committee on mandatory reporting. A leader in the nursing executive community was requested by the Board to serve as chairman of this committee and to assist in the selection of key nurses representing both geographical areas of the State and a wide range of nurse practice specialities, as members. In the June 1988 Board meeting, the chairman of the Ad Hoc Committee on Mandatory Reporting distributed to Board members the Committee's report and presented a summarization of the process and recommendations outlined in the report. The Board requested time to review the report and invited the chairman to return to the July Board meeting to respond to questions. In the July 1988 Board meeting, a unanimous decision was reached to accept the full report of the committee. The Board then directed the Legal/Internal Affairs Committee of the ASBN to draft an advisory opinion on mandatory reporting (based on recommendations from the ad hoc group) by November 1988. This process has occurred and the five page draft advisory opinion on mandatory reporting will be presented to the Board on November 18, 1988 by the chairperson of the Legal/Internal Affairs Committee.

Ten months have passed since the initial request for an advisory opinion and the ASBN is at a point of closure, although no advisement has been received from the Attorney General's office. The Board is confident that the final opinion will be one which has taken into consideration components in other states' nurse practice acts, what current nursing literature indicates regarding this subject and widespread community input. Although certain individuals may have experienced frustration at the time invested in this ten month process, the Board believes this process supports the best results in protecting the

public health, safety and welfare and assisting the nursing community in their need for clarification of the Arizona Nurse Practice Act.

Recommendation I. As cited in the above text, the ASBN finds this to be an extremely constructive suggestion and has begun its utilization.

Other Pertinent Information - St. Mary's Case. Due to the fact that this case is currently being reviewed in the Superior Court of Arizona, the ASBN is unable to make editorial comments. However, one point of clarification is in order under the section titled Board contact with respondents. The Board member who conversed with a daughter of a respondent nurse contacted her only after she first made attempts, and left messages, to have him contact her. The audit report implies that the initial contact was made by the Board member to the respondent's daughter.

Entry Requirements. Both the Arizona State Board of Nursing and the National Council of State Boards of Nursing maintain neutral positions on this long-standing nursing issue.

Lastly, the ASBN, which includes board members and staff, thanks you for the thorough and professional evaluation of this Agency's ability to meet its legislative mandate. Your recommendations are constructive and reasonable and will serve to assist the ASBN in our mission to protect the public health, safety and welfare through the regulation of nursing education and practice.

Sincerely,

Fran Roberts

Fran Roberts
Executive Director

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