

Minnesota Board of Nursing

Biennial Report FY2001-2002

I. General Information

A. A description of the Board's mission and major functions.

Mission Statement

The mission of the Minnesota Board of Nursing is to protect the public's health and safety by providing reasonable assurance that the people who practice nursing are competent, ethical practitioners with the necessary knowledge and skills appropriate to their title and role.

The Board strives to achieve its mission by:

- Carrying out activities authorized by Minnesota statutes and rules (licensing, discipline, and program approval)
- Fostering knowledge relevant to the needs of the public and to the education and practice of nursing
- Formulating and influencing effective public policy related to nursing practice
- Pursuing collaborative alliances with publics, including consumers of nursing care, nurses, employers, educators, state agencies, and legislators
- Disseminating information to the public and to nurses
- Operating an agency which utilizes human and fiscal resources efficiently and effectively

Business Context

The activities which the Board implements to carry out its mission require the collection and storage of licensure, educational and disciplinary data on approximately 200,000 licensed nurses and interaction with a myriad of audiences including applicants, licensees, educational institutions, attorneys, many other state agencies and health-related licensing boards, national and federal information systems, and a national test service.

The Board's activities are guided by its desire to:

- a. Fulfill its responsibilities for public safety with respect for due process and adherence to laws and rules.
- b. Deliver customer-centered services in a respectful, responsive, timely, communicative, and non-discriminatory manner.
- c. Provide government services that are accessible, purposeful, responsible, and secure.
- d. Carry out its business functions with efficiency, accountability, innovation, and a willingness to collaborate.

The Board provides credentialing services related to approximately 87,000 active nursing licenses annually, including processing 7,500 licensure and 43,500 renewal of licensure applications, verifying 3,500 licenses to other states for the purpose of interstate endorsement, and providing verification of certification and eligibility to prescribe drugs and therapeutic devices for approximately 350 advanced practice registered nurses. These services require the Board to interact regularly with the statewide accounting system, the national test service which provides the licensing examination, the federal Drug Enforcement Agency and sixty-one (61) other boards of nursing.

The Board's nursing education program approval function requires interaction with twenty-three (23) practical nursing and twenty-seven (27) professional nursing programs. These programs graduate approximately 2,500 nursing students annually. Surveys of nursing programs are conducted on a regular schedule, and program graduation pass/fail rates on the licensing examination are monitored annually.

The Board processes approximately 900 complaints about nurses annually. The procedures utilized by the Board to process complaints require interaction with the Attorney General's Office, the Departments of Health, Human Services and Revenue, the National Council of State Boards of Nursing (NCSBN) information system (Nursys), the federal National Practitioner (NPDB) and Health Integrity and Protection (HIPDB) disciplinary data banks, employers, licensees, complainants, and the media.

The dissemination of information related to licensure, disciplinary actions, nursing education programs, and nursing practice standards contributes to public safety by providing employees and consumers with data to make informed decisions regarding the authority to practice and the performance of nursing services by individual nurses.

The Board is a public agency funded by fees collected from the applicants and licensees whom it regulates and services. The licensees have input regarding the amount of fees collected through the opportunity for comments and requests for hearing in the rule-making process. The legislature participates in the fiscal management of the agency by authorizing expenditures through appropriation. The Governor's Office reviews and approves the agency's budget. The Department of Finance also reviews and approves the budget, as well as conducts periodic financial audits. Such comprehensive review of the financial resources requires the agency to manage human and fiscal resources efficiently and cost-effectively and to be able to demonstrate accountability in a manner that is accurate and evident.

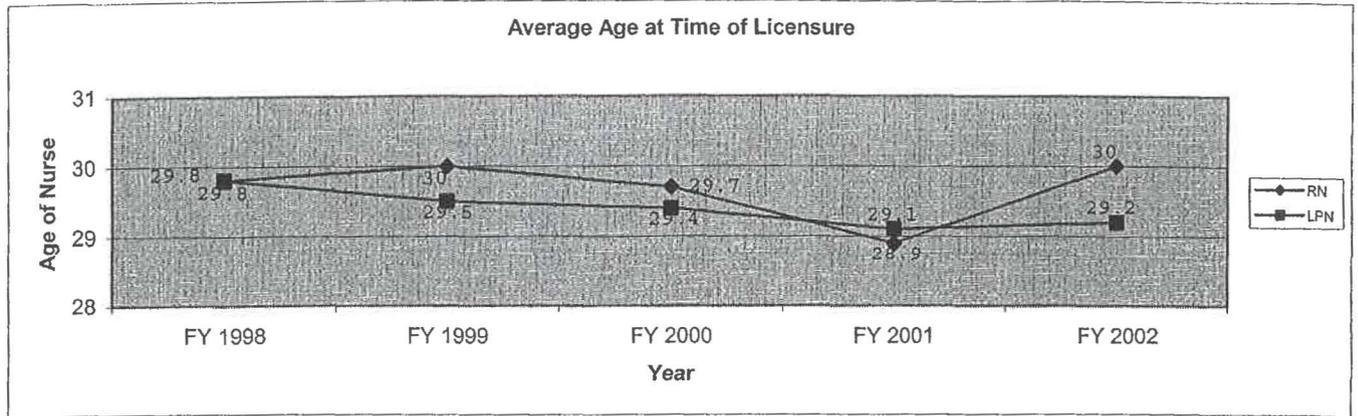
- B. A description of the Board's major activities during the 2001-2002 biennium, including a description of the Board's efforts to make consumers aware of their right to file complaints.

Excerpted from Minnesota Board of Nursing FY 2001/2002 Strategic Plan Status Report

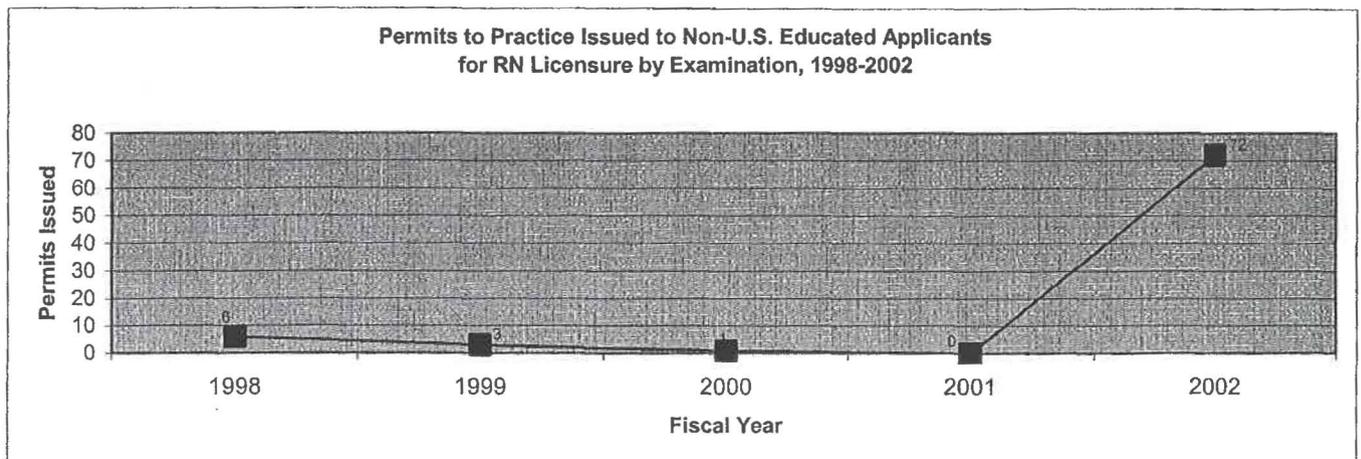
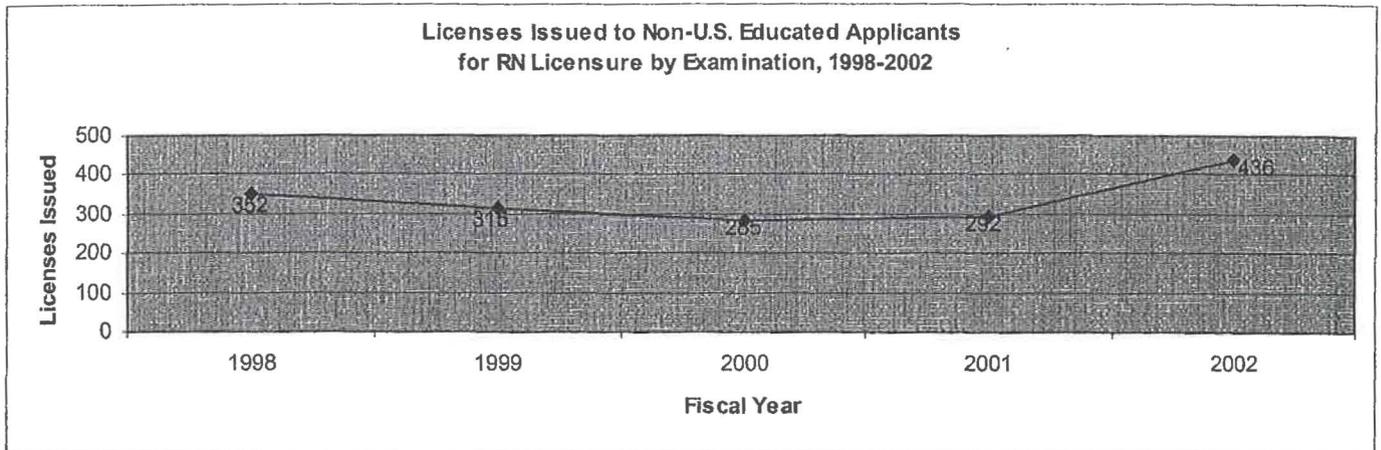
Category/Goal	Status
A. NURSING EDUCATION	
<p>1. Assure the public that educational programs that prepare persons for licensure as registered nurses or licensed practical nurses meet minimum standards pertaining to the knowledge, skills, and abilities necessary for entry into practice.</p>	<p>Approved five professional nursing programs and seven practical nursing programs.</p> <p>Surveyed and/or provided consultation to one professional and one practical nursing program, and provided monitoring to one professional nursing program whose success rate on the licensing examination was 75% or less. Removed one professional program and two practical nursing programs from special Board oversight because of a success rate above 75% for two consecutive years.</p> <p>Board adopted resolution to promulgate revision of program approval rules.</p>
B. CREDENTIALING	
<p>1. Assure the public that persons who provide professional and practical nursing care meet minimum standards pertaining to knowledge, skills, and abilities.</p>	<p>Mutual recognition language was introduced in the legislature but did not pass. Licensure recognition for nurses from border states passed with an implementation date of January 1, 2003.</p> <p>The Licensure Task Force recommended to delete secondary education requirements from the law, change the provision in the law for non-U.S. educated nurses from requiring the Commission on Graduates of Foreign Nursing Schools (CGFNS) certificate to requiring a CGFNS credentials review, and authorize the Task Force to analyze the impact of discontinuing the credentialing process of registration and making recommendations for statutory change. The Board accepted these recommendations.</p> <p>The Licensure Task Force studied the need for and implications of implementing criminal background checks and prepared a recommendation for presentation to the Board for the August 2002 meeting.</p>
<p>2. Assure the public that registered nurses who provide advanced nursing care, meet minimum standards pertaining to knowledge, skills, and abilities.</p>	<p>200 advanced practice registered nurses were affirmed to DEA as in compliance with Minnesota Statute, Section 148.235.</p> <p>Advanced practice registered nurses on registry:</p> <ul style="list-style-type: none"> • 376 certified clinical nurse specialists • 1440 certified registered nurse anesthetists • 163 certified nurse-midwives • 1715 certified nurse practitioners on the registry <p>A clinical nurse specialists task force convened and recommended that a waiver provision for clinical nurse specialists for whom there is no certification be sought to replace the extension provision that expired on June 30, 2002. A waiver provision was established in the law which will be implemented in FY 2003. Of the 161 clinical nurse specialists that were granted an extension, 70 have not achieved certification.</p> <p>Seven national nurse certification organizations were determined to meet criteria established by the Board.</p>
<p>3. Register professional nursing firms.</p>	<p>Fifteen professional nursing firms are registered with the Board.</p>

C. NURSING PRACTICE	
1. Assure the public that credentialed nurses maintain standards of practice appropriate to their credential (LPN, RN, PHN, APRN).	<p>Guidelines for telephone nursing congruent with the LPN scope of practice were developed in collaboration with nursing organizations and educators.</p> <p>Nursing Practice Committee gathered, analyzed and summarized relevant information on various aspects of complementary care. The Board adopted the committee's recommendation to develop guidelines for nurses regarding the use of complementary therapies in nursing practice.</p>
2. Reduce the number of nurses who violate the practice act.	<p>In December 2001, the Board approved participation in the NCSBN TERCAP research study. Staff attended a training workshop in April 2002. The purposes of the study are to better understand nursing practice breakdown and improve the effectiveness of nursing regulation. Data will be analyzed in the aggregate and by state. Minnesota can use this information for further study and evaluation of our processes.</p>
3. Promote the standards of nursing practice for each legally titled level of nursing (NA, LPN, RN, APRN).	<p>Web site information includes how to file a complaint; the discipline process; reporting requirements; Board actions; HPSP; data; links to other resources; information about the Healthcare Integrity and Protection data bank.</p> <p>Prepared and distributed packets of information regarding delegation, supervision, reporting obligations, supervision requirements for individuals practicing under permits and professional boundaries.</p>
D. PUBLIC ACCOUNTABILITY	
1. Inform the public and others of Board functions and activities.	<p>Newsletter updated and distributed to all nurses with current registration.</p> <p>Distributed brochure regarding the Board of Nursing. Distributed brochure about HPSP.</p> <p>All legacy disciplinary actions since August 26, 1996 have been reported to the HIPDB. All Adverse Action Reports of the reported actions have been reviewed and corrected, as necessary. The Board has an agency relationship with the National Council for on-going reporting of actions and is current in reporting actions to NCSBN.</p> <p>Until February 2002 the Board reported applicable disciplinary actions to the federal Department of Health and Human Services as requested. The Board discontinued reporting to improve efficiency and reduce redundancy in reporting actions to federal agencies. The reports to DHHS are not federally mandated.</p>
2. Maintain the relevancy of Board activities to public needs.	<p>Background study law revised to indicate licensed health professionals who are substantiated for maltreatment occurring in the course of their professional practice will not be disqualified but a report will be made to the applicable board for possible disciplinary action.</p> <p>Bill enacted to expand provisions of prescribing by protocol to permit LPNs to administer vaccines by protocol.</p> <p>CNS Waiver provision enacted.</p>
3. Evaluate Board effectiveness	<p>Board effectiveness study developed by NCSBN. Minnesota Board will submit data early 2003.</p>

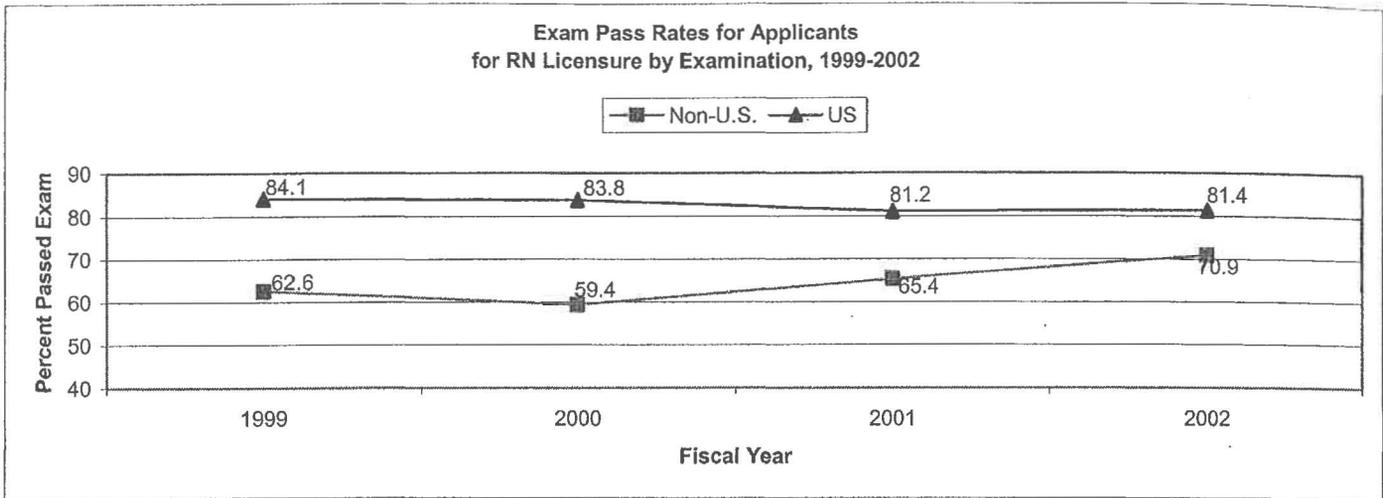
4. The average age of individuals licensed as nurses for the first time is increasing; thus, decreasing the lifetime a nurse is employed.



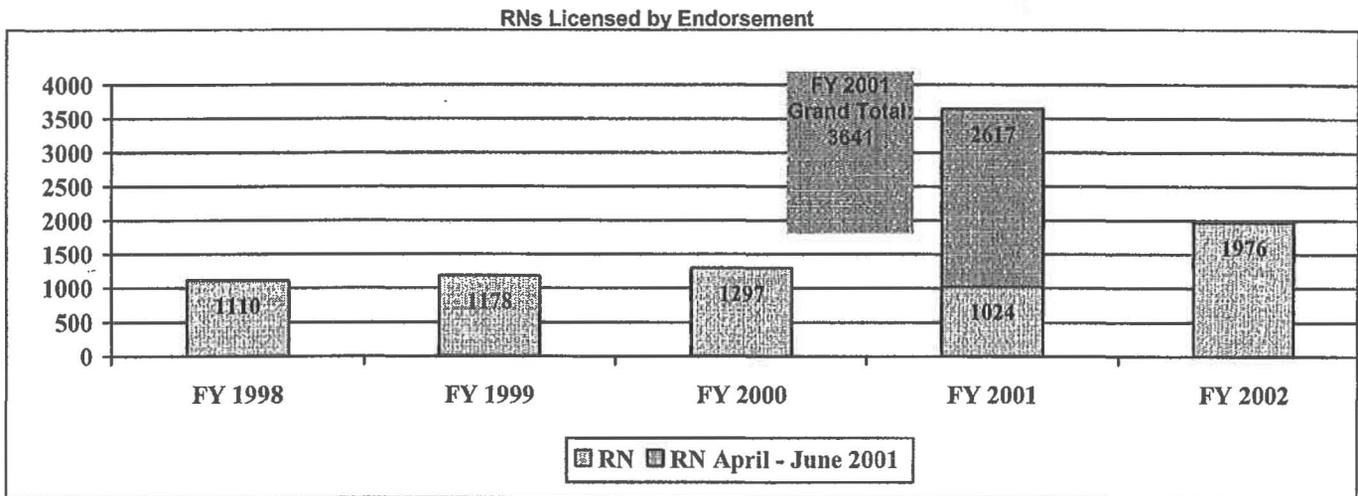
5. The number of non-U.S. educated individuals being licensed is increasing, and the nurse workforce is becoming more diverse. However, cultural and language diversity also increases the challenges to consumers of nursing services and employers of nurses.



6. The licensure examination pass rate for non-U.S. educated applicants is significantly lower than for U.S. educated candidates resulting in increased expectation by groups representing minority populations to develop accommodations for non-U.S. educated candidates.



6. The number of applications to start up and operate new nursing programs places greater demand on the nursing program approval function of the Board.
7. The registered nurse strike in the metropolitan area in June 2001 resulted in an increase of 5,000% for applications for licensure by endorsement for 2007.
8. The number of current registered nurses with current registration as of June 30, 2002 is reflective of the 3,500+ licenses issued to nurses who come to Minnesota as replacement workers. Because these nurses were transient, the Board expects a reciprocal decrease in the number of registered nurses with current registration during FY 2004 and FY 2005.



9. The labor shortage is affecting the nursing labor force, and the Board anticipates declining applications and license renewals. Revenue for board operations will decline.
10. Electronic verification of nurse licensure by way of Nursys, a national data base established by the National Council of State Boards of Nursing, will eliminate verification services provided by the board and decrease revenue approximately \$54,000 annually.
11. Reporting disciplinary action, as required by federal law, to the National Practitioner Data Bank and the Health Integrity Practitioner Date Bank, and to Nursys, significantly increases effort and expenses for information Resources technology and activity.
12. The Governor's Office initiatives and customer expectations to provide electronic government services (EGS) that are accessible 365x24 in a responsible and secure manner result in significant human and fiscal demands on the Information Resources technology and services which cannot be accomplished through fee assessment recovery.

II. The Board's Members, Staff and Budget

A. Composition

The Board consists of sixteen members, including four public members, four licensed practical nurses and eight registered nurses.

Board Member	Position Held	Term Expiration Date
Kimberly Keilholtz	Public Member	January 2006
John McKenzie	Public Member	January 2002
James Nardone	Public Member	January 2003
David Swanson	Public Member	January 2003
Susan Ward	Public Member	January 2005
Debora Bösl	Licensed Practical Nurse	January 2004
Linda Busch	Licensed Practical Nurse	January 2003
Susan Hennessy	Licensed Practical Nurse	January 2002
Kristina Malone	Licensed Practical Nurse	January 2005
Karen Trettel	Licensed Practical Nurse	January 2006
Dianna Bryant	Registered Nurse	January 2005
Jessie Daniels	Registered Nurse	January 2005
Kathleen Haberman	Registered Nurse	January 2002
Debra Hacker	Registered Nurse	January 2003
Betty Hanna	Registered Nurse	January 2004
Vicky Hill-Rickey	Registered Nurse	January 2004
Vicky Jensen	Registered Nurse	January 2004
Margaret Kotek	Registered Nurse	January 2003
Glenda Moyers	Registered Nurse	January 2006

B. The number of full-time equivalents employees in FY2002.

FY2002	36.7 FTE
--------	----------

C. The receipts and disbursements of board funds and the major fees assessed by the Board.

Receipts and Disbursements

Activity	FY2001	FY2002
Receipts	\$4,111,390.	\$4,284,881.
Disbursements	3,303,166.	2,845,356.
Surplus(shortfall)	808,224.	1,439,525

Major Fees Assessed

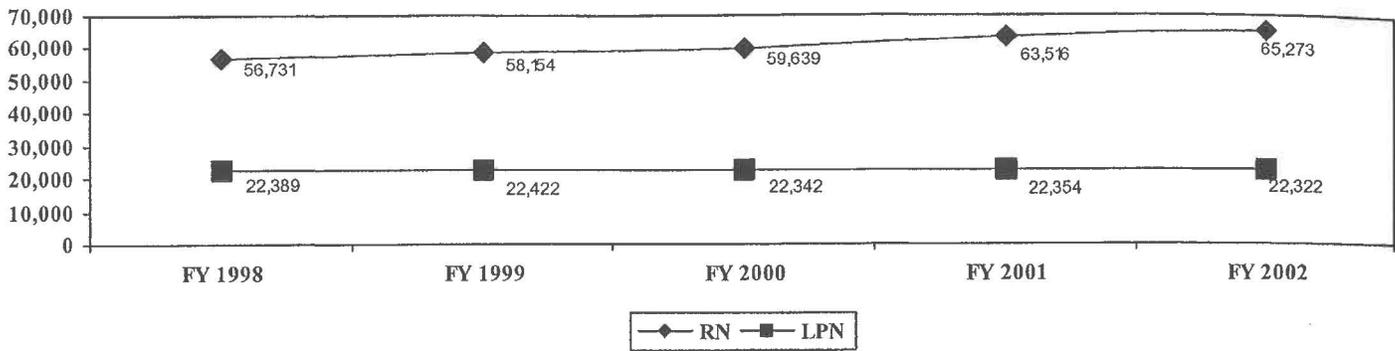
Service	RN	LPN
Licensure by examination	\$105	\$105
Re-examination	60	60
Permit fee (exam applicants only)	60	60
Licensure by endorsement	105	105
Registration renewal	85	85
Late renewal	60	60
Public Health Nurse certification	30	-
Verification of Compliance	50	50
Replacement license certificate	20	20
Replacement registration certificate	5	5
Verification of licensure status	20	20
Verification of examination scores	20	20
Copy of microfilmed licensure application materials	20	20
Nursing business registration		
Initial	100	-
Annual	25	-
Practicing nursing without current registration	Two times the amount of the current registration renewal fee (\$85) for any part of the first calendar month, plus the current registration renewal fee (\$85) for any part of any subsequent month up to 24 months	

III. Licensing and Registration

A. The number of persons licensed and registered, by occupation, as of June 30 of the current year (2002).

Total	87,595
RN	65,273
LPN	22,332
PHN	9,624

Current Nurse Licensure



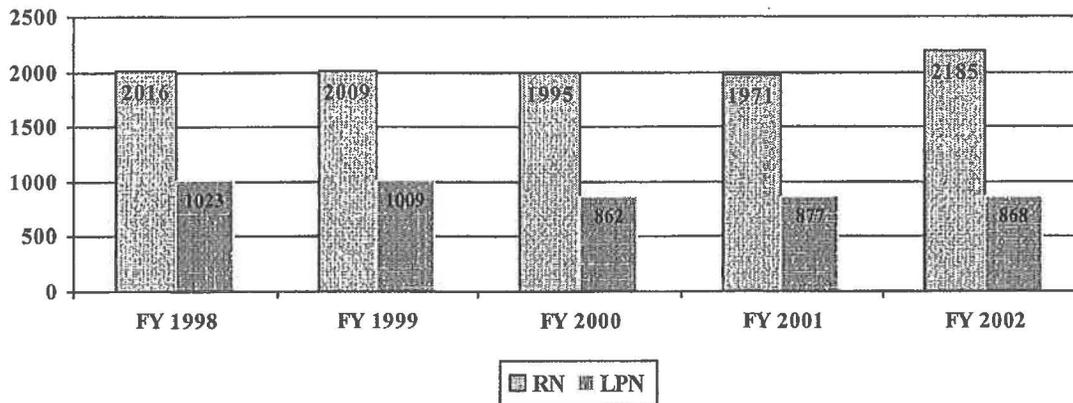
B. The number of new licenses and registrations, by occupation, issued by the Board during the previous biennium.

Category	FY 2001	FY 2002	Total
RN	5,616	4,163	9,779
LPN	1,055	1,022	2,077
Yearly Total	6,671	5,185	11,856

1. After taking an examination administered by the Board

Category	FY 2001	FY 2002	Total
RN	1,971	2,185	4,156
LPN	877	868	1,745
Yearly Total	2,848	3,053	5,901

Nurses Licensed by Examination



a. After meeting education requirements at an institution located in the United States or Canada

Category	FY 2001	FY 2002	Total
RN	1,955	2,094	4,049
LPN	877	866	1,743
Yearly Total	2,832	2,960	5,792

b. After meeting education requirements at an institution located outside the U.S. or Canada

Category	FY 2001	FY 2002	Total
RN	16	91	107
LPN	0	2	2
Yearly Total	16	93	109

2. After meeting the Board's requirements for reciprocity, endorsement or similar process

Category	FY 2001	FY 2002	Total
RN	3,645	1,978	5,623
LPN	178	154	332
Yearly Total	3,823	2,132	5,955

a. After meeting education requirements at an institution located in the United States or Canada

Category	FY 2001	FY 2002	Total
RN	3,553	1,919	5,472
LPN	176	149	325
Yearly Total	3,729	2,068	5,797

b. After meeting education requirements at an institution located outside the U.S. or Canada

Category	FY 2001	FY 2002	Total
RN	92	59	151
LPN	1	3	4
Yearly Total	93	62	155

IV. Complaint Processing

A. Complaints Received for each year of the biennium

1. The number of complaints received

FY2001	FY2002
774	944

2. The number of complaints categorized by type of occupation regulated by the board.

	FY2001	FY2002
RN	63,516	65,273
LPN	22,354	22,332
APRN	15	24

3. The number of complaints per 1,000 persons of each occupation regulated by the board.

	FY2001	FY2002
RN	7.95	9.02
LPN	12.03	15.89
APRN	**	**

**Board initiated data collection for APRN registry January 1, 2002 and is being collected per RN registration renewal application. Registry will not be completed until full two-year RN registration renewal cycle completed.

4. The number of complaints categorized by type of complaint.

Complaint categories are referenced to the statutory grounds for disciplinary action in the Nurse Practice Act. Each ground constitutes a separate category. A complaint is referenced to the most important or primary ground even though it may be related to more than one disciplinary ground.

Statutory grounds for disciplinary action (MN Stat. Sect. 148.261)	FY2001	FY2002
1) Failure to demonstrate qualifications or satisfy requirements for licensure	0	0
2) Employing fraud or deceit in procuring a license, permit or registration	19	7
3) Conviction of a felony or gross misdemeanor related to practice of nursing	6	29
4) Disciplinary action in another jurisdiction	41	26
5) Failure or inability to practice nursing with reasonable skill and safety	317	386
6) Engaging in unprofessional conduct	29	52
7) Failure of an advanced practice registered nurse to practice with reasonable skill and safety	7	10
8) Unsafe delegation or acceptance of delegation	0	0
9) Inability to practice nursing safely by reason of illness, including chemical dependency	209	201
10) Adjudication as mentally incompetent, mentally ill or chemically dependent	6	2
11) Engaging in unethical conduct	51	73
12) Engaging in sexual conduct with a patient or sexual exploitation of a patient	2	7

13) Obtaining money, property or services from a patient through use of undue influence	0	0
14) Revealing a privileged communication from or relating to a patient	0	8
15) Engaging in fraudulent billing	5	4
16) Improper management of patient records	4	2
17) Knowingly aiding or allowing unlicensed person to practice nursing	0	5
18) Violating rule, order, or state or federal law relating to practice of nursing (e.g. VAA, narcotics)	76	122
19) Knowingly providing false information related to care of a patient	0	0
20) Aiding suicide or aiding attempted suicide in violation of section 609.215	0	0
21) Practicing outside scope of practice	2	8
22) Practicing outside the specific field of advanced practice registered nursing	0	0
23) Knowingly providing false information to the board	0	2
24) Engaging in false, fraudulent, deceptive or misleading advertising	0	0
25) Failure to inform board of certification status as CRNA, CNM, CNP or CNS	0	0
26) Engaging in advanced practice registered nursing without current certification	0	0
27) Engaging in conduct that is prohibited under section 145.412	0	0

B. Open Complaints for each year of the biennium

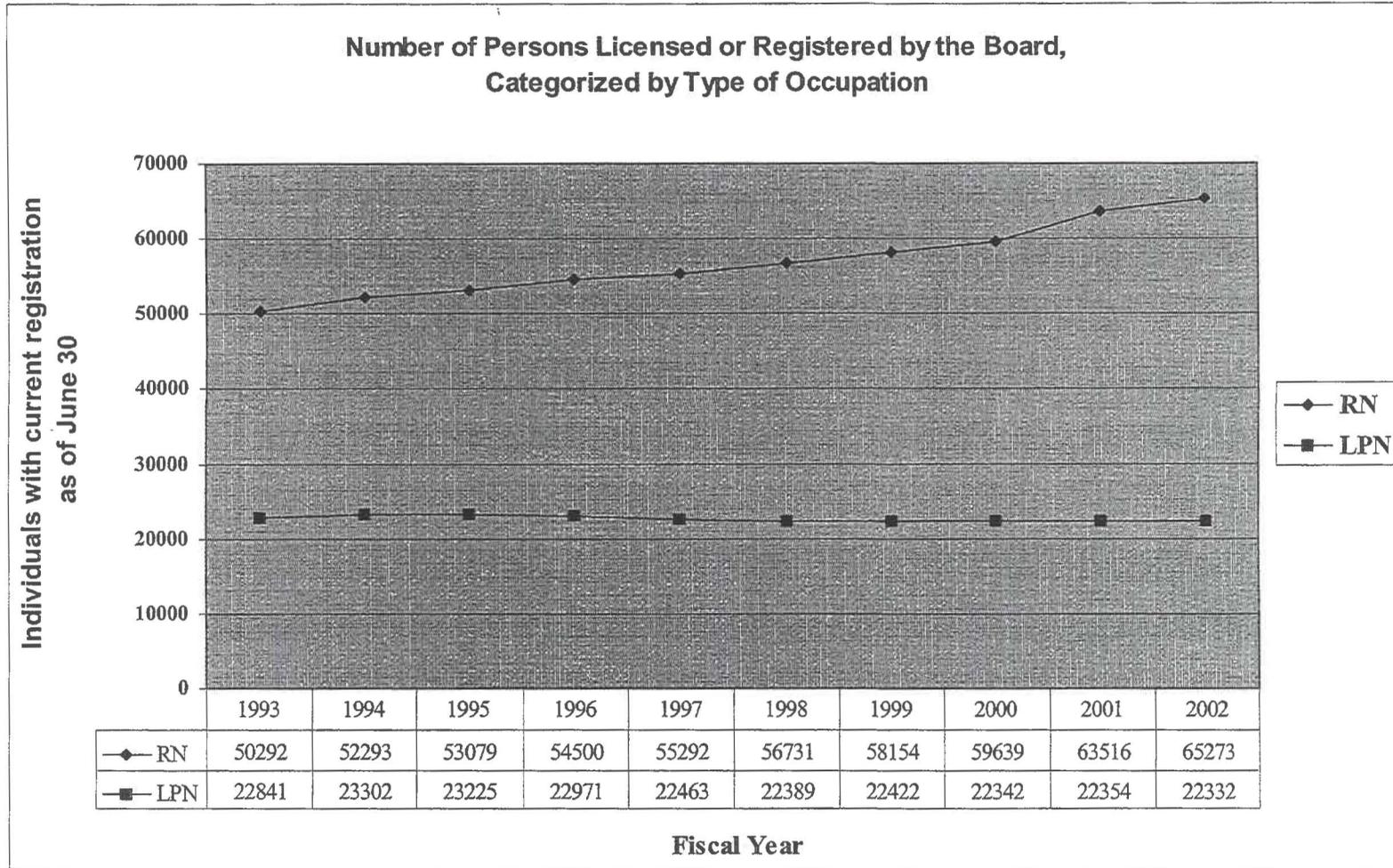
Description	FY2001	FY2002
1. Complaints open as of June 30	487	468
2. Open for less than 3 months	200	262
3. Open for more than 3 months but less than 6 months	71	89
4. Open for more than 6 months but less than 1 year	157	69
5. Open for more than 1 year	59	48

C. Closed Complaints for each year of the biennium

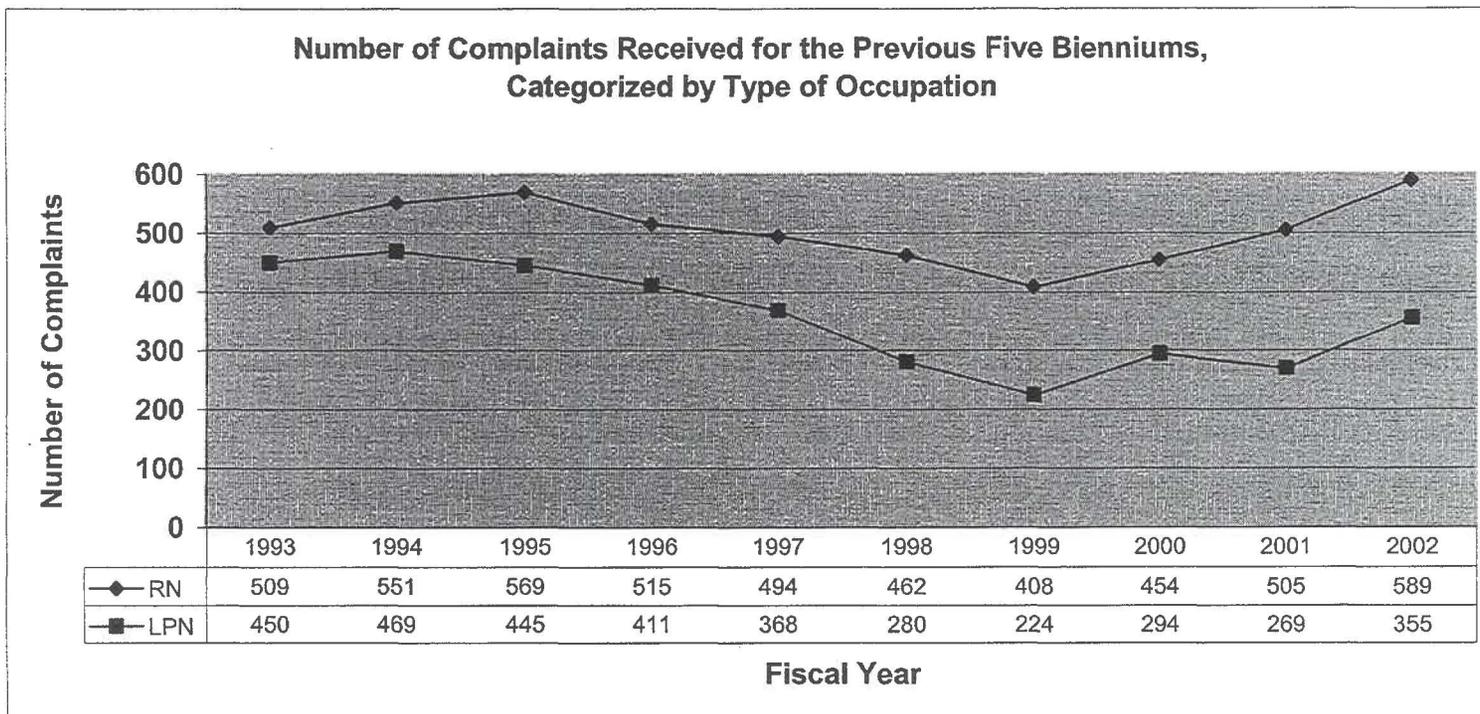
Description	FY 2001	FY2002
1. Number of complaints closed (by disposition)		
a. Revocation	11	33
b. Voluntary surrender	21	20
c. Suspension, with or without stay	79	106
d. Restricted, limited, or conditional license	30	14
e. Civil penalties	60	68
f. Reprimand	27	27
g. Agreement for Corrective Action	27	20
h. Denial of licensure or registration	6	3
i. Referral to HPSP	45	63
j. Dismissal or closure	405	520
Total		

V. Trend Data

A. For each year of the previous five bienniums, the number of persons licensed or registered by the Board, categorized by type of occupation



B. For each year of the previous five bienniums the number of complaints received, categorized by type of occupation, during each year



C. For each year of the previous five bienniums, the number of complaints received each year per 1,000 persons of each occupation regulated by the Board.

