

Minnesota Board of Nursing

Biennial Report
FY1999-2000

I. General Information

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

Mission Statement

The Board of Nursing (Board) is a regulatory agency of the State of Minnesota whose mission is to protect the public's health and safety by providing reasonable assurance that the persons 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, nursing program approval, and discipline), maintaining current knowledge relevant to the needs of the public and to the education and practice of nurses, disseminating information to nurses and the public, and 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 provides credentialing services related to 83,000 active nursing licenses annually, including processing 6,400 licensure and 41,500 renewal of licensure applications, verifying 2800 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-seven (27) practical nursing and twenty-four (24) professional nursing programs. These programs graduate 2,600 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 requires 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 1999-2000 biennium, including a description of the board's efforts to make consumers aware of their right to file complaints.

Excerpted from MBN Strategic Plan 2000

Category/Goal	Activity
A. NURSING EDUCATION	
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>Approved nine professional nursing programs and seven practical nursing programs.</p> <p>Conducted a faculty workshop and subsequent site-visit for each program that was approved.</p> <p>Surveyed and/or provided consultation to two professional and two practical nursing program, and provided monitoring to two professional and two practical nursing programs whose success rate on the licensing examination were 75% or less. Removed one professional program and one practical nursing programs from special Board over site because of a success rate above 75% for two consecutive years; continue monitoring one practical nursing program.</p> <p>Established task force to review survey process for relevancy and possible revision.</p>
2. Promote the standards of nursing education.	<p>Published success rates on licensing examinations in Board newsletter and on Board Web site.</p> <p>Published lists of professional and practical nursing programs and all required program approval reports on Web site.</p> <p>Published agendas and minutes from Program Approval Review Task Force on Web site.</p>
B. CREDENTIALING	
1. Assure the public that persons who provide professional and practical nursing care meet minimum standards pertaining to knowledge, skills, and abilities.	<p>8,713 licenses were issued.</p> <p>81,981 registration certificates were issued.</p> <p>Participated in National Council of State Boards of Nursing <i>Nursys</i> electronic verification of licensure pilot project.</p> <p>Established task force to compare licensure requirements with the National Council of State Boards of Nursing uniform licensure requirements and make recommendations regarding adoption and implications for statutory and rules revision. Report due August 1, 2001</p> <p>Fees for licensure and renewal were increased, infection control contact hours were repealed, and a process for sending out fetal alcohol education materials were implemented through the rulemaking process.</p>
2. Provide a mechanism to credential registered nurses who provide specialty nursing care.	648 public health nurse registration certificates were issued.

3. Assure the public that registered nurses who provide advanced nursing care, meet minimum standards pertaining to knowledge, skills, and abilities.	<p>Implemented administrative processes to assure the federal Drug Enforcement Administration advanced practice registered nurses meet eligibility to prescribe controlled substances.</p> <p>Implemented mechanism for recording persons who are certified as advanced practice registered nurses.</p> <p>Implemented mechanism to grant extension to an advanced practice registered nurse who is either practicing in a field of nursing in which a national nurse certification does not exist or is eligible for the proper certification but has not yet obtained it.</p> <p>Adopted criteria to determine whether a national nurse certification organization which certifies advanced practice registered nurses is acceptable to the Board.</p>
4. Register professional nursing firms.	18 nursing firms were registered.

C. NURSING PRACTICE

1. Assure the public that credentialed nurses maintain standards of practice appropriate to their credential (LPN, RN, PHN, APRN).	<p>Completed 800 continuing education audits.</p> <p>Promulgated rules for education on fetal alcohol syndrome effective July 3, 2000.</p> <p>Processed 1380 complaints against nurses.</p> <p>Developed processes for determining disqualification of licensees who are substantiated as perpetrators of maltreatment.</p> <p>Posted complaint process and forms for filing complaints against nurses on the nursing board website.</p>
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2. Promote the standards of nursing practice for each legally titled level of nursing (NA, LPN, RN, APRN).	<p>Published newsletter articles: "The Nurse Practice Act" (Vol. 16, No. 2); "Patient Abandonment: II" (Vol. 16, No. 1); "RNs: Are You Supervising and Don't Know It" (Vol. 16, No. 1); "Changes in Authority to Prescribe" (Vol. 15, No. 3); "Patient Abandonment: I" (Vol. 15, No. 3).</p> <p>Responded to letters and electronic mail messages and surveys requesting practice and discipline related information.</p> <p>Developed and distributed information regarding delegation, boundaries and the Healthcare Integrity and protection data bank .</p> <p>Added to web site information: 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>Developed and distributed brochure regarding the Board of Nursing, including information on how to file a complaint.</p>
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D. PUBLIC ACCOUNTABILITY

1. Inform the public and others of Board functions and activities.	<p>Three issues of <i>For Your Information</i> were published.</p> <p>Information brochure updated.</p> <p>Complaint process, newsletter, and board meeting agenda posted on web site.</p> <p>All applicable disciplinary actions since August 26, 1996 reported to the HIPDB. All Adverse Action Reports of the reported actions reviewed and corrected, as necessary.</p> <p>Reported applicable disciplinary actions to the federal Department of Health and Human Services as requested. (not mandatory)</p>
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2. Maintain the relevancy of Board activities to public needs.

Vulnerable Adult Act revised to change determination of disqualification of nurse substantiated as perpetrator of maltreatment from MDH/DHS to Board of Nursing and permit petition of nurses disqualified since October 1, 1995 to petition for reconsideration of disqualification.

Monitored and made recommendations regarding relationship of NPA to Complementary Therapies and alternative health care practices legislation.

Monitored enactment of interstate compact for mutual recognition nationally.

C. A description of emerging issues relating to regulation of the occupations licensed or registered by the Board.

1. The labor shortage is affecting the nursing labor force, and the Board anticipates declining applications and license renewals. Revenue for board operations will decline.
2. 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.
3. Reporting disciplinary action, as required by federal law, to the National Practitioner Data Bank and the Health Integrity Practitioner Data Bank, and to Nursys, significantly increases effort and expenses for Information Resources technology and activity.
4. Legislative year 2000 amendments to the Vulnerable Adult Act (Minnesota Statutes sections 626.5572, subd. 17 and 245A.04, subd. 3a) have shifted the determination of disqualification of nurses from employment in licensed facilities for substantiated maltreatment from the departments of Health and Human Services to the Board of Nursing and petitions for reconsideration of previous disqualification resulting in a significant increase to the Board's disciplinary caseload without any provision to recover costs.
5. 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.
6. Minnesota statutes sections 214.17-214.25, HIV/HBV Prevention Program, was amended in the 2000 legislative session to expand reporting and monitoring requirements to include licensees infected with Hepatitis C virus thus increasing the Board's disciplinary caseload without any provision to recover costs.
7. 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. Fulfill its responsibilities for public safety with respect for due process and adherence to laws and rules.
 - c. Deliver customer-centered services in a respectful, responsive, timely, communicative, and non-discriminatory manner.
 - d. Provide government services that are accessible, purposeful, responsible, and secure.
 - e. Carry out its business functions with efficiency, accountability, innovation, and a willingness to collaborate.

II. The Board's Members, Staff and Budget

A. Composition

The board consists of sixteen members, including four public members, four LPNs and eight RNs (one educator in a professional nursing program, one educator in an associate degree nursing program, one educator in a practical nursing program, one practicing professional nursing in a nursing home, one nationally certified as a nurse anesthetist, nurse midwife, nurse practitioner or clinical nurse specialist, and three others).

B. The number of full-time equivalents employees in FY2000.

FY2000	34.7 FTE
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C. The receipts and disbursements of board funds and the major fee assessed by the board.

Receipts and Disbursements

Activity	FY1999	FY2000
Receipts	\$2,808,000.	\$2,802,000.
Disbursements	3,218,000.	2,820,000.
Surplus(shortfall)	(410,000.)	18

Major Fees Assessed

Service	RN	LPN
Licensure by examination	\$80	\$80
Re-examination	40	40
Permit fee (exam applicants only)	50	50
Licensure by endorsement	80	80
Registration renewal	55	55
Late renewal	30	30
Public Health Nurse certification	25	-
Prescribing authority for APRN		
Initial	50	-
Renewal	20	-
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 (\$55) for any part of the first calendar month, plus the current registration renewal fee (\$55) 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 (2000).

Total	81,981
RN	59,639
LPN	22,342
PHN	9,024

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

Category	FY 1999	FY 2000	Total
RN	3,187	3,292	6,479
LPN	1,177	1,057	2,234
Yearly Total	4,364	4,349	8,713

1. After taking an examination administered by the Board

Category	FY 1999	FY 2000	Total
RN	2,009	1,995	4,004
LPN	1,009	862	1,871
Yearly Total	3,018	2,857	5,875

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

Category	FY 1999	FY 2000	Total
RN	2,005	1,985	3,990
LPN	1,009	861	1,870
Yearly Total	3,014	2,846	5,860

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

Category	FY 1999	FY 2000	Total
RN	4	10	14
LPN	0	1	1
Yearly Total	4	11	15

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

Category	FY 1999	FY 2000	Total
RN	1,178	1,297	2,475
LPN	168	195	363
Yearly Total	1,346	1,492	2,838

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

Category	FY 1999	FY 2000	Total
RN	1,153	1,260	2,413
LPN	168	192	360
Yearly Total	1,321	1,452	2,773

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

Category	FY 1999	FY 2000	Total
RN	25	37	62
LPN	0	0	0
Yearly Total	25	37	62

IV. Complaint Processing

A. Complaints Received for each year of the biennium

1. The number of complaints received

FY1999	FY2000
632	748

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

	FY1999	FY2000
RN	408	437
LPN	224	294
APRN	-*	17

*Statutory grounds for disciplinary action against APRN privilege effective July 1, 1999

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

	FY1999	FY2000
RN	7.02	7.61
LPN	9.99	13.6
APRN	-*	-**

*Statutory grounds for disciplinary action against APRN privilege effective July 1, 1999.

**Board initiated data collection for APRN registry January 1, 2000 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)	FY1999
1) Failure to demonstrate qualifications or meet requirements for licensure	3
2) Employing fraud or deceit in procuring a license, permit or registration	7
3) Conviction of a felony or gross misdemeanor related to practice of nursing	14
4) Disciplinary action in another jurisdiction	22
5) Failure or inability to practice nursing with reasonable skill and safety	196
6) Engaging in unprofessional conduct	49
7) Unsafe delegation or acceptance of delegation	1
8) Inability to practice nursing safely by reason of illness, including chemical dependency	132
9) Adjudication as mentally incompetent, mentally ill or chemically dependent	9
10) Engaging in unethical conduct	42
11) Engaging in sexual conduct with a patient or sexual exploitation of a patient	5
12) Obtaining money, property or services from a patient through use of undue influence	2
13) Revealing a privileged communication from or relating to a patient	0
14) Engaging in fraudulent billing	1
15) Improper management of patient records	3
16) Knowingly aiding or allowing unlicensed person to practice nursing	9
17) Violating rule, order, or state or federal law relating to practice of nursing (eg. VAA, narcotics)	128
18) Knowingly providing false information related to care of a patient	0
19) Aiding suicide or aiding attempted suicide in violation of section 609.215	0
20) Practicing outside scope of practice	17
21) Knowingly providing false information to the board	0
22) Engaging in false, fraudulent, deceptive or misleading advertising	0

Statutory grounds for disciplinary action (MN Stat. Sect. 148.261)	FY2000
1) Failure to demonstrate qualifications or satisfy requirements for licensure	0
2) Employing fraud or deceit in procuring a license, permit or registration	6
3) Conviction of a felony or gross misdemeanor related to practice of nursing	9
4) Disciplinary action in another jurisdiction	27
5) Failure or inability to practice nursing with reasonable skill and safety	328
6) Engaging in unprofessional conduct	41
7) Failure of an advanced practice registered nurse to practice with reasonable skill and safety	8
8) Unsafe delegation or acceptance of delegation	1
9) Inability to practice nursing safely by reason of illness, including chemical dependency	166
10) Adjudication as mentally incompetent, mentally ill or chemically dependent	2
11) Engaging in unethical conduct	51
12) Engaging in sexual conduct with a patient or sexual exploitation of a patient	4
13) Obtaining money, property or services from a patient through use of undue influence	0
14) Revealing a privileged communication from or relating to a patient	0
15) Engaging in fraudulent billing	1
16) Improper management of patient records	7
17) Knowingly aiding or allowing unlicensed person to practice nursing	8
18) Violating rule, order, or state or federal law relating to practice of nursing (eg. VAA, narcotics)	83
19) Knowingly providing false information related to care of a patient	0
20) Aiding suicide or aiding attempted suicide in violation of section 609.215	0
21) Practicing outside scope of practice	5
22) Practicing outside the specific field of advanced practice registered nursing	0
23) Knowingly providing false information to the board	1
24) Engaging in false, fraudulent, deceptive or misleading advertising	0
25) Failure to inform board of certification status as CRNA, CNM, CNP or CNS	0
26) Engaging in advanced practice registered nursing without current certification	0
27) Engaging in conduct that is prohibited under section 145.412	0

B. Open Complaints for each year of the biennium

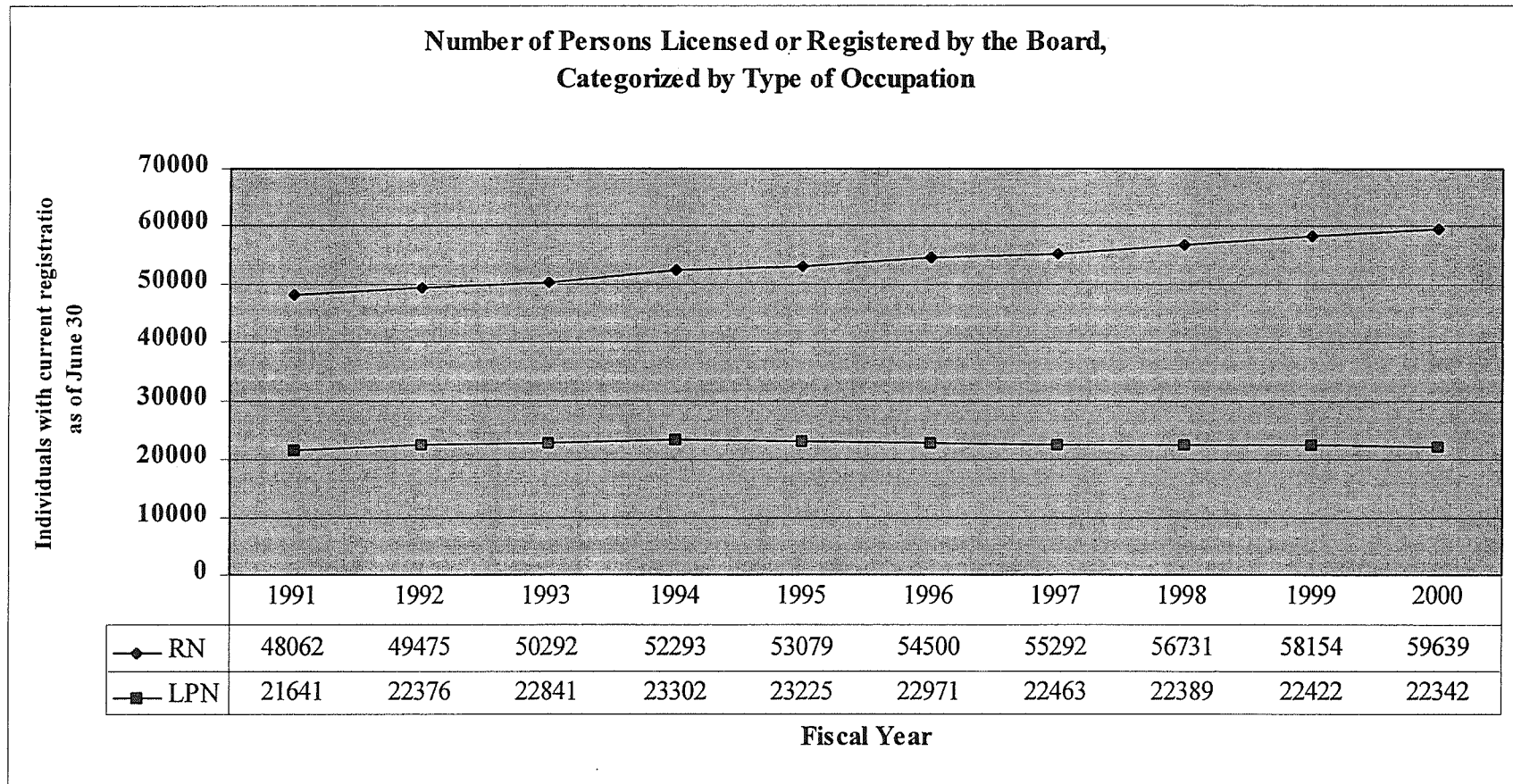
Description	FY1999	FY2000
1. Complaints open as of June 30	Not available	464
2. Open for less than 3 months	Not available	169
3. Open for more than 3 months but less than 6 months	Not available	126
4. Open for more than 6 months but less than 1 year	Not available	117
5. Open for more than 1 year (with explanation)		
a. Unable to reach settlement	Not available	13
b. Extensive investigation required		10
c. Delay in scheduling conference/multiple reschedule		10
d. Delay in completing related case		10
e. Additional complaint(s) received		6
f. Unable to reach subject of complaint		3
g.		
Total		52

C. Closed Complaints for each year of the biennium

Description	FY 1999	FY2000
1. Number of complaints closed (by disposition)		
a. Revocation	7	4
b. Voluntary surrender	21	29
c. Suspension, with or without stay	77	62
d. Restricted, limited, or conditional license	40	37
e. Civil penalties	81	55
f. Reprimand	0	2
g. Agreement for Corrective Action	34	50
h. Denial of licensure or registration	4	2
i. Referral to HPSP	42	45
j. Dismissal or closure	370	327
Total	643	587
2. Number of complaints open for more than 1 year		
a. Unable to reach settlement	58	42
b. Extensive investigation required	44	32
c. Delay in scheduling conference/multiple reschedule		
d. Delay in completing related case	43	31
e. Additional complaint(s) received	43	30
f. Unable to reach subject of complaint	30	21
	14	10
Total	232	166

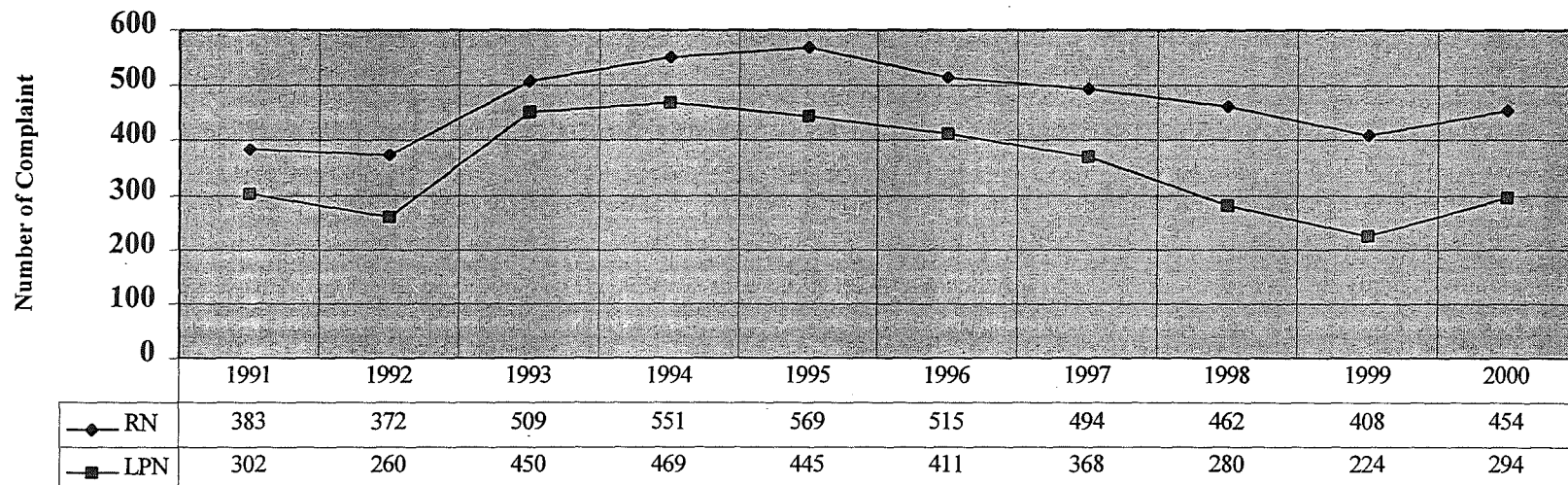
V. Trend Data

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

**Number of Complaints Received for the Previous Five Bienniums,
Categorized by Type of Occupation**



Fiscal 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

