

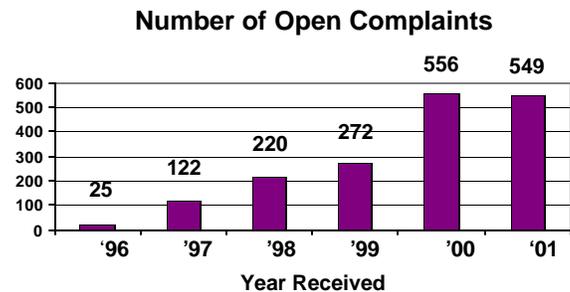
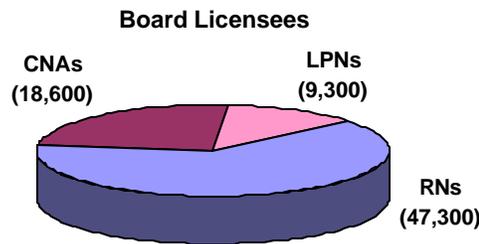
Arizona Board of Nursing (Report Highlights)

September 2001

The Board licenses registered nurses (RNs) and licensed practical nurses (LPNs), and certifies nursing assistants (CNAs). The Board also regulates nurses and CNAs by conducting investigations and hearings and imposing discipline for unprofessional conduct.

Our Conclusions:

While the Board operates in the public interest in many ways, some improvements are needed. The Board issues licenses and certificates in a timely manner and takes appropriate action when violations of the Nurse Practice Act are substantiated. However, the Board cannot adequately protect the public when it takes a year or more to investigate most of its complaints. Public protection is further weakened when the Board restricts access to public information about licensees.



Board Needs to Improve Timeliness of Investigations

Slow complaint investigations decrease the Board's ability to protect the public. A sample of 83 cases heard by the Board in fiscal year 2000 showed:

- Most investigations took longer than 360 days;
- 23 complaints took over 1,000 days; and
- One investigation took 1,938 days.

As of August 2001, the Board had approximately 1,750 open complaints, 36 percent of which were opened prior to 2000.

Problem nurses continue to practice—
The following examples illustrate that until complaints are resolved, licensees can continue to practice as usual.

Case Example 1:

A 1995 complaint alleged a psychiatric nurse sent a 17-year-old patient with a recent history of suicide attempts, back to his cell without calling a psychiatrist or instituting proper precautions. The inmate committed suicide within an hour. The Board did not hear the case until 1999, when it imposed three years' probation and other requirements. During that time, the nurse continued to work for other employers.

Case Example 2:

A 1996 complaint alleged a nurse administered medication without a doctor's orders and improperly disposed of narcotics. In 1997, a second complaint alleged involvement with missing medications. The Board did not hear the complaints until October 1999 when it placed the nurse on 18-months' supervised probation.

However, Board staff do not currently monitor the progress of its investigations to ensure they move through each phase of the investigations process in a timely manner. As a result, complaint investigations may stall for months or even years without action. For example, the following investigation stalled at least three separate times before it was finally resolved.

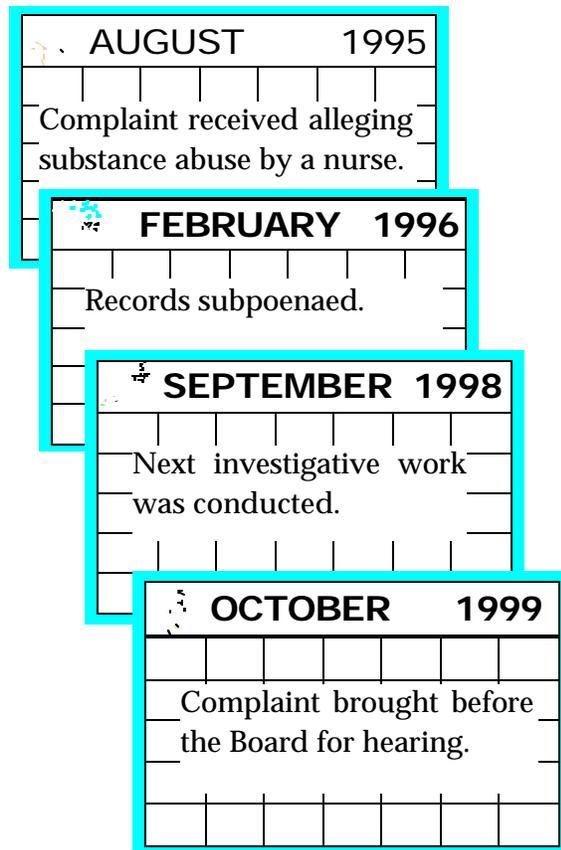
Case Example 3:

Reasons for slow investigations—Three factors are primarily responsible for slow investigations:

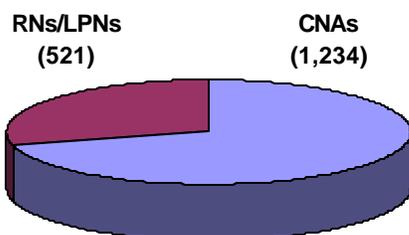
- Increased workload from the regulation of CNAs;
- Failure to monitor investigation progress; and
- High turnover among investigators.

In 1995, the Board assumed responsibility for investigating complaints against CNAs. Since then:

- The number of investigations has tripled; and
- Staff time has been diverted to conducting applicant background checks.



Open Complaints



Finally, the Board had significant turnover:

- Seven of its 19 investigators turned over in fiscal year 1999; and
- Four additional investigator positions turned over in fiscal year 2000.

More investigative resources—The Legislature has provided the Board with \$772,700 over fiscal years 2001 and 2002 to hire nine more investigators to address the backlog of open complaints. However, seven of the positions are two-year, temporary positions. The Board’s goal is for each of these new investigators to complete ten investigations each month.

With more investigations being completed, the Board may need to modify its procedures to be able to hear all of the complaints in a timely manner. The Board could:

- Split into two panels to hear complaints; or
- Meet more frequently.

The Board should:

- ✓ Monitor how many cases investigators complete each month.
- ✓ Establish time frames for each investigation phase and monitor progress against the time frames.
- ✓ Consider adjusting Board meeting procedures to handle the increased hearing workload.

Board Practices Impede the Public’s Access to Information

Five auditors made test calls requesting information from the Board. Three had difficulty getting all the public information that should be available.



Case Example 4:

One auditor was told that complaint and disciplinary information was not available over the phone. At the Board’s office, the auditor was told the information could not be released, but was then told later that while she could not see the file, she could get a copy of it for \$.50 per page.

The Board may also discourage callers by asking them to provide their names, phone number, and the reason they want the information. The Board says it does this to provide a form of protection for nurses and CNAs whose home addresses are public information when they have no business address of record.

Finally, the Board’s automated phone system is difficult to navigate and it is difficult to speak with a Board employee.

The Board should:

- ✓ Provide over the phone, and in person, the number and nature of closed, dismissed, and pending complaints and disciplinary actions.
- ✓ Stop requiring callers to provide their names and other personal information.
- ✓ Inform nurses and CNAs that in the absence of a business address, their home addresses are public information.
- ✓ Make its phone system more consumer friendly.

To Obtain More Information

- A copy of the full report can be obtained by calling (602) 553-0333 or by visiting our Web site at:

www.auditorgen.state.az.us

- The contact person for this report is **Dale Chapman**.