



A REPORT
TO THE
ARIZONA LEGISLATURE

Performance Audit Division

Performance Audit and Sunset Review

Arizona State Board of Nursing

May • 2011
REPORT NO. 11-02



Debra K. Davenport
Auditor General

The **Auditor General** is appointed by the Joint Legislative Audit Committee, a bipartisan committee composed of five senators and five representatives. Her mission is to provide independent and impartial information and specific recommendations to improve the operations of state and local government entities. To this end, she provides financial audits and accounting services to the State and political subdivisions, investigates possible misuse of public monies, and conducts performance audits of school districts, state agencies, and the programs they administer.

The Joint Legislative Audit Committee

Senator **Rick Murphy**, Chair

Representative **Carl Seel**, Vice Chair

Senator **Andy Biggs**

Representative **Eric Meyer**

Senator **Olivia Cajero Bedford**

Representative **Justin Olson**

Senator **Rich Crandall**

Representative **Bob Robson**

Senator **Kyrsten Sinema**

Representative **Anna Tovar**

Senator **Russell Pearce** (*ex officio*)

Representative **Andy Tobin** (*ex officio*)

Audit Staff

Dale Chapman, Director

Shan Hays, Manager and Contact Person

Brian Miele

Cheya Wilson

Copies of the Auditor General's reports are free.
You may request them by contacting us at:

Office of the Auditor General

2910 N. 44th Street, Suite 410 • Phoenix, AZ 85018 • (602) 553-0333

Additionally, many of our reports can be found in electronic format at:

www.azauditor.gov



DEBRA K. DAVENPORT, CPA
AUDITOR GENERAL

STATE OF ARIZONA
OFFICE OF THE
AUDITOR GENERAL

MELANIE M. CHESNEY
DEPUTY AUDITOR GENERAL

May 16, 2011

Members of the Arizona Legislature

The Honorable Janice K. Brewer, Governor

Ms. Kathy A. Scott, President
Arizona State Board of Nursing

Ms. Joey Ridenour, Executive Director
Arizona State Board of Nursing

Transmitted herewith is a report of the Auditor General, a Performance Audit and Sunset Review of the Arizona State Board of Nursing (Board). This report is in response to a November 3, 2009, resolution of the Joint Legislative Audit Committee. The performance audit was conducted as part of the sunset review process prescribed in Arizona Revised Statutes §41-2951 et seq. I am also transmitting within this report a copy of the Report Highlights for this audit to provide a quick summary for your convenience.

As outlined in its response, the Board agrees with all of the findings and plans to implement all of the recommendations that are directed to it.

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

This report will be released to the public on May 17, 2011.

Sincerely,

Debbie Davenport
Auditor General

Attachment

cc: Arizona State Board of Nursing Member

REPORT HIGHLIGHTS
PERFORMANCE AUDIT

Our Conclusion

The Arizona State Board of Nursing (Board) emphasizes protecting the public by focusing on the most serious complaint cases and conducting thorough investigations. However, despite its efforts, the Board processes some complaints in an untimely manner. To improve timeliness, the Legislature should consider revising statute to enable the Board to obtain substance abuse and other evaluations earlier, and the Board should take additional steps to address other factors that contribute to delays.



2011

Board regulation

The Board regulates the nursing practice by:

- Licensing nurses and certifying certified nursing assistants (CNAs).
- Approving education programs for nurses and nursing assistants.

- Investigating complaints of nursing law violations and disciplining violators.
- Operating a confidential, nondisciplinary monitoring program for chemically dependent nurses.

Board should take additional steps for more timely complaint processing

Board has taken steps to improve timeliness—The Board has taken steps to improve complaint-processing timeliness by:

- Establishing a complaint screening process.
- Permitting the Executive Director to resolve low-risk and noncomplex cases.
- Focusing on high-priority complaints first.
- Monitoring the status of complaint investigations.

received between fiscal years 2005 and 2010 took longer than 180 days to dismiss, have a consent agreement signed, or transfer to the Board's hearing department to request a hearing at the Office of Administrative Hearings (see Figure). Some of the complaints far exceeded 180 days to resolve or refer to hearing.

Board uses summary suspensions—The Board also takes prompt action in high-priority cases by issuing summary suspensions. For example, a CNA allegedly stole narcotics from patients and replaced the pills with over-the-counter pain relievers. While investigating this complaint, the Board received another similar complaint against the CNA. The Board suspended the CNA's certificate 8 days after receiving the second complaint, just 107 days after receiving the first complaint.

Many complaints are not completed in a timely manner—The Office of the Auditor General has found that Arizona health regulatory boards should resolve complaints within 180 days. Fifty-six percent of the complaints the Board



Complaint processing delays allow unsafe nurses to continue practicing—Delays in resolving complaints may permit unsafe nurses to continue to practice without needed oversight or limits on what they are allowed to do. In one substance abuse-related case, where a nurse allegedly used a patient's medication and removed a patient's emergency kit containing narcotics, it took the Board more than a year to resolve the case. The delay was attributed to difficulty contacting and getting responses back from the nurse, extending the investigation 2 months for a substance abuse evaluation, and waiting 5 months for the nurse to sign a consent agreement.

Addressing three factors could improve investigation timeliness:

(1) Substance abuse, psychological, and other board-ordered evaluations can prolong complaint investigations for 2 months or longer. If the Legislature gave the Board authority to allow its Executive Director to order such evaluations, as is the case with the Arizona Medical Board's executive director, evaluations could be conducted earlier so the results could be considered when the Board first reviews the complaint investigation.

(2) Many matters coming before the Board are resolved by consent agreement with the nurse/CNA. The agreement is often negotiated after the board meeting, and in 20 cases auditors reviewed, the agreements were not signed until 77 days after the meeting, on average. Some agreements are negotiated before the board meeting and then

presented to the Board for its review and approval. To resolve complaints more quickly, this practice should be expanded so that more agreements are negotiated before a meeting, contingent on the Board's approval.

(3) Improving its database would help the Board monitor complaints to ensure timely completion. During the audit, board staff corrected a problem that caused the database to show inaccurate priority level information for some complaints. Some other database fields were also unreliable, either because they were not filled in or were used inconsistently or because the database could not capture changes in the fields' contents over time. In addition to improving its database, the Board could use the database to regularly review complaints that have had no activity for a period of time.

Recommendations:

The Legislature should consider giving the Board authority to allow its Executive Director to order a nurse/CNA to obtain an evaluation.

The Board should:

- Expand its practice of negotiating consent agreements and have the nurse/CNA sign it before presenting the agreement to the Board for its review and approval.
- Improve the accuracy and consistency of information in its database and use the database to enhance its monitoring and tracking of complaint-processing timeliness.

TABLE OF CONTENTS



Introduction & Background	1
Finding 1: Board should take additional steps for more timely complaint processing	9
Complaint handling is often untimely despite Board's efforts	10
Lengthy complaint processing can affect patient safety	14
Legislature and Board should address three factors contributing to delays	15
Recommendations	19
Sunset Factors	21
Appendix A: Methodology	a-i
Agency Response	
Tables	
1 Schedule of Revenues, Expenditures, and Changes in Fund Balance Fiscal Years 2009 through 2011 (Unaudited)	8
Figures	
1 Board Complaint Process and Policies for Timely and Risk-Based Investigations	11
2 Length of Time to Investigate Complaints Fiscal Years 2005 through 2010	13
	◆ concluded

INTRODUCTION & BACKGROUND

The Office of the Auditor General has conducted a performance audit and sunset review of the Arizona State Board of Nursing (Board) pursuant to a November 3, 2009, resolution of the Joint Legislative Audit Committee. This audit was conducted as part of the sunset review process prescribed in Arizona Revised Statutes (A.R.S.) §41-2951 et seq.

Board responsibilities

The Board is responsible for defining nursing practice standards and ensuring that people engaged in the nursing practice are competent and adhere to these standards. The Board's mission is to protect the public health, safety, and welfare through the safe and competent practice of nurses and nursing assistants. The Board accomplishes this mission by fulfilling three areas of responsibility:

- Licensing nurses, including registered nurses (RNs) and licensed practical nurses (LPNs), and certifying certified nursing assistants (CNAs) (see textbox for definitions);
- Approving education programs for nurses and CNAs; and
- Investigating and resolving complaints, including disciplining violators.

Licensure requirements

The Board's statutes establish education and examination requirements for licensure as an RN or LPN or certification as a CNA. Applicants must:

- **Graduate from an approved education program—** Statutes specify that RN, LPN, and CNA applicants must graduate from a

Scope of practice

- **Registered nurse (RN)—** Assesses patient needs, plans and implements nursing care, and provides nursing supervision.
- **Advanced practice registered nurse—**RNs can have an expanded scope of practice within a specialty area. Advanced practice registered nurses include Nurse Practitioners, Certified Nurse Midwives, and Clinical Nurse Specialists.
- **Licensed practical nurse (LPN)—**Provides nursing care under an RN's or physician's supervision.
- **Certified nursing assistant (CNA)—**Provides or assists in nursing-related services, such as bathing, dressing, and feeding patients, under the supervision of a licensed nurse. CNAs may also become certified as a medication assistant, allowing them to administer medications under certain conditions.

Source: Auditor General staff summary of A.R.S. §§32-1601 and 32-1650, and Arizona Administrative Code R4-19-101, 401, 402, and 501.

board-approved program (see the following section for a discussion of program approval).

- **Pass an examination**—Board rules specify that RN and LPN applicants must pass a national licensure examination and CNA applicants must pass a board-approved examination.

Selected board licensure fees

RN/LPN licensure by examination	\$300
RN/LPN licensure by endorsement	\$150
RN/LPN fingerprint fee	\$ 50
RN/LPN 4-year renewal	\$160
Nurse practitioner certification	\$150

Source: Auditor General staff review of the Board's Web site as of November 2010.

In addition, applicants must undergo a criminal background check and pay various fees to the Board to become a licensed RN or LPN or to receive additional certification to become advanced practice nurses, such as registered nurse practitioners (see textbox). For example, RN and LPN applicants, after passing the national licensure examination, must pay a \$300 RN/LPN licensure fee plus a \$50 fingerprint fee to the Board if they have not been fingerprinted by the Board in the last 2 years. However, federal law does not permit states to charge a fee to CNA applicants in order to become certified.

Active Licenses, Certificates, and Advanced Practice Certifications¹
As of December 2, 2010

RN licenses	69,388
LPN licenses	11,168
CNA certificates	25,322
Nurse practitioner certifications	3,492
Other designations	<u>941</u>
Total	<u>110,311</u>

¹ Individuals may be licensed or certified in multiple categories.

Source: Daily Arizona nursing statistics posted on the Board's Web site as of December 2, 2010.

If an RN, LPN, or CNA is licensed or certified outside of Arizona and wishes to practice in Arizona, then he/she must go through an application process to be licensed or certified by endorsement. To obtain an Arizona license or certificate by endorsement, the applicant must undergo a criminal background check, have a passing score on the appropriate examination, and meet educational and other requirements to show his/her competency. For example, to obtain an RN license by endorsement, the applicant must hold a degree in an approved nursing program and in the past 5 years have either practiced as a nurse for at least 960 hours or completed a board-approved refresher course. However, Arizona has entered into a compact with 23 other states that allows RNs or LPNs who are licensed by and have primary residence in another compact state to practice in Arizona without having an Arizona license.¹

As of December 2010, the Board had more than 110,000 active licenses, certificates, and advanced practice certifications (see textbox). According to board staff, in fiscal year 2010, the Board issued 9,955 initial licenses and certificates and 25,370 renewals, which are due every 4 years for RN/LPN licenses and every 2 years for CNA certificates.

¹ As of December 2010, 24 states had enacted the Nurse Licensure Compact, including Arizona, Colorado, Idaho, Nebraska, North Dakota, South Dakota, New Mexico, Texas, and Utah, and 15 midwestern, southern, and eastern states.

Education program approval

Statute requires the Board to establish approval and reapproval processes for nursing and CNA training programs that prepare candidates for licensure or certification. To obtain the Board's full approval, nursing programs must go through a multi-step approval process. First, the parent institution must submit a proposal for board approval that documents the need for and goals of the proposed nursing program and the adequacy of academic facilities, staff, and resources to implement it. If the proposal is approved, the parent institution must then obtain provisional approval from the Board by (1) submitting a self-study showing how the program will meet board requirements regarding program administration, faculty qualifications, curriculum, admissions, and other aspects of the program and (2) passing an on-site evaluation by board staff. Finally, within 2 years after graduating its first class, the program must apply for full approval by (1) submitting another self-study and (2) passing another on-site evaluation. Programs must be reapproved every 5 to 10 years, depending on whether the program has received an accreditation by an approved national nursing accrediting agency. To obtain reapproval, programs' graduating classes must have at least a 75 percent pass rate on the nurse licensure examination (see "Licensure Requirements" above). Programs that do not meet requirements may be given a notice of deficiencies and a time frame for correction, and the Board can rescind approval or restrict admissions to programs that do not come into compliance. As of December 2010, the Board had approved 37 RN and LPN nursing programs in Arizona.

Similarly, the Board must approve nursing assistant training programs that teach students to become CNAs. These programs must also go through an approval process that includes submitting an application, passing an on-site evaluation by board staff, and receiving approval from the Board's Executive Director. Programs must be reapproved every 2 years, which requires an application and either an on-site evaluation or a conference call by board staff. As of December 2010, the Board had approved 90 CNA training programs, including 18 programs exclusively for high school students. In addition, A.R.S. §32-1650.01 requires the Board to approve training programs that teach CNAs to become certified medication assistants. The Board has begun to accept applications, and one program had completed the approval process as of December 2010.

The Board approves nursing and CNA training programs.

Complaint resolution

The Board investigates and resolves complaints involving violations of board statutes and rules, such as any conduct or practice that is or might be harmful or dangerous to the health of a patient or the public. The Board has an approved policy and guidelines used by board staff to determine whether to open a complaint upon

Complaint prioritization

- **High-priority**—Complaints regarding actions that pose substantial danger to public safety and represent a potential for imminent threat, such as allegations of more than one incident of drug or alcohol impairment while on duty, significant harm to a patient, and sexual conduct with a patient.
- **Medium-priority**—Complaints regarding actions that are potentially harmful but not a substantial danger or imminent threat such as allegations of medication errors, failure to assess or intervene, and practicing beyond appropriate scope of practice.
- **Low-priority**—Complaints regarding actions that pose a low risk to public safety such as allegations of practicing on an expired license or making documentation errors.

Source: Auditor General staff analysis of board policy.

receiving an allegation that a nurse or CNA violated a provision of the board statutes or rules, when a criminal background check or review of discipline history in another state indicates that such a violation occurred, or when an applicant for licensure or renewal self-reports such an act. After board staff determine that the allegations meet criteria to open a complaint, the complaint is sent through the Board's triage process. Triage includes assessing the risk of the complaint allegation and determining priority based on concern for public safety (see textbox); subpoenaing initial information such as employment records, the involved patient's medical records, and other documents; sending notification to the subject of the complaint; and assigning an investigator. In fiscal year 2010, the Board opened more than 1,600 complaints.

Following triage, board staff investigate the complaint allegations and prepare an investigative report that is used by the Board to determine whether to dismiss the complaint or issue a nondisciplinary letter of concern, or whether there is sufficient evidence of a violation that warrants disciplinary action. Board investigators obtain information regarding the complaint allegations by subpoenaing or requesting additional documents and by interviewing involved parties such as the complainant(s), witnesses, and the licensee/certificate holder.

The Board's Executive Director can resolve some complaints. Specifically, A.R.S. §32-1605.01 authorizes the Executive Director or designee to close complaints that meet criteria for dismissing the complaint or issuing a nondisciplinary letter of concern. For example, if the complainant does not wish to address the Board and there is no evidence substantiating the complaint allegations or demonstrating that a statute or rule violation occurred, the Executive Director or designee may dismiss the complaint. Complaints resolved by the Executive Director are collectively presented for the Board's information on a board meeting consent agenda.

For the remaining complaints, the Board holds a complaint review to determine whether there is probable cause to believe a violation occurred and to refer the complaint for a formal hearing. At this review, which is held at a board meeting, the Board may decide to dismiss the complaint or issue a nondisciplinary letter of concern. If the Board finds there is sufficient evidence that a violation may have occurred, it generally offers the licensee or certificate holder a consent agreement to resolve the case in lieu of a formal hearing. This agreement describes the facts of the case and the resulting violations, and incorporates proposed disciplinary action (see textbox, page 5, for available nondisciplinary and disciplinary options). If a licensee/certificate holder does not sign a consent agreement, the Board may issue a notice of charges. Then, if the licensee/certificate holder fails to request a hearing as required by A.R.S. §32-1663, the Board may deem the allegations as admitted and take disciplinary action without conducting a hearing. If the case goes to a hearing,

Board's nondisciplinary and disciplinary options

Nondisciplinary options

- Dismiss the complaint
- Issue a letter of concern
- Impose administrative monetary penalties of up to \$1,000 per violation
- Refer nurses to the Chemically Addicted Nurses Diversion Option (CANDO) program

Disciplinary options

- Impose civil monetary penalties of up to \$1,000 per violation
- Order restitution to an aggrieved party
- Issue a decree of censure or public reprimand
- Accept the voluntary surrender of a license or certificate
- Suspend, revoke, or deny licensure or certification

Additional disciplinary option for RNs and LPNs

- Impose a probation term, which can include requirements for mental, physical, or psychological examinations; bodily fluids testing; or educational requirements

Source: Auditor General staff analysis of A.R.S. §§32-1601, 32-1606, 32-1646, 32-1663, 32-1663.01, and 32-1664; and board documents.

an administrative law judge from the Office of Administrative Hearings (OAH) will hear the case, determine whether there is sufficient evidence that a violation occurred, and provide the Board with a disciplinary recommendation. The Board can then accept or modify the administrative law judge's recommendation. In fiscal year 2010, only 11 cases had OAH hearings and were returned to the Board to consider an administrative law judge's recommended decision.

Monitoring program for nurses with chemical dependencies

The Board operates a confidential, nondisciplinary monitoring program for nurses with chemical dependencies, known as the Chemically Addicted Nurses Diversion Option (CANDO). If the Board receives a complaint against a nurse indicating potential substance abuse concerns, the nurse can voluntarily enter the CANDO program if he/she is eligible. Eligibility is limited to RNs and LPNs who meet certain criteria. For example, nurses with a previous history of certain disciplinary actions such as probation or suspension or who have nursing practice problems involving significant harm to a patient are not eligible. To participate in the CANDO program, the nurse must enter into an agreement with the Board that contains stipulations,

Nurses can voluntarily participate in the Board's CANDO program.

such as being monitored by board staff for 3 years, completely abstaining from alcohol and all other mind- or mood-altering medications and controlled and/or addictive substances, and enrolling in a rehabilitation program that meets criteria established by the Board. A board official indicated that most nurses must stop practicing nursing when they begin CANDO until they have demonstrated they are safe to practice by completing an inpatient rehabilitation program or about 3 to 6 weeks of an outpatient program.

Although nurses may opt to participate in CANDO as a result of a complaint against them, they can also voluntarily refer themselves to the program. Regardless of the reason for entering the program, nurses must pay for their participation, including rehabilitation and aftercare programs, evaluations, and drug testing. If nurses are removed from CANDO, they face discipline from the Board, which will also consider any complaint allegations that caused the nurses to be referred to CANDO. Board staff indicated that the primary reasons nurses are removed from the program are failure to abstain from substance use, noncompliance with other agreement stipulations such as drug testing, and practice-related violations. The Board reported that, as of December 2010, 166 nurses were participating in the CANDO program, and 61 percent of nurses who joined the program since January 2004 had successfully completed the program's terms, which usually last 3 years. A board official also indicated that the CANDO program's success includes the Board's ability to, in a more timely manner, get unsafe nurses who will admit to a substance abuse disorder to stop practicing and into an enforceable stipulated agreement without first having to spend the time and resources investigating the underlying complaint. The Board reported that it takes an average of 20 days from complaint receipt to entrance into the CANDO program.

In addition to the confidential, nondisciplinary CANDO program, the Board also operates a nonconfidential, monitoring program for nurses and CNAs being disciplined for drug and alcohol violations, practice violations, and other violations.

Organization and staffing

The Board is authorized 11 governor-appointed members who serve 5-year terms. Six of the members must be registered nurses, including at least 1 nurse practitioner or clinical nurse specialist, 1 member who must be a nursing assistant or nursing assistant educator, 2 members who must be licensed practical nurses, and 2 members who must represent the public.

For fiscal year 2011, the Board has 40.2 appropriated full-time equivalent (FTE) staff positions. In addition, the Board had 10.9 nonappropriated FTEs funded by monies from federal programs (see "Intergovernmental" line on Table 1, page 8). Board employees include an executive director, 3 associate directors (responsible for investigations, operations and licensing, and education programs, respectively),

investigators, legal secretaries, and licensing and other support staff. Of the Board's 14.3 FTE investigator positions, all but 2 were filled as of December 2010.

Budget

As shown in Table 1 (see page 8), the Board estimates that it will receive a total of nearly \$5.5 million in revenues in fiscal year 2011. The Board will receive most of these revenues from fees, such as licensure application and renewal fees. Similar to other Arizona regulatory boards, the Board remits 10 percent of all fees and 100 percent of all collected penalties to the State General Fund.

The Board has been able to maintain a positive fund balance despite various challenges. For example, the Board receives federal program monies every year to comply with the federal law that requires states to regulate CNAs. However, according to a board report, these monies are insufficient to cover its costs. For example, in fiscal year 2010, board costs to regulate CNAs exceeded the federal program monies it received by approximately \$336,000, and the Board estimates that these monies will be short by approximately \$587,000 in fiscal year 2011. Further, although the Board previously received state monies annually to comply with state law that requires all CNA applicants to be fingerprinted, beginning in fiscal year 2010, the Legislature no longer appropriates monies to the Board for this purpose. A board report indicated that this fingerprint processing cost \$139,000 in fiscal year 2010. In addition, in fiscal year 2009, more than \$1 million, or approximately half of the Board's beginning fund balance, was swept to the State General Fund. According to board officials, this led to the Board's decision to increase various fees to their statutory limits in January 2009, including fees for initial and renewal applications and duplicate and temporary licenses. For example, the fee to apply for initial RN/LPN licensure increased from \$220 to \$300, and the RN/LPN online renewal fee increased from \$140 to \$160. Board officials also reported that they moved the RN/LPN license renewal date forward from July 1 to April 1 starting in 2010 to prevent having a negative cash flow.

Scope and objectives

This performance audit and sunset review focused on whether the Board and its staff investigate and resolve complaints in a timely manner, an assessment of related internal controls, and the 12 sunset factors.

This audit was conducted in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence

Table 1: Schedule of Revenues, Expenditures, and Changes in Fund Balance¹
Fiscal Years 2009 through 2011
(Unaudited)

	2009	2010	2011
	(Actual)	(Actual)	(Estimate)
Revenues:			
Licenses and fees	\$ 4,300,538	\$ 4,608,652	\$ 4,722,700
Intergovernmental ²	414,600	534,279	481,600
Charges for goods and services	200,086	241,824	184,000
State General Fund appropriations	97,589		
Fines, forfeits, and penalties	83,853	99,903	92,400
Other	30,755	44,443	7,000
Gross revenues	<u>5,127,421</u>	<u>5,529,101</u>	<u>5,487,700</u>
Remittances to the State General Fund ³	<u>(512,902)</u>	<u>(527,625)</u>	<u>(537,300)</u>
Net revenues	<u>4,614,519</u>	<u>5,001,476</u>	<u>4,950,400</u>
Expenditures and transfers:			
Personal services and related benefits	3,335,509	3,408,665	3,213,600
Professional and outside services	468,607	493,076	627,300
Travel	16,472	7,122	9,000
Other operating	637,435	520,521	576,700
Equipment	223,445	40,471	105,400
Total expenditures	<u>4,681,468</u>	<u>4,469,855</u>	<u>4,532,000</u>
Transfers to the State General Fund ⁴	1,035,600	4,000	104,000
Transfers to other state agencies	18,001	12,640	24,000
Total expenditures and transfers	<u>5,735,069</u>	<u>4,486,495</u>	<u>4,660,000</u>
Net change in fund balance	(1,120,550)	514,981	290,400
Fund balance, beginning of year	1,962,920	842,370	1,357,351
Fund balance, end of year	<u>\$ 842,370</u>	<u>\$ 1,357,351</u>	<u>\$ 1,647,751</u>

¹ Table excludes approximately \$150,300 in both fiscal years 2010 and 2011 of private grant revenues and related expenditures that were restricted for educational research.

² Amounts consist of monies received for a federal program to regulate CNAs.

³ As required by A.R.S. §§32-1611 and 32-1663.01, the Board remits to the State General Fund 100 percent of all collected penalties and 10 percent of all other revenues except intergovernmental revenues, State General Fund appropriations, and private grants.

⁴ Consists of transfers to the State General Fund in accordance with Laws 2008, Ch. 53, §§2, and 23, and Ch. 285, §24, and Laws 2010, 7th S.S., Ch. 1, §148.

Source: Auditor General staff analysis of the Arizona Financial Information System (AFIS) *Accounting Event Transaction File* for fiscal years 2009 and 2010; the AFIS Management Information System *Status of General Ledger-Trial Balance* screen for fiscal years 2009 and 2010; and board estimates for fiscal year 2011.

obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

The Auditor General and staff express appreciation to the Board, its Executive Director, and its staff for their cooperation and assistance throughout the audit.

Finding 1

Board should take additional steps for more timely complaint processing

Although the Arizona State Board of Nursing (Board) has taken several steps to resolve complaints in a timely manner, more than one-half of its complaints took longer than 180 days to complete or refer to hearing. To manage its numerous complaints, the Board tracks complaints, focuses on high-priority complaints, and expedites the processing of low-risk complaints. Despite these efforts, the Board did not complete within 180 days more than one-half of the complaints it received between fiscal years 2005 and 2010 and completed as of October 5, 2010. Untimely investigations may jeopardize public health and safety by allowing unfit nurses to continue to practice. Three additional steps could help improve the Board's complaint-processing timeliness:

- First, because some cases are delayed while licensees obtain board-ordered evaluations, such as substance abuse evaluations, the Legislature should consider allowing the Board to delegate the ability to order these evaluations to its Executive Director so the results will be available when the Board performs its initial review of a complaint.
- Second, to reduce the delays related to obtaining signed consent agreements, the Board should develop and implement policies and procedures that would provide guidance to its staff for preparing and obtaining signed consent agreements prior to submitting a complaint investigation to the Board for its initial review.
- Finally, board staff should improve the board database to make it more useful for monitoring high-priority complaint investigations and enhance monitoring of medium- and low-priority complaint investigations to help ensure the investigations adequately progress.

Complaint handling is often untimely despite Board's efforts

Although the Board has processes in place to prioritize and accelerate complaint investigations, the Board exceeded the 180-day time frames for completing or referring investigations to hearing for more than one-half of the complaints it received between fiscal years 2005 and 2010. Steps the Board has taken to improve timeliness include procedures to more quickly resolve low-risk, noncomplex, or unsubstantiated complaints so it can focus resources on high-priority complaints. However, many complaints, including some high-priority cases, are not completed or referred to hearing within the 180-day time frame.

Board policies encourage timely and risk-based investigation—The Board has developed a complaint investigation process and implemented policies intended to help it address the numerous complaints it receives (see Figure 1, page 11). For example:

- Before the Board opens a complaint, a staff member determines if it is within the Board's jurisdiction and whether there is sufficient information to identify the licensee or certificate holder alleged to have violated board statutes or rules. In fiscal year 2010, over one-third of the complaints the Board received—838 out of 2,481—were screened out through this process, helping to reduce the Board's investigative workload.
- Beginning in October 2009, the Board received statutory authority to allow its Executive Director to more efficiently resolve low-risk, noncomplex, or unsubstantiated complaints by issuing a letter of concern or dismissing the complaint.
- Board staff determine complaint priority based on the potential violations' seriousness to help the Board focus its investigative resources on high-priority complaints first.
- To help ensure complaint investigations continue to make progress, a board official sends board investigators periodic reminders and requests for status updates regarding high-priority and aging investigations.

The Board also uses summary suspensions to take prompt action if a high-priority complaint indicates a licensee or certificate holder poses an immediate threat to public safety. In such cases, the Board may call a board meeting to consider issuing a summary suspension after an expedited investigation is completed. Auditors reviewed all 14 complaints that resulted in a summary suspension between November 2007 and March 2010 and found that, according to information provided by board staff, the Board investigated these complaints and suspended the licensee or certificate holder between 8 and 82 days from the time the Board

The Board prioritizes complaint investigations by the potential violations' seriousness.

Figure 1: Board Complaint Process and Policies for Timely and Risk-Based Investigations

Phase 1. Complaint Receipt and Prioritization (Triage)

- Assess complaint risk
- Determine prioritization level
- Assign case to investigator
- Notify licensee/certificate holder
- Initiate subpoena process

Board Policies

- Policy requires high-priority complaints be presented to the Board within 180 days, and guidelines suggest that all other complaints be brought to the Board for review investigated on average within 180 days.
- Effective July 2010, for allegations involving an applicant, investigations will be opened only *after* the applicant is qualified for licensure consideration.
- Triage step focuses Board on high-priority cases and prevents investigators from spending time on complaints outside of the Board's jurisdiction.

Phase 2. Investigation

- Interview licensee/certificate holder and any witnesses
- Obtain and review documents (e.g., employment history, patient records)
- Prepare investigative report for Board
- Hold peer review meeting

Board Policies

- Effective October 2009, the Executive Director may dismiss or issue nondisciplinary letters of concern to complaints that are unsubstantiated or low risk and noncomplex.
- Peer review step ensures investigative reports are ready for board meeting to help prevent the Board from sending a complaint back for further investigation.
- Periodic caseload reminders are sent to investigators to help track complaint progress.

Phase 3. Board Meeting Review

- Board reviews investigative reports
- Board votes/determines that there is or is not probable cause for discipline

Board Policies

- Effective July 2010, Board may—after giving an opportunity to request a hearing—administer discipline based on disciplinary action taken in another jurisdiction rather than conduct a new investigation.
- Effective June 2010, requests from a respondent or legal representative to postpone board meeting may be approved only under specific circumstances.

Source: Auditor General staff analysis of board policies, procedures, and statutes; and observations of board meetings and a peer review meeting.

recognized the complaint was serious enough to potentially merit a summary suspension (see textbox). For example:

- In November 2009, the Board received a complaint that a certified nursing assistant (CNA) had stolen narcotics and that she was sleeping while on duty.

Summary Suspension—An emergency action the Board takes to immediately suspend the license or certificate of an RN, LPN, or CNA who poses an immediate threat to the public. Investigators perform an expedited, resource-intensive investigation followed by a board meeting. Summarily suspended cases are automatically sent to the Office of Administrative Hearings for further consideration.

Source: Auditor General staff summary of Arizona Revised Statutes §41-1092.11(B) and Arizona Administrative Code R4-19-609 and board explanations of process.

In addition to the stolen liquid narcotics, two patients' prescription narcotic pills had been replaced with over-the-counter pain relievers. During its investigation, the Board received a second complaint with similar allegations. The Board issued a summary suspension order on March 5, 2010, only 8 days after receiving the second complaint and 107 days after receiving the initial complaint.

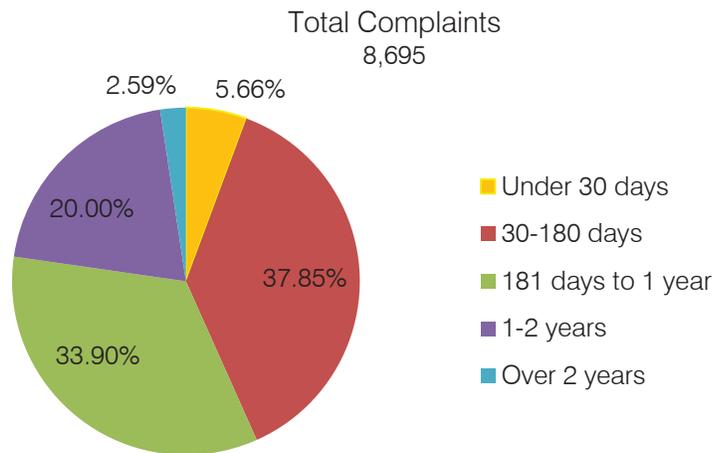
Still, many complaints are not completed in a timely manner—Despite the Board's efforts to process complaints in a timely manner, more than one-half of the Board's complaints took longer than 180 days

to close or refer to hearing. As shown in Figure 1 (see page 11), board policy requires that high-priority complaints be presented to the Board within 180 days, while board guidelines indicate that all other complaints be presented to the Board within an average of 180 days. However, the Board's time frame requirement does not include the total time it takes for the Board to resolve complaints. The Office of the Auditor General has found that Arizona health regulatory boards should resolve complaints within 180 days, which includes the time to both investigate and adjudicate complaints. Further, the Board's database does not consistently include the date when complaints are initially presented to the Board. As a result, auditors either used the date when a consent agreement was signed, a complaint was dismissed, or the complaint was transferred to the Board's hearing department to request a hearing at the Office of Administrative Hearings to assess the Board's timeliness in processing complaints. These dates more closely reflect the time frame that the Office of the Auditor General uses to assess the timeliness of complaint handling.

Based on auditors' analysis of the 8,695 complaints that the Board received between fiscal years 2005 and 2010 and completed as of October 5, 2010, more than half took longer than 180 days to complete or refer to hearing. Specifically, as shown in Figure 2 (see page 13), the Board completed or referred to hearing nearly 6 percent of the complaints within 30 days and another 38 percent within 30 to 180 days. However, the remaining 56 percent—4,912 out of 8,695—of the complaints the Board received took more than 180 days to complete or refer to hearing. Further, some board complaints far exceeded 180 days to resolve. Specifically, nearly 23 percent of these complaints took more than 1 year to complete or refer to hearing, including 200 complaints that took more than 2 years.

Nearly 23 percent of the Board's complaints took more than 1 year to complete.

Figure 2: Length of Time to Investigate Complaints
Fiscal Years 2005 through 2010¹



¹ Analysis of all complaints received in fiscal years 2005 through 2010 that had a closed investigation as of October 5, 2010. Instead of the Office of the Auditor General's usual measure, which is based on the time to investigate and adjudicate a complaint, this analysis uses the Board's investigative period, which ends when a consent agreement is signed, a complaint is dismissed, or the complaint is transferred to the Board's hearing department to request a hearing at the Office of Administrative Hearings. In contrast, the Board measures its 180-day goal as the average number of days complaint investigations take to reach a board review.

Source: Auditor General staff analysis of the Board's database for complaints received in fiscal years 2005 through 2010.

Additionally, some high-priority complaints were open longer than 180 days. These are the complaints the Board focuses on because of the potential violations' seriousness. Specifically, auditors and board staff reviewed 34 of 255 complaints from the fiscal years 2005 through 2010 time period that were coded in the Board's database as high-priority complaints that took at least 180 days to complete or refer to hearing. This review determined that the Board's database does not reliably identify complaint priority or the date when a complaint is elevated to high-priority. Specifically, based on this review, auditors excluded 8 complaints that had been miscoded in the database and were not actually high priority. Auditors also recalculated timeliness for complaints that originated as lower-priority complaints, but were elevated to high-priority complaints because of subsequent complaints or investigation results, resulting in identifying 7 complaints where the investigation was complete or referred to hearing within 180 days of elevation to high priority.¹ Even after these adjustments, auditors determined that 15 complaints were completed in 181 to 283 days of being classified as high priority and another 4 took 425 to 574 days to complete or refer to hearing. This does not include the time some of these complaints existed as lower-priority complaints.

Some of the Board's high-priority complaints took more than 180 days to complete.

¹ The Board's database lacks the ability to track changes in priority. Therefore, complaints that changed priority level after being opened could be identified only by examining individual complaint records.

Lengthy complaint processing can affect patient safety

When complaint resolution is delayed, patient safety may be affected. Specifically, licensees and certificate holders alleged to have violated board statutes and rules may continue practicing when they are unfit to do so, or may not quickly receive needed supervision. For example:

- **Delays allowed unsafe nurse to practice without limitations for more than 1 year**—A nurse with a substance abuse-related complaint continued practicing for more than 1 year before beginning a probation term that the Board offered and the nurse accepted. In October 2008, the Board received a complaint that a nurse employed by a hospice company had been impaired while on duty, had used a patient's medication, and had removed a patient's emergency kit that contained narcotics. In November 2009, upon completing its investigation, the Board voted to place the nurse on 24 months' probation with stipulations such as no access to drugs for the first 6 months of probation. Investigative delays prevented this case from going to the Board until November 2009, thereby allowing the potentially unsafe nurse to continue practicing without limitations. The delays in this investigation were related to difficulties in contacting the nurse, the nurse's failure to respond to board requests for information in a timely manner, a 2-month board-approved extension to allow the nurse to obtain a substance abuse evaluation, and a 5-month delay while board staff waited for the nurse to sign a consent agreement.
- **Nurse made similar errors while first complaint still unresolved**—In another case, a nurse with a complaint about medication errors was able to continue working more than 2 years without restrictions until a second complaint was filed with the Board and a psychological evaluation revealed that she suffered from a mental impairment that affected her memory. In December 2005, the Board received a medium-priority complaint alleging that a nurse had made medication errors related to chemotherapy treatments. Although the employer who filed the complaint continued the nurse's employment and put the nurse on probation, the nurse later resigned from her position. Nearly 1 year later, the Board completed its investigation and held an initial review of the case. However, before the case was resolved, the nurse obtained a job at a different facility, and in August 2007, when the first complaint had been open for 20 months, the Board received a second complaint from the new facility alleging similar medication errors. The nurse voluntarily surrendered her license in March 2008—more than 2 years and 3 months after the initial complaint was received and after a neuropsychological evaluation identified the mental impairment. In this case, the delays included 8 months before conducting an investigative interview, 3 months awaiting the nurse's decision not to sign a consent agreement related to the first complaint, and 5 months waiting for a hearing for the first complaint, after which—when the first complaint was still awaiting a hearing—the second complaint was received. The second complaint required

additional time to investigate and was presented to the Board approximately 5 months after it was received.

Additionally, auditors' review of cases where the Board issued summary suspension orders, previously discussed, indicates the importance of resolving complaints in a timely manner. As previously discussed, the Board has used summary suspension orders when there was an immediate threat to the public. Many cases that were summarily suspended began as lower-priority complaints but were elevated in priority as further information or complaints were received. Although the reviewed complaints initially lacked evidence to justify removing the license/certificate holder from practice, a timelier investigation and resolution of the complaint could have allowed the Board to set limitations to the practice and/or enhanced monitoring of the license/certificate holder in cases where the initial complaint findings supported practice limitations. Specifically, auditors' review of 14 complaints involving licenses/certificates that were summarily suspended in November 2007 through March 2010 found that the Board had received previous complaints against the six licensees with the longest complaint investigations. For five of these cases, the previous complaints alleged similar violations, but the investigations had not been completed when the Board received further complaints and elevated the cases to a higher priority. For all six cases, the initial complaint's investigation had been ongoing for 180 days or more when the second complaint or additional complaint information was received, which required additional time to investigate. However, as previously discussed, the Board takes prompt action once a case is identified as having potential for summary suspension. Specifically, once these six cases were designated as potential summary suspension cases, they were investigated and the licenses were summarily suspended within 11 to 52 days.

Legislature and Board should address three factors contributing to delays

The Legislature and the Board can take steps to address three factors that contribute to untimely complaint processing. First, the Legislature should consider statutory changes that would allow substance abuse, psychological, or other evaluations to be initiated earlier, thereby avoiding delays while waiting for evaluation results. Second, board staff should begin consent agreement negotiations earlier to allow the Board the opportunity to approve more signed agreements the first time a case is brought before it. Finally, the Board should improve its database to better enable monitoring of high-priority cases and enhance its monitoring of medium- and low-priority cases to help ensure these investigations adequately progress.

Legislature should consider revising statute to enable Board to obtain evaluations earlier—Complaint investigations can be prolonged when the Board must continue a case to allow time for the licensee or certificate

holder to obtain a substance abuse, psychological, or other evaluation. According to A.R.S. §32-1664, after the Board initially reviews a complaint investigation, it may require a licensee or certificate holder to undergo any combination of mental, physical, or psychological examinations, or skills evaluations necessary to determine the person's competence or ability to practice safely. For example, in its May 2010 board meeting, the Board continued 17 investigations to allow time to obtain evaluations. According to the Board, it uses these evaluations to inform and enhance decision making related to its review of the complaint and may allow the Board to conclude its monitoring of a licensee/certificate holder.

Such continuances often add considerable time to the process. Because board meetings are generally held every other month, these orders extend the investigative period for 2 months, or longer, if the evaluation is not completed in time for the next board meeting. The Board requests the evaluations to be performed within a limited amount of time or by the next board meeting, but these time frames are not always met. For example, of the 17 evaluations requested in the May 2010 board meeting—all of which were requested to be completed within 45 or 60 days—7 were not ready for review until the September 2010 board meeting, 4 months after the Board originally requested the evaluation. According to the Board, delays are often related to scheduling the evaluation and waiting for the evaluator to prepare and submit an evaluation report to the Board.

The Arizona Medical Board and the Oregon State Board of Nursing are authorized to request evaluations earlier in the complaint investigation process. Specifically, A.R.S. §32-1451 allows the Arizona Medical Board's Executive Director to require any combination of mental, physical, oral, or written medical competency examinations as part of the complaint investigation.¹ When the Arizona Medical Board receives a complaint regarding substance abuse or allegations that merit a psychological or other evaluation, it sends a letter directing the licensee to submit to an assessment within 10 days. If this assessment finds that an evaluation is needed, the licensee has 14 days to undergo an evaluation. The situation is somewhat similar to the Oregon State Board of Nursing—a board fairly comparable to Arizona's Nursing Board in structure and size. According to Oregon State Board of Nursing officials, it requires all nurses and CNAs who are reported to the board for impairment in the workplace or for taking drugs belonging to patients or the workplace to obtain a chemical dependence evaluation from a qualified drug and alcohol counselor. Because these boards can request evaluations earlier in the investigation, the results can be obtained before the board's initial review of the associated case.

To make required evaluations more timely, the Legislature should consider amending statute to authorize the Board to develop a substantive policy that would allow its Executive Director to require evaluations in appropriate cases, as

¹ Although the Arizona Medical Board's executive director has authority to require other professional and psychiatric evaluations besides substance abuse evaluations, these other evaluations are infrequent, and the Attorney General's Office reviews and approves orders for them, according to an Arizona Medical Board official.

Some other boards can request evaluations earlier in the complaint investigation process.

defined by the Board. Similar to the existing practice when the Board requests an evaluation, the Executive Director should set appropriate time frames for when the evaluation should be completed. To make these time frames enforceable, the Legislature should consider amending statute to expand the definition of unprofessional conduct to include failing to comply with an executive director order to obtain a mental, physical, or psychological examination, or skill evaluation.

Board staff should prepare more consent agreements prior to board meeting—

Investigations are also prolonged when the Board offers a consent agreement at its meeting where it initially reviews the complaint and then prepares the agreement and waits for the licensee or certificate holder to sign it (see textbox). To minimize the need for costly and time-consuming formal hearings, the Board regularly offers licensees/certificate holders the opportunity to accept discipline and resolve the case through signing a consent agreement. For example, in its July 2010 meeting, the Board decided to offer consent agreements in 59 of the 198 complaint investigations on its agenda. Although this practice may allow the Board to resolve cases more quickly than if the cases proceed to a hearing, significant time is still required in many cases to develop the agreement and obtain the licensee/certificate holder's signature after the board meeting. Specifically, in a review of 34 cases involving consent agreements, auditors determined that agreements were sent out from 3 to 105 days after the board meeting. In 20 cases with signed agreements, the licensee/certificate holder's signature was received, on average, 77 days after the board meeting.¹

Consent Agreement—An agreement between the Board and the nurse or nursing assistant that states the case's facts and proposed disciplinary action. The discipline is finalized and goes into effect when both parties sign the consent to agree to the discipline.

Source: Auditor General staff summary of board consent agreements and disciplinary policy, revised June 2006.

To more quickly resolve complaints, both general administrative and specific agency practices suggest that consent agreements may be negotiated prior to presenting the case to the Board, and then the Board could accept, decline, or modify and re-offer the agreement at its meeting where it initially reviews the complaint investigation. For example, the *Arizona Agency Handbook* suggests that pre-hearing conference meetings (held before a case goes to a regulatory board for review) may be held to allow parties an opportunity to discuss settlement. In addition, the Arizona Medical Board uses a committee including an assistant attorney general and its chief medical consultant to review the investigation and make a recommended decision. If the recommendation includes discipline, the legal coordinator will use the recommendation to draft an initial consent agreement and attempt to have the doctor sign it before the case goes to the Arizona Medical Board for review. In its board meeting, the Arizona Medical Board will then either accept or reject the signed consent agreements.

The Board may negotiate consent agreements prior to the board meeting.

¹ Auditors selected these cases from the Board's August 30, 2010, list of 126 complaints that had been presented to the Board but were not yet closed. They were selected based on the availability of data in the board database and because they involved offered and/or signed consent agreements.

According to board officials, board staff negotiate with licensees/certificate holders to prepare some signed consent agreements prior to the Board's initial review of a complaint if the outcome is straight forward and the respondent is willing to sign. When the consent agreements are prepared and signed by the licensee/certificate holder before the Board's initial review, the agreement takes effect as soon as the Board has met and agreed to the terms. The Board should expand this practice, and develop and implement policies and procedures that would provide guidance to its staff for preparing and negotiating consent agreements prior to submitting a complaint investigation to the Board for its initial review when appropriate. This guidance should specify what types of complaints would be eligible for consent agreements and provide direction to staff on the disciplinary terms that should be included in the agreement. Board officials agreed that this approach could probably be used in more cases.

Board should improve database information to enhance monitoring—

Weaknesses in the Board's database and/or data entry have prevented it from reliably tracking and monitoring complaints and using database information to help ensure complaints are processed in a timely manner. For example, board staff determine the appropriate priority for a complaint based on the nature of the violation and the specific circumstances of the complaint. However, when staff entered a new complaint into the database, the database automatically populated the priority level field based on the complaint's violation code. Because the default priority level was not always appropriate for a particular complaint, triage staff or investigators were required to check and manually change the priority if necessary. If staff did not make this change, the priority level in the database would be incorrect. This was the case for the 8 out of 34 complaints auditors reviewed that were miscoded as high priority in the database (see previous discussion, page 13). However, as of March 2011, the Board had removed its database default settings and requires staff to enter the priority level for each complaint.

Auditors also determined that some other database fields were unreliable because they were not always filled in, were used inconsistently, or were overwritten with new information whenever a change occurred. For example, the source of complaints was only filled in half the time, and for complaints the Board reviewed more than once, the board date in the database sometimes reflected the first review and sometimes reflected a later review. Further, when a complaint priority level changes because of new information, the database reflects only the new priority level, making it impossible to use the database to determine if a complaint was resolved within 180 days of being elevated to high priority. The Board should review and modify its procedures and controls to address the missing data and inconsistencies, and when resources permit, it should consider enhancing its database to allow better tracking of historical information and status changes.

In addition, the Board should strengthen its monitoring of medium- and low-priority complaint investigations to help ensure these investigations are adequately progressing. Some medium- and low-priority complaint investigations have been

Some of the Board's database fields were unreliable because they were not always filled in, were used inconsistently, or were overwritten with new information.

delayed because of long periods of inactivity. Specifically, when reviewing complaints with unusually long investigations to ascertain the cause of long delays, auditors reviewed 12 medium- and low-priority complaint investigations that took between 1½ and nearly 3½ years to investigate. This review found that for 11 of the 12 complaints, the investigations experienced periods of inactivity lasting between 8 months and 3 years.¹ Board officials explained that the inactivity was caused by various factors, such as investigators focusing on higher-priority cases, untimely responses to subpoenas and questionnaires, and staff turnover resulting in reassignment of cases. Although board staff use monthly reports to monitor high-priority cases and cases that have been open for the longest period of time, additional reports and supervisory followup on medium- and low-priority cases may help ensure these cases continue to make progress. For example, the Arizona Medical Board has set a time frame for completing investigations, and its officials monitor the progress of inactive complaints by distributing a list of complaints that have not been actively investigated for 30 days or longer and reviewing the list with its investigators at a weekly staff meeting. Similarly, the Board could ensure better monitoring of medium- and low-priority complaints by implementing a board-selected method of periodic review of inactive complaints.

Some of the Board's medium- and low-priority complaint investigations experienced periods of inactivity lasting between 8 months and 3 years.

Recommendations:

- 1.1. The Legislature should consider revising statute to:
 - a. Enable the Board to develop a substantive policy that would allow the Executive Director to require substance abuse, mental, physical, or psychological examinations or skills evaluations in appropriate cases; and
 - b. Expand the definition of unprofessional conduct to include failing to comply with the Executive Director's order to obtain an evaluation.
- 1.2. If the Legislature revises statute, the Board should develop and implement a substantive policy authorizing the Executive Director to require substance abuse evaluations in appropriate cases and establish criteria for determining appropriate circumstances for requiring an evaluation.
- 1.3. To reduce delays associated with waiting for licensees and certificate holders to sign consent agreements, the Board should:
 - a. Expand its practice of drafting, negotiating, and having the licensee/certificate holder sign a consent agreement in appropriate cases prior to

¹ Auditors reviewed the six longest cases in a download from the Board's database consisting of all complaints that were opened in fiscal years 2005 through 2009 and resolved by May 22, 2010. All six of these cases were opened in fiscal years 2005 and 2006 and took more than 3 years to resolve. Auditors also reviewed the six longest cases that were opened in fiscal year 2009 and resolved by May 22, 2010. All six of these cases took more than 1½ years to resolve.

staff forwarding the complaint investigation to the Board for its initial review, and

- b. Develop and implement policies and procedures that would provide guidance to its staff for negotiating and completing consent agreements.

1.4. To enable the Board to rely on its database for tracking and monitoring timeliness of complaint processing, particularly high-priority complaints, it should:

- a. Review and modify its procedures and controls to address missing data and inconsistencies in other database fields, and

- b. When resources permit, enhance its database to allow better tracking of historical information and status changes.

1.5 To better ensure that medium- and low-priority cases continue to make progress, board officials should strengthen monitoring of these cases by selecting and implementing a process for reviewing inactive medium- and low-priority complaints.

SUNSET FACTORS

In accordance with Arizona Revised Statutes (A.R.S.) §41-2954, the Legislature should consider the 12 factors discussed below in determining whether the Arizona State Board of Nursing (Board) should be continued or terminated. This analysis includes a recommendation to clarify investigative guidance (see sunset factor 2, page 22) and another recommendation relating to an area in which a board rule appears to exceed its statutory authority (see sunset factor 4, page 24).

1. The objective and purpose in establishing the Board.

The Board was established in 1921 and its mission is to protect the public health, safety, and welfare through the safe and competent practice of nurses and nursing assistants. To accomplish this mission, the Board carries out the following functions:

- **Licensing**—The Board has established a process to ensure that only qualified applicants are issued a license or certificate. As of December 2010, the Board had more than 110,000 active licenses and certificates for registered nurses (RNs), licensed practical nurses (LPNs), and certified nursing assistants (CNAs).
- **Education program approval**—The Board approves and oversees nursing and nursing assistant training programs. Programs that do not meet requirements may be given a notice of deficiencies and a time frame for correction, and the Board can rescind approval or restrict admissions to programs that do not come into compliance.
- **Investigating complaints**—The Board investigates complaints against nurses and CNAs. The Board also conducts background checks on new applicants for licensure or certification.
- **Disciplining**—The Board is responsible for determining and administering disciplinary action against nurses and CNAs who are found guilty of violating the Board's statutes or rules. The Board may limit, suspend, or revoke the privilege of a nurse to practice in Arizona. In addition, it can issue civil and administrative penalties of up to \$1,000 per violation, issue cease and desist orders, and take other disciplinary action.

2. **The effectiveness with which the Board has met its objective and purpose and the efficiency with which it has operated.**

The Board has generally met its prescribed purposes and objectives. For example, the Board:

- **Licenses nurses and certifies nursing assistants in a timely manner—** Board rules require the Board to issue licenses within 150 days of receiving an application. In a report to the Governor's Regulatory Review Council, the Board indicated that 99.9 percent of the 37,427 applications received in fiscal year 2009 were processed within the required time frames. Further, to improve its efficiency, the Board has simplified the renewal process by allowing renewals to be completed online.
- **Assists nurses with substance abuse problems—**The Board operates a voluntary program called Chemically Addicted Nurses Diversion Option (CANDO) for nurses who may have a substance abuse problem (see Introduction and Background, pages 1 through 8, for more information). In 2008, 34 percent of all disciplined nurses nation-wide had a drug-related violation, according to a National Council of State Boards of Nursing workshop. Board figures indicate that in calendar year 2009, the Board referred 286 nurses to CANDO. Complaints received by the Board involving these nurses represented approximately 28 percent of all RN and LPN complaints. A board official indicated that referring these nurses to CANDO allowed the Board to facilitate a quick resolution and redirect resources to other investigations that would otherwise be spent investigating these complaints.

In addition, board officials actively participate in various committees in the National Council of State Boards of Nursing (National Council) with a goal of improving the Board's efficiency and effectiveness. For example, a board official has participated on a National Council committee project to improve the measurement of regulatory performance at state boards of nursing. The boards of nursing share self-reported data related to licensure, discipline, education program approval, and governance; and this data is compiled to help boards evaluate themselves and to identify practices of boards with high ratings.

However, the Board can more efficiently and effectively meet its objectives and purpose by improving the timeliness of its complaint-handling processes. Although the Board has taken several steps to resolve complaints in a timely manner, more than half of the complaints the Board received between fiscal years 2005 through 2010 took more than 180 days to complete or refer to hearing. In addition, some complaints were not resolved for more than 2 years, and of the 34 high-priority complaints auditors reviewed, 15 took between 181 to 283 days to complete after being classified as high priority and 4 took from

425 to 550 days to complete or refer to hearing. Therefore the Legislature should consider modifying statute to enable the Board to obtain psychological, substance abuse, and other evaluations, when needed, earlier in its investigations. In addition, the Board should take two steps to address complaints in a more timely manner: (1) negotiating and obtaining signatures on consent agreements prior to the Board's initial review and consideration of a complaint when appropriate, and (2) improving its database to allow better tracking of complaints and strengthening its monitoring of inactive complaints (see Finding 1, pages 9 through 20).

In addition, the Board should also clarify its guidance for investigative staff that specifies when motor vehicle and law enforcement records should be subpoenaed. Board guidelines state that investigators should subpoena documents pertinent to the complaint and obtain relevant law enforcement and court records as applicable. However, in a review of 26 complaint cases, auditors found 3 cases where staff subpoenaed more information than necessary or relevant to determine whether there was probable cause of a violation to refer a complaint for a formal hearing or to offer the licensee/certificate holder a consent agreement.¹ Specifically, motor vehicle and/or law enforcement records were subpoenaed for complaint allegations related to practicing beyond the appropriate scope, making medication errors, and/or arguing with a patient. For these cases, motor vehicle or law enforcement records would not help determine if the alleged violations occurred. Therefore, the Board should clarify its guidance for investigative staff to specify when motor vehicle and law enforcement records should and should not be subpoenaed, based on the nature of the allegations, to help prevent board staff from obtaining unnecessary or irrelevant information.

3. The extent to which the Board has operated within the public interest.

The Board has generally operated in the public interest by ensuring nurses are qualified before receiving a license, and reviewing and approving nurse and nursing assistant training programs. In addition, the Board has accepted complaints from the public, employers, and others and has provided access for complainants to report problem nurses through the Board's Web site, by mail, by fax, or by verbal complaint given over the telephone, including anonymous complaints. The Board focuses its limited resources on investigating the complaints that pose the greatest threat to the public by assigning a priority level to each complaint soon after it is received. Also, the Board conducts thorough investigations and administers escalated discipline for repeat offenders. In

¹ Auditors identified two other cases among the 26 cases where motor vehicle records were unnecessarily subpoenaed. However, a board official indicated that these records were unintentionally subpoenaed due to a programming error that was corrected in July 2010. Auditors verified that the error has been corrected. See Appendix A, pages a-i through a-ii, for details on complaint case selection.

addition to investigating and disciplining problem nurses, the Board has operated in the public interest in the following areas:

- **Providing public information**—The Board has provided information to the public in a variety of ways. For example, the Board publishes the *Arizona State Board of Nursing Regulatory Journal* on a quarterly basis. This publication provides information on the Board's recent disciplinary actions against nurses and CNAs, and information regarding pertinent issues such as substance abuse. This publication is also available online and is sent in hard copy to requestors throughout the State.

In addition, the Board's Web site provides information about board meetings and board responsibilities, how to file a complaint, and the status of licenses and certificates. According to a Web site usage analysis, the Board's Web site received nearly 2 million visits in calendar year 2009. Further, the Board provides information to the public by phone and has a policy about what types of information staff should provide when callers request information about license status. In April 2010, auditors placed three phone calls to the Board requesting public information about licensees' complaint and disciplinary history, and found that board staff provided essential and accurate information. Additionally, the Board sets aside time at its meetings to address questions from the public.

- **Assessing background of applicants from other states**—The Board takes precautions to ensure that nurses who are licensed in other states are safe to practice before being endorsed to practice in Arizona. For example, its application packet for licensure by endorsement requires verification of the nurse's license from the original state of licensure. The Board also requires that the applicant has passed a national exam and submitted a fingerprint card. Further, the Board has taken additional precautions for licensees from some states. Specifically, in April 2010, the Board discovered that California and Ohio do not report complaints against a license in a way that indicates a potential problem to the Board. According to the Board, states such as California and Ohio may inactivate a license that has a pending complaint against it, and an "inactive" status may not alert the Board to potential problems. According to board officials, this could have allowed applicants with pending complaints in another state to become licensed in Arizona. However, the Board now takes precautions to inquire about out-of-state licenses listed as "inactive" to ensure that nurses applying in Arizona from other states are safe to practice.

4. The extent to which rules adopted by the Board are consistent with the legislative mandate.

General Counsel for the Auditor General has analyzed the Board's rule-making statutes and believes that the Board has fully established rules required by

statute. However, one rule appears to exceed the Board's statutory authority. Specifically, Arizona Administrative Code R4-19-515 provides that the Board can authorize a Certified Registered Nurse Anesthetist (CRNA) to prescribe medication. However, A.R.S. §32-1661 authorizes CRNAs to only administer anesthetics, not to prescribe medication, and A.R.S. §32-1601(15)(d)(v) allows only registered nurse practitioners to prescribe medications. According to board officials, CRNAs—who are registered nurses who have completed a nationally accredited program in the science of anesthesia—are important in rural areas because CRNAs perform a majority of anesthesia in those areas. Therefore, the Board should either seek statutory changes to authorize CRNAs to prescribe medications, or modify its rules to remove the provisions that are not supported by statutes.¹

5. The extent to which the Board has encouraged input from the public before adopting its rules and the extent to which it has informed the public as to its actions and their expected impact on the public.

The Board takes steps to inform and involve the public before finalizing its rules. The Board creates awareness and solicits feedback on rule changes in its *Arizona State Board of Nursing Regulatory Journal* and at board meetings, and posts proposed rules on its Web site and in the Arizona Administrative Register. The Board also uses input from stakeholder groups such as the Arizona Nurses Association and nursing education programs when considering rule changes. In addition, the Board reports that it holds public workshops to gain early input in the revision process for controversial rules.

As required by open meeting law, the Board has posted meeting notices and board meeting agendas on its Web site at least 24 hours in advance and has provided meeting minutes within 3 working days after the meeting. In addition, the Board has posted a statement on its Web site stating where all its public meeting notices will be posted.

Finally, the Board has used various means to inform the public about its actions in board meetings and about the nursing field in general. Specifically, the Board posts alerts about nurse impostors on its Web site and issues quarterly reports on disciplinary actions it has taken. In addition, to inform the public about the nursing field in general, the Board publishes articles from board members and staff about various topics in its *Arizona State Board of Nursing Regulatory Journal*.

¹ Laws 2010, Ch. 287, §18, established a moratorium on rulemaking until the end of fiscal year 2011, with certain exceptions, and requires prior written approval from the Governor's Office to conduct rulemaking. To implement this recommendation, the Board will need to request Governor's Office approval.

6. The extent to which the Board has been able to investigate and resolve complaints that are within its jurisdiction.

The Board has sufficient statutory authority and disciplinary options to investigate and adjudicate complaints. According to A.R.S. §32-1606(C), the Board has authority to consider complaints within its jurisdiction. In fiscal year 2010, the Board opened for investigation more than 1,600 complaints against nurses and CNAs that were in its jurisdiction and received more than 800 other complaints that were not opened because they were not within the Board's jurisdiction or met other criteria, such as having been investigated by another state agency and not substantiated. However, the audit found that the Board could improve its complaint investigation practices by taking additional steps to conduct more timely complaint processing (see Finding 1, pages 9 through 20).

7. The extent to which the Attorney General or any other applicable agency of state government has the authority to prosecute actions under the enabling legislation.

A.R.S. §41-192 authorizes the Attorney General's Office to prosecute actions and represent the Board. As of December 2010, the Board was represented by two full-time and two part-time assistant attorneys general.

8. The extent to which the Board has addressed deficiencies in its enabling statutes, which prevent it from fulfilling its statutory mandate.

The Board has sought a number of statutory changes to address deficiencies in its statutes. These include the following:

- Laws 2010, Ch. 90, requires the Board to establish a process for CNAs to be certified as medication assistants. With this certification, CNAs will be able to administer medication under the supervision of licensed nurses to residents of licensed nursing care facilities. Applicants for this certification will be required to pass a competency exam and complete a board-approved medication assistant training program. As of December 2010, the Board had approved one such program.
- Laws 2009, Ch. 150, included numerous changes. For example, it increased the total number of board member positions from 9 to 11, gave the Executive Director new discretionary powers such as dismissing complaints that meet certain criteria, clarified the Board's investigative authority by stating that it may require evaluations for the purpose of determining a licensee's ability to practice safely and by stating how it can obtain any documents in connection with an investigation, and modified several other parts of the Board's statutes. According to the Board, many

of these changes were a result of board officials' contact with over 25 Arizona healthcare organizations to identify regulatory barriers and to review the scope of practice of each discipline for congruency between practice and regulation.

The Board is also considering seeking additional statutory changes related to nursing assistants. First, the Board is considering requesting statutory changes that would relieve it of the responsibility to regulate CNAs. A.R.S. §32-1606(B) (11) requires the Board to perform requirements related to federal law regarding nursing assistants, and A.R.S. §32-1645 et seq. establish additional duties related to regulating CNAs. Federal law mandates that each state establish a registry of nursing assistants. States must also investigate complaints and ensure that nursing assistants receive appropriate training. However, states cannot charge fees to the nursing assistants. Instead, the U.S. Department of Health and Human Services provides funding through the Medicare and Medicaid programs to pay for the regulation. In Arizona, this funding goes to the Department of Health Services and the Arizona Health Care Cost Containment System, which have interagency agreements with the Board under which the Board receives the funding and carries out the federally required duties as required by state statute. According to the Board, the federal funding is insufficient to cover the costs of regulating CNAs, and therefore the Board relies on licensure fees from nurses to help cover the costs.

As a result, in addition to seeking relief from this regulatory responsibility, the Board is considering seeking related legislation that would establish a new regulatory body to oversee CNAs and other unlicensed assistive personnel not regulated by the Board who do CNA-related work, such as Patient Care Attendants and Caregivers. There is no state agency that regulates these other assistive personnel. However, the Department of Health Services inspects and investigates complaints at licensed healthcare facilities where some of these other assistive personnel are employed. Still, board officials are concerned that CNAs whom the Board disciplined can still pose a threat to public safety by providing nursing-assistant-related duties as uncertified caregivers on a private fee-for-service basis.

9. The extent to which changes are necessary in the laws of the Board to adequately comply with the factors in the sunset law.

The audit found that the Legislature should consider modifying statutes to authorize the Board to develop rules or a substantive policy that would enable the Executive Director to request substance abuse evaluations as part of complaint investigations in appropriate cases. In addition, the Legislature should consider expanding the statutory definition of unprofessional conduct to include noncompliance with an Executive Director order to obtain a substance abuse evaluation (see Finding 1, pages 9 through 20).

10. The extent to which the termination of the Board would significantly harm the public's health, safety, or welfare.

Terminating the Board without assigning its responsibilities to another state agency would harm the public's health, safety, and welfare because the Board is responsible for licensing or certifying, investigating complaints against, and disciplining RNs, LPNs, and CNAs. Without the Board's regulatory activities to ensure educational and competency standards, the public could be subject to untrained and unskilled nursing practices. In addition, the Board has addressed nurse actions that harm the public's health, safety, and welfare by disciplining licensees and certificate holders who practice below the standard of care or commit other inappropriate actions involving patients. As of December 2010, all 50 states regulate nurses. In addition, federal law requires states to establish a registry of nursing assistants and comply with other requirements such as investigating complaints against nursing assistants. The Board is responsible for performing these duties.

11. The extent to which the level of regulation exercised by the Board is appropriate and whether less or more stringent levels of regulation would be appropriate.

This audit found that the current level of regulation exercised by the Board is generally appropriate.

12. The extent to which the Board has used private contractors in the performance of its duties and how effective use of private contractors could be accomplished.

The Board has relied on private contractors for certain information technology, legal, and publishing and copying services. For example, the Board has contracted with a company for the development and maintenance of its licensing, certification, and discipline database. Also, the Board contracts with a testing vendor to provide services required for CNA certification. In addition, through the use of advertisement, at no cost to the Board, the Board contracts with a publishing corporation to print, publish, and mail, the *Arizona State Board of Nursing Regulatory Journal* three to four times per year. The Board also contracts with a private company for secure software that board members use to access materials electronically during board meetings and contracts with a law firm for assistance with legislative initiatives.

This audit did not identify any additional areas where the Board should consider using private contractors.

APPENDIX A

Methodology

Auditors used various methods to study the issues addressed in this report. These methods included interviewing the Arizona State Board of Nursing (Board) president, board officials, and board staff; reviewing board statutes, rules, policies, and procedures; observing three board meetings during fiscal year 2010; reviewing selected board meeting minutes from July 2004 through September 2010; and reviewing statutes for and interviewing representatives from the Arizona Medical Board. Auditors also reviewed 26 judgmentally selected complaint investigations, including 21 cases discussed at board meetings held between September 2009 and September 2010 and 5 cases selected for an in-depth review. The in-depth review included 5 complaint case files opened between fiscal years 2005 and 2009 that were judgmentally selected to include both nurses and certified nursing assistants (CNAs), cases with and without attorney representation, cases with differing levels of investigator experience and different lengths of investigation, and high-, medium-, and low-risk complaint allegations.

Auditors assessed the Board's internal controls to help determine if the data contained in the Board's database was sufficiently reliable for use in this report. Auditors' work on the controls over the Board's licensing and complaint database included interviewing various staff and management knowledgeable about and responsible for data input accuracy to assess supervisory controls over data input. In addition, auditors assessed the completeness and accuracy of relevant information in the Board's database by comparing the database information such as the date of complaint receipt, outcome of the complaint, and the final outcome date with case files for five cases reviewed in depth. Based on test work, auditors found the Board's database to be generally complete and accurate for the purposes of determining overall timeliness. However, the database lacked reliable information on complaint priorities because default values were not always corrected and the database could not track changes in priorities. In addition, auditors identified inconsistencies in the way data was collected for aspects of the complaint, including some of the steps in the complaint process. The audit used only information that was collected consistently.

Auditors also used the following methods to develop information needed for specific sections of the report:

- To determine whether the Board and its staff investigate and resolve complaints in a timely manner and to assess related internal controls, auditors analyzed information in the Board's investigations and licensing database for 8,695 complaints that were opened between fiscal years 2005 and 2010 and completed by October 5, 2010; reviewed board documents listing complaints that were not opened, complaints that were summarily suspended in calendar years 2004 through 2010, and cases that went to a hearing between January and June 2010; and interviewed representatives from the Oregon State Board of Nursing. In addition, to identify the reasons some complaint investigations take longer than 180 days, auditors reviewed board meeting minutes from July 2004 through September 2010, investigator notes pages in the Board's database, and/or investigative reports for a judgmental sample of 107 complaints. The sample consisted of 34 complaints identified in the board database as high-priority cases that were open for at least 180 days; 41 additional complaints that involved a consent agreement that was offered but not signed as of August 30, 2010; 14 complaints that were summarily suspended; the 6 longest complaints in a download from the Board's database consisting of all complaints opened in fiscal years 2005 through 2009 and resolved by May 22, 2010; the 6 longest complaints received in fiscal year 2009 and resolved by May 22, 2010; the 5 cases mentioned above that were selected for in-depth review; and 1 additional case auditors noted during a preliminary review of board files.
- To develop information for the Introduction and Background section, auditors compiled and analyzed unaudited information about the Board from the Arizona Financial Information System (AFIS) *Accounting Event Transaction File* for fiscal years 2009 through 2011 and AFIS Management Information System *Status of General Ledger-Trial Balance* screen for fiscal years 2009 and 2010; and reviewed the Joint Legislative Budget Committee appropriations reports for fiscal years 2008 and 2011, licensing applications and forms, the Board's report to the Governor's Regulatory Review Council on licensing timeliness, the Board's Web site, and the Board's organizational chart and other agency-provided documents.
- To gather information for the Sunset Factors, auditors placed three anonymous public information request phone calls to board staff; reviewed the Board's Web site, board meeting minutes, and the Board's July 2010 *Arizona State Board of Nursing Regulatory Journal*; observed transactions at the Board's front desk and reviewed related polices; observed notices of the May and July board meetings in 2010; and reviewed board contracts such as those for the licensing and complaint database and with a publishing company. In addition, auditors interviewed representatives from the Arizona Attorney General's Office, a prior board member, and two attorneys who represent accused nurses.

AGENCY RESPONSE



Janice K. Brewer
Governor

Joey Ridenour
Executive Director

Arizona State Board of Nursing

4747 North 7th Street, Suite 200
Phoenix, AZ 85014-3655
Phone (602) 771-7800 Fax (602) 771-7888
E-Mail: arizona@azbn.gov
Website: www.azbn.gov

May 11, 2011

Ms. Debra K. Davenport, CPA
Auditor General
Office of the Auditor General
2910 North 44th Street, Suite 410
Phoenix, Arizona 85018

Dear Ms. Davenport,

The Arizona State Board of Nursing Board Members have reviewed the preliminary draft performance audit and sunset review received on May 3, 2011. Please find the Board's attached response to the audit findings and recommendations. The Board appreciates having the opportunity to clarify the identified issue noted in the Sunset Factors of the Audit Report.

From your review of the Board of Nursing, the Arizona Legislature has given the Board regulatory responsibility and oversight over a greater number of licensees than any other health care regulatory board in Arizona. The 110,000 licensed nurses and certified nursing assistants regulated by the Board (CNAs, LPNs, RNs and APRNs) are unlike any other Arizona regulatory agency in both size and scope of practice variability. For this reason, the Board appreciates the consideration that you have given to the practices followed by comparably sized and funded Boards of Nursing in other states. The Board also appreciates the observations and recommendations of the audit staff over the past year and for the opportunity to work to fulfill the mandate from the legislature to protect the public.

Sincerely yours,

Kathy A. Scott, RN, MPA, PhD, FACHE
Board President

Response to recommendations:

1.1. The legislature should consider revising statute to:

- a. Enable the Board to develop a substantive policy that would allow the Executive Director to require substance abuse, mental, physical, or psychological examinations or skills evaluation in appropriate cases; and**
- b. Expand the definition of unprofessional conduct to include failing to comply with the Executive Director's order to obtain an evaluation.**

The finding of the Auditor General is agreed to and the audit recommendation will be implemented. The implementation is contingent upon Legislative approval.

1.2. If the legislature revises statute, the Board should develop and implement a substantive policy authorizing the Executive Director to require substance abuse evaluations in appropriate cases and establish criteria for determining appropriate circumstances for requiring an evaluation.

The finding of the Auditor General is agreed to and the audit recommendation will be implemented. The implementation is contingent upon Legislative approval.

1.3. To reduce delays associated with waiting for licensees and certificate holders to sign consent agreements, the Board should:

- a. Expand its practice of drafting, negotiating, and having the licensee/certificate holder sign a consent agreement in appropriate cases prior to staff forwarding the complaint investigation to the Board for its initial review, and**
- b. Develop and implement policies and procedures that would provide guidance to its staff for negotiating and completing consent agreements**

The finding of the Auditor General is agreed to and the audit recommendation will be implemented.

1.4. To enable the Board to relay on its database for tracking and monitoring timeliness of complaint processing, particularly high-priority complaints, it should:

- a. Review and modify its procedures and controls to address missing data and inconsistency in other date fields, and**
- b. When resources permit, enhance its database to allow better tracking of historical information and status changes.**

The finding of the Auditor General is agreed to and the audit recommendation will be implemented.

1.5. To better assure that medium and low risk cases continue to make progress, board officials should strengthen monitoring of these cases by selecting and implementing a process for reviewing inactive medium and low priority complaints.

The finding of the Auditor General is agreed to and the audit recommendation will be implemented.

2. The effectiveness in which the Board has met its objectives and purpose and efficiency in which it has operated.

Clarification

The Board should clarify its guidance to staff when motor vehicle and law enforcement records should and should not be subpoenaed based on the nature of the allegations. Based on information identified during the audit, Board approved investigative guidelines have been reviewed with staff within the past six months.

4. The extent to which rules adopted by the Board are consistent with the legislative mandate.

Clarification

General Counsel for the Auditor General has analyzed the Board's rule making statutes and believes that the Board has fully established rules required by statute. However, one rule appears to exceed the Board's authority. Specifically, A.A.C. R4-19-515 provides that the Board can authorize a Certified Registered Anesthetist (CRNA) to prescribe medication. However, A.R.S. § 32-1661 authorizes CRNA's to only administer anesthetics, not to prescribe medication and A.R.S. § 32-1601(15) (d) (v) allows only registered nurse practitioners to prescribe medications. The Board of Nursing fully understands that CRNA's – who are registered nurses who have completed a nationally accredited program in the science of anesthesia – are important in all settings and in particular in rural areas because they perform the majority of anesthesia. Therefore, the Board has met with stakeholders about the need to seek statutory changes to conform the law to the practice that licensees, providers and the public have CRNA's to prescribe medications supported by statute.

Performance Audit Division reports issued within the last 24 months

09-06	Gila County Transportation Excise Tax	10-03	Arizona State Lottery Commission and Arizona State Lottery
09-07	Department of Health Services, Division of Behavioral Health Services—Substance Abuse Treatment Programs	10-04	Department of Agriculture—Food Safety and Quality Assurance Inspection Programs
09-08	Arizona Department of Liquor Licenses and Control	10-05	Arizona Department of Housing
09-09	Arizona Department of Juvenile Corrections—Suicide Prevention and Violence and Abuse Reduction Efforts	10-06	Board of Chiropractic Examiners
09-10	Arizona Department of Juvenile Corrections—Sunset Factors	10-07	Arizona Department of Agriculture—Sunset Factors
09-11	Department of Health Services—Sunset Factors	10-08	Department of Corrections—Prison Population Growth
10-01	Office of Pest Management—Restructuring	10-L1	Office of Pest Management—Regulation
10-02	Department of Public Safety—Photo Enforcement Program	10-09	Arizona Sports and Tourism Authority
		11-01	Department of Public Safety—Followup on Specific Recommendations from Previous Audits and Sunset Factors

Future Performance Audit Division reports

Arizona Department of Veterans' Services—Fiduciary Program

Pinal County Transportation Excise Tax