



Agenda Item 7.0

Report of the Nursing Practice Committee

BRN Nursing Practice Committee | October 17, 2024

Nursing Practice Committee

October 17, 2024

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Agenda Item 7.2

**Review and Vote on Whether to Approve
Previous Meeting's Minutes**

BRN Nursing Practice Committee | October 17, 2024

**STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
BOARD OF REGISTERED NURSING
NURSING PRACTICE COMMITTEE
MEETING MINUTES**

Date: April 18, 2024

9:00 a.m.

Start Time: 9:00 a.m.

Location: **NOTE:** The Board of Registered Nursing’s Nursing Practice Committee (NPC) held a public meeting in accordance with Government Code section 11123.5 that was accessible via a teleconference platform and at a primary physical meeting location indicated below.

1625 North Market Blvd.
2nd Floor, El Dorado Room N-220
Sacramento, CA 95834

April 18, 2024 - 9:00 a.m. BRN Nursing Practice Committee Meeting

9:00 a.m.

7.0 Call to order/roll call/establishment of a quorum.

Mary Fagan, PhD, RN, NEA-BC Chairperson, called the meeting to order at: 9:00 a.m. All members present. Quorum was established at 9:01 a.m.

Committee Members: Mary Fagan, PhD, RN, NEA-BC-Chair
Dolores Trujillo, RN
Jovita Dominguez, BSN, RN
Vicki Granowitz

BRN Staff: Loretta (Lori) Melby, RN, MSN – Executive Officer

Reza Pejuhesh – DCA Legal Attorney

9:03 a.m. **7.1** **Public comment for items not on the agenda; items for future agendas**

**Public Comment for
Agenda Item 7.1:** No public comments requested via WebEX platform or at the physical meeting location.

9:05 a.m. **7.2** **Review and vote on whether to approve previous meeting minutes**
7.2.1 June 29, 2023

**Committee
Discussion:** No questions or comments.

Motion: Mary Fagan: Motion to approve the meeting minutes from June 29, 2023.

Second: Vicki Granowitz

**Public Comment for
Agenda Item 7.2:** No public comments requested via WebEX platform or at the physical meeting location.

Vote:

	MF	DT	JD	VG
Vote:	Y	Y	Y	Y
	<u>Key:</u> Yes: Y No: N Abstain: A Absent for Vote: AB			

Motion Passed

9:08 a.m. **7.3** **Information only:** Advisory committee updates

- Nurse Practitioner Advisory Committee (NPAC)

- Nurse-Midwifery Advisory Committee (NMAC)
- Clinical Nurse Specialist Advisory Committee (CNSAC)
- Certified Registered Nurse Anesthetist Advisory Committee (CRNAAC)
- Nursing Education and Workforce Advisory Committee (NEWAC)

Committee Discussion: Dolores Trujillo asked the number of the bill that was brought up that the Board supported. Loretta Melby cannot recall the number and said it's a DCA-wide cleanup bill with a very small section that authorizes grandfathering of legacy NP certifications for independent practice. Loretta later shared that the bill is SB 1451.

Public Comment for Agenda Item 7.3: No public comments requested via WebEX platform or at the physical meeting location.

9:18 a.m.

7.4

Discussion and possible action: Regarding the NEWAC recommendations on proposed draft regulatory language for standards on simulation in clinical education

Committee Discussion: Mary Fagan said this has been an interesting conversation and feels like it's an onion that keeps getting peeled back with new things coming up. She said the language that is presented sounds like exactly what the Board would want to have but she's concerned there might be unintended consequences. But at the same time, this is early and there will be plenty of time to flesh things out as this moves through the process. She's interested in hearing what the public has to say, especially those who are concerned about potential negative consequences, but this feels like this is the right thing to do.

Loretta Melby said the motion today, after hearing public comment, is to authorize BRN staff to take the draft language and work with Marissa, Reza, McCaulie and herself, along with stakeholders and subject matter experts, including Garrett and the NEWAC simulation subcommittee. The BRN is preparing for sunset again and this was an ask from the last one. She wants to

move on this language quickly to start the process so an update can be included in the next sunset report.

Dolores Trujillo has a question in subsection J, “the programs shall have written policies and procedures on the following...” She would like to know if there is another pandemic will this be altered. She voiced concern regarding various simulation practices put into place to get students through their programs, including some states that had 100% simulation.

Loretta Melby said no, direct patient care has now been addressed statute during the last sunset process and set a minimum direct patient care hours of 500, this ensures that approximately 40% can be in simulation. She said the simulation language from the sunset bill did not remove the 25% of direct care hours can be done via telehealth as it was for the pandemic and that is why having these simulation standards is key to ensure appropriate academic preparation.

Mary Fagan said she feels like discussing the pandemic information is really not what the agenda item is now and is getting confused about why they’re going in this direction.

Loretta Melby said that the varied use of simulation during the pandemic is why the simulation standards are imperative.

Mary Fagan asked if this is something that would be considered by staff during their review and drafting of language.

Loretta Melby said you cannot supersede statute with regulations. The only thing these simulation regulations can do is provide guidance for the additional simulation hours provided.

Jovita Dominguez said she sees the value in simulation, but as an educator, she likes to stick to the bedside hours being the majority. She’s worked with

some of the nurses that went through a lot of simulation due to Covid and they struggled a lot doing the bedside. She said they were intelligent with medications but not people skill. If the simulation problem has a drastic problem due to a mistake which is good to learn from is very different to bedside. She has struggles with saying yes to that.

Loretta Melby said this agenda item is not about that. The statutory language cannot be changed through the regulatory process and what the board can do is provide simulation guidance and standards in the regulatory process so if this does happen again in the future there's better guidance which is what is needed.

Garrett Chan said this is important to ensure high quality simulation experiences because we were not prepared for a pandemic. He said he's an emergency nurse and they like to prepared for a situation. He said Dolores's question is great and if written policies and procedures can be created to make everybody aware to train them up before it is actually needed and implement high quality simulation, then it will help everybody do a better job which is the intent.

Loretta Melby added that information from recent presentations may be taken into consideration when the draft regulatory language is presented.

Vicki Granowitz wondered if she could get some of the links about psychologic issues that she finds interesting. She would like to read some of the research and anecdotal studies.

Loretta Melby said she can share NCSBNs and asked Garrett for his study via email and can share it as well. Jovita Dominguez asked to be included too.

Mary Fagan said she would like to go to public comment unless other members have questions or comments.

Mary Fagan asked if the program has already received endorsement from one of the accrediting organizations that no further additional documentation or action would be required. Is there information on how many programs have this accreditation in California because if a whole lot of them have this it would take a lot of the potential negative consequences out of the equation. Mary Fagan additionally asked if the out of state program had accreditation from one of these simulation organizations, then it would be appropriate, is there any information about that?

Loretta Melby said the BRN doesn't have the information on a national level that is readily available. An applicant would apply and then the school would be reviewed to ensure they had it because those standards could be obtained, lost, and obtained again. Those standards were brought forward after 2010 and asked Garrett if he recalled.

Garrett said they've been around a lot longer in different iterations but the current ones are 2010. He said there are around nine programs around California that meet the rigorous requirements. He's competent that programs will move forward because they are a mark of distinction and the programs are top performers that they are not worried about. It is the bad actors they are worried about.

Loretta Melby said there are 160 prelicensure nursing programs in California. The regulations would have to go through the process, work with the programs to come into compliance while considering budget constraints, especially with publicly funded programs. There are a lot of things to consider but we should definitely go out for public comment with the reminder that this is draft language.

Mary Fagan said she would like to go to public comment before making a motion if committee members are okay with that.

Motion: Mary Fagan: Motion to approve the recommendations on proposed draft regulatory language for standards and simulation and clinical education and

authorize board staff to initiate drafting regulatory language for revisions and or additions to the California Code of Regulations (CCR), title 16, Article 3 Prelicensure Nursing Programs.

Second: Vicki Granowitz

**10:24
a.m.**

**Public Comment for
Agenda Item 7.4:**

Marie Gilbert, Director of Central California Center for Excellence – She has loved this discussion today. It is such an enlightening and encouraging discussion that we're all on the same page this time and she just wants to reinforce what Garrett was saying that the simulation community is becoming concerned with the psychological safety of our students in simulation, and as simulation continues to expand, and they anticipate, specialty programs with the move towards competency-based education, simulation will continue to grow. As it grows, there's the potential for inadequately trained educators to traumatize students inadvertently or intentionally. There's been a lot of great discussion about potential ways to hold programs accountable. The standards talked a lot about were the INACSL standards that were implemented in 2011 with four updates with the most recent in 2021. At the time those standards were written by inter-professional international teams. The name changed to Healthcare Simulation Standards. They were 10 Simulation standards and four of note for nursing programs. She thinks the board should be looking at the ones around pre briefing, facilitation, debriefing, and professional integrity. All of those components will help keep students safe while some of the other standards are around inter-professional education and not all programs have the ability to do that as this moves forward. Looking at those core four standards, and there's so much she wants to say, because the discussion has been so robust, but we are focusing on psychological safety in a way that we can make sure programs are held accountable. She really wants to thank NEWAC and the board for their efforts to find a means to hold programs accountable, to follow best practices, and ensure that students are kept safe and they're learning experiences are maximized so students reach their potential. She would love to be involved in these ongoing discussions and she definitely has evidence and research she'll share with Garrett if he doesn't have

it to pass on to those board members that asked for it. Thank you for the opportunity to speak. Loretta Melby said the information will be passed on to board members next month and will then be shared with the public as well.

Amanda Lee, San Joaquin Delta College, which is a community college in Stockton, California – She wants to chime in to say she appreciates the conversation today. She’s currently working as the simulation coordinator for faculty, and the idea of psychological safety, creating a space in their simulation lab that allow students to have the experience and exposure to things they may not see in the clinical setting on a consistent basis. They often have conversations about the differences and importance of bedside time and clinical hours and how simulation can support that versus take away from it. She thinks some of the feedback they’ve gotten from students in their evaluation has been that simulation gives them a guaranteed opportunity to see some things and be exposed to different procedures and tasks and critical thinking that they may not get consistently in the clinical settings. She would love to be engaged in future conversations around this topic and appreciates the opportunity to speak.

Vote:

	MF	DT	JD	VG
Vote:	Y	Y	Y	Y
<u>Key:</u> Yes: Y No: N Abstain: A Absent for Vote: AB				

Motion Passed

**10:31
a.m.**

7.5

Discussion and possible action: Regarding the NPAC and NMAC recommendations on the proposed draft regulatory language to amend the Recommended Guidelines for Disciplinary Orders and Conditions of Probation.

**Committee
Discussion:**

Mary Fagan asked if this would impact nurse anesthetists.

Loretta Melby said it would be for all advance practice RNs that would have independent practice. Currently, that is the 104 NP, nurse midwife, and nurse

anesthetists. The only one it would not affect at this time is the clinical nurse specialist because they do not have independent practice in California. However, we have the CNS advisory group that is looking at regulations and if their practice changes in the future this language would also include them.

Mary Fagan asked if the Nurse Anesthetist Advisory Committee had a chance to weigh in on this.

Loretta Melby said not at this point but the difference in that CRNAAC and CNSAC are not statutorily formed with language that says all items must go through them first and then to this committee. This went to NPAC and NMAC, but this doesn't mean the language while going through the regulatory process cannot go to them.

Motion: Mary Fagan: Motion to approve the NPAC and NMAC recommendations on proposed draft regulatory language to amend the recommended guidelines for disciplinary orders and conditions of probation, and authorize the board staff to initiate drafting regulatory language for revisions and or additions to the California Code of Regulations (CCR), title 16, Article 4, Grounds for Discipline, Disciplinary Proceedings and Rehabilitation.

Second: Dolores Trujillo

Public Comment for

Agenda Item 7.5: No public comments requested via WebEX platform or at the physical meeting location.

Vote:

	MF	DT	JD	VG
Vote:	Y	Y	Y	Y
<u>Key:</u> Yes: Y No: N Abstain: A Absent for Vote: AB				

Motion Passed

**10:44
a.m.**

7.6

Adjournment

- **Mary Fagan, Chairperson, adjourned the meeting.**

Submitted by:

Loretta Melby, MSN, RN
Executive Officer
California Board of Registered Nursing

Accepted by:

Mary Fagan, PhD, RN, NEA-BC
Chairperson
California Board of Registered Nursing



Agenda Item 7.3

**Information Only:
Advisory Committee Updates**

BRN Nursing Practice Committee | October 17, 2024

BOARD OF REGISTERED NURSING
Nursing Practice Committee Meeting
Agenda Item Summary

AGENDA ITEM: 7.3
DATE: October 17, 2024

ACTION REQUESTED: **Information only:** Advisory committee updates

- Nurse Practitioner Advisory Committee (NPAC)
- Nurse-Midwifery Advisory Committee (NMAC)
- Clinical Nurse Specialist Advisory Committee (CNSAC)
- Certified Registered Nurse Anesthetist Advisory Committee (CRNAAC)
- Nursing Education and Workforce Advisory Committee (NEWAC)

REQUESTED BY: Loretta Melby, RN, MSN
Executive Officer

BACKGROUND:

Loretta Melby, Executive Officer, will provide updates on the activities of the advisory committees.

RESOURCES:

NEXT STEPS:

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: McCaulie Feusahrens
Chief of the Licensing Division
California Board of Registered Nursing
McCaulie.feusahrens@dca.ca.gov



Agenda Item 7.4

**Discussion and possible action:
Regarding the NPAC and NMAC recommendations on
proposed draft regulatory language to amend the
Recommended Guidelines for Disciplinary Orders and
Conditions of Probation**

BRN Nursing Practice Committee | October 17, 2024

BOARD OF REGISTERED NURSING
Nursing Practice Committee Meeting
Agenda Item Summary

AGENDA ITEM: 7.4
DATE: October 17, 2024

ACTION REQUESTED: **Discussion and possible action:** Regarding the NPAC and NMAC recommendations on proposed draft regulatory language to amend the Recommended Guidelines for Disciplinary Orders and Conditions of Probation

REQUESTED BY: Loretta Melby, RN, MSN
Executive Officer

BACKGROUND:

During the NMAC and NPAC meetings on September 24, 2024, the members discussed changes to the proposed regulation text to update Probation Condition #8 under the “Introductory Language and Standard Probation Conditions” section of the current [Disciplinary Guidelines](#) document. Both committees voted to move the language forward to the Nursing Practice Committee, incorporate any changes recommended by the Nursing Practice Committee, and present the updated language at the next Board meeting for further review and discussion.

The proposed regulatory language presented to NMAC and NPAC is included after this AIS.

RESOURCES:

BRN Disciplinary Guidelines: <https://www.rn.ca.gov/pdfs/enforcement/discguide.pdf>

[https://govt.westlaw.com/calregs/Document/IF5EF36F34C8111EC89E5000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Document/IF5EF36F34C8111EC89E5000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default))

Nursing Practice Act - Business and Professions Code (BPC), Division 2, Chapter 6:

https://leginfo.legislature.ca.gov/faces/codes_displayexpandedbranch.xhtml?tocCode=BPC&division=2.&title=&part=&chapter=&article=&nodetreepath=4

https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=BPC§ionNum=2837.102.

BPC 2837.102(a):

NEXT STEPS:

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: McCaulie Feusahrens
Chief of the Licensing Division
California Board of Registered Nursing
mccaulie.feusahrens@dca.ca.gov

(8) SUPERVISION - Respondent shall obtain prior approval from the Board regarding respondent's level of supervision and/or collaboration before commencing or continuing any employment as a registered nurse, or education and training that includes patient care.

Respondent shall practice only under the direct supervision of a registered nurse in good standing (no current discipline) with the Board of Registered Nursing, unless alternative methods of supervision and/or collaboration (e.g., with an advanced practice nurse or physician) are approved.

Respondent's level of supervision and/or collaboration may include, but is not limited to the following:

- (a) Maximum - The individual providing supervision and/or collaboration is present in the patient care area or in any other work setting at all times.
- (b) Moderate - The individual providing supervision and/or collaboration is in the patient care unit or in any other work setting at least half the hours respondent works.
- (c) Minimum - The individual providing supervision and/or collaboration has person-to-person communication with respondent at least twice during each shift worked.
- (d) Home Health Care - If respondent is approved to work in the home health care setting, the individual providing supervision and/or collaboration shall have person-to-person communication with respondent as required by the Board each workday. Respondent shall maintain telephone or other telecommunication contact with the individual providing supervision and/or collaboration as required by the Board during each workday. The individual providing supervision and/or collaboration shall conduct, as required by the Board, periodic, on-site visits to patients' homes visited by the respondent with or without respondent present.
- (e) Independent Practitioner - If the Respondent is certified by the Board as an advanced practice registered nurse and authorized to practice without standardized procedures in an independent setting, the Board shall require the respondent, during probation, to establish a practice setting where a Board-approved advanced practice registered nurse or physician and surgeon can provide supervision to the Respondent. The Respondent shall not resume practice in an independent setting until the Board provides written approval of the proposed supervisor and plan of supervision.**

Within sixty (60) calendar days of the effective date of the Decision and Order, Respondent shall submit to the Board, for its approval, the name and qualifications of one or more proposed supervisors and a plan for each such supervisor by which Respondent would be supervised.

The Board shall advise Respondent within thirty (30) calendar days whether or not the proposed supervisor and plan of supervision are approved. Respondent shall not practice nursing until receiving approval by the Board of Respondent's choice of a supervisor and plan of supervision.

The plan of supervision shall be *[(direct and require the physical presence of the supervising provider in the office during the time direct patient care is provided.)] [(general and not require the physical presence of the supervising provider during the time direct patient care is provided but does require an occasional random check of the work performed on the patient as well as quarterly monitoring visits at the office or place of practice)]*. Additionally, the

supervisor shall have full and random access to all patient records of Respondent. The supervisor may evaluate all aspects of Respondent's practice regardless of Respondent's areas of deficiencies.

Each proposed supervisor shall submit written reports to the Board on a regular basis (i.e. monthly or quarterly) verifying that supervision has taken place as required and include an evaluation of Respondent's performance. It shall be Respondent's responsibility to ensure that the required reports are filed in a timely manner. Each supervisor shall have been licensed in California for at least five (5) years and shall be trained in the same specialty or content area as the Respondent.

The supervisor shall not have a prior, current business, or close personal or familial relationship with the Respondent. The supervisor shall not have been subject to any prior disciplinary action by their licensing Board. An administrative citation and fine does not constitute discipline and, therefore, in and of itself is not a reason to deny an individual as a supervisor.

If the supervisor terminates or is otherwise no longer available, Respondent shall not practice until a new supervisor has been approved by the Board. The Respondent must notify the Board, in writing, within seventy-two (72) hours of all supervision changes. All costs of the supervision shall be borne by Respondent.



Agenda Item 7.5

Information Only:

Updates to the BRN website including the additions of webpages for each Advanced Practice Registered Nurse profession

BRN Nursing Practice Committee | October 17, 2024

BOARD OF REGISTERED NURSING
Nursing Practice Committee Meeting
Agenda Item Summary

AGENDA ITEM: 7.5
DATE: October 17, 2024

ACTION REQUESTED: **Information only:** Updates to the BRN website including the additions of webpages for each Advanced Practice Registered Nurse profession.

REQUESTED BY: Loretta Melby, RN, MSN
Executive Officer

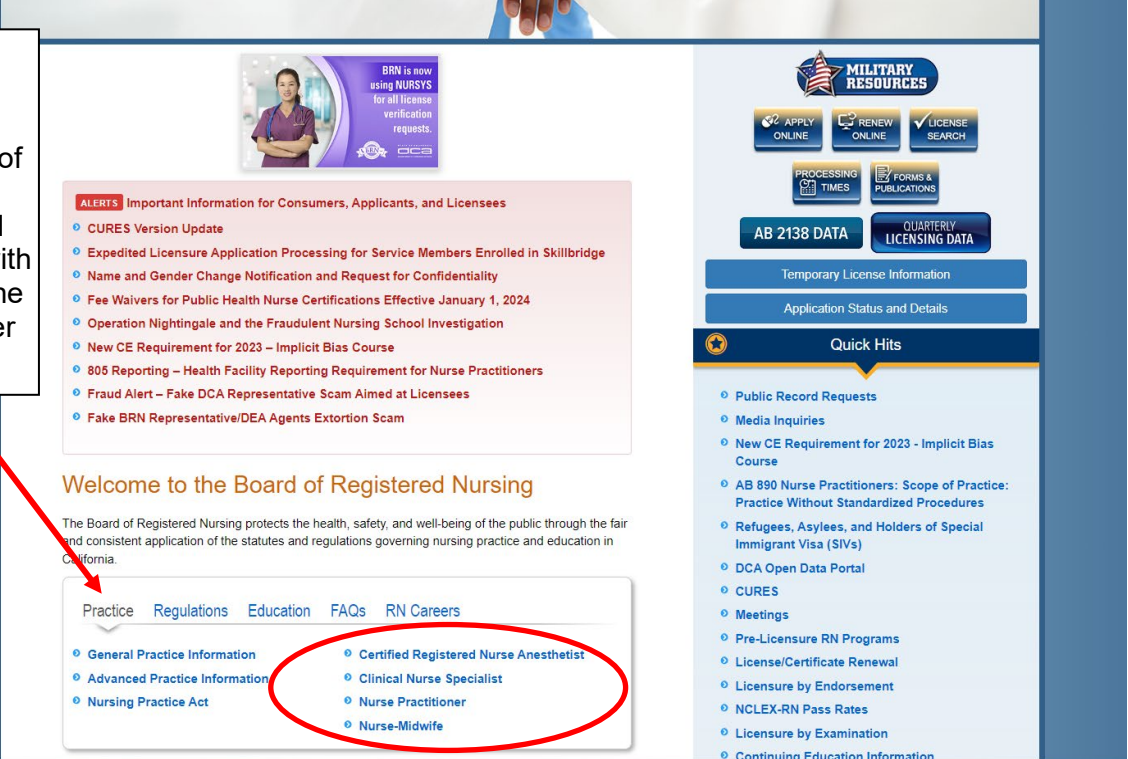
BACKGROUND:

Loretta Melby, Executive Officer, will provide an overview on the recent updates to the BRN website. These updates include new webpages for each Advanced Practice Registered Nurse (APRN) profession below:

- Certified Registered Nurse Anesthetist (CRNA): <https://www.rn.ca.gov/practice/crna.shtml>
- Clinical Nurse Specialist (CNS): <https://www.rn.ca.gov/practice/cns.shtml>
- Nurse Practitioner (NP): <https://www.rn.ca.gov/practice/np.shtml>
- Nurse-Midwife (NMW): <https://www.rn.ca.gov/practice/nmw.shtml>

Below is a screenshot of where you can find these links on the BRN website:

From the BRN website:
www.rn.ca.gov
Scroll to the middle of the homepage, past the alert section and you will see a box with several headers. The new pages are under "Practice" header.



The screenshot shows the BRN website homepage. At the top right, there are buttons for 'APPLY ONLINE', 'RENEW ONLINE', and 'LICENSE SEARCH'. Below these are buttons for 'PROCESSING OF TIMES', 'FORMS & PUBLICATIONS', 'AB 2138 DATA', and 'QUARTERLY LICENSING DATA'. A 'Military Resources' section is also visible. In the center, there is an 'ALERTS' section with several important notices. Below the alerts, there is a 'Welcome to the Board of Registered Nursing' section with a brief description of the board's mission. At the bottom, there is a navigation menu with 'Practice', 'Regulations', 'Education', 'FAQs', and 'RN Careers'. The 'Practice' menu is expanded, showing links for 'General Practice Information', 'Advanced Practice Information', 'Nursing Practice Act', 'Certified Registered Nurse Anesthetist', 'Clinical Nurse Specialist', 'Nurse Practitioner', and 'Nurse-Midwife'. A red circle highlights the links for CRNA, CNS, NP, and NMW. A red arrow points from the text box on the left to the 'Practice' menu.

RESOURCES:

BRN Website: <https://www.rn.ca.gov>

Webpage for CRNAs: <https://www.rn.ca.gov/practice/crna.shtml>

Webpage for CNSs: <https://www.rn.ca.gov/practice/cns.shtml>

Webpage for NPs: <https://www.rn.ca.gov/practice/np.shtml>

Webpage for NMWs: <https://www.rn.ca.gov/practice/nmw.shtml>

NEXT STEPS:

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: McCaulie Feusahrens
Chief of the Licensing Division
California Board of Registered Nursing
mccaulie.feusahrens@dca.ca.gov