

Nurse-Midwifery Advisory Committee Meeting

Board of Registered Nursing

Hearing Room

1747 North Market Blvd.

Sacramento, CA 95834

(916) 574-7600

Minutes

April 5, 2017

Present: BJ Snell, PhD, CNM, WHNP, MSN, FACNM; Lin Lee, RN, CNM; Karen Ruby Brown, MSN, CNM; Karen Roslie, CPPM

Absent: Naomi Stotland, MD

Guests: Joseph Morris RN, MSN, Ph.D., Janette Wackerly, RN, BSN, MBA; Betty Woods, RN, FNP, MSN; Trande Phillips, RN; Shannon Silberling Deputy Chief, Complaint Intake and Investigations Dept., Joseph Pacheco Deputy Chief of Enforcement, Complaint Intake and Investigations, Julie Campbell-Warnock, Research Program Specialist

Recorder: Nicoll Walton/Susan C. Engle DNP, PHN, RN

Agenda Item	Discussion	Action
10.0 Call to Order/Roll Call /Establishment of a Quorum:	The meeting was called to order by BJ Snell Quorum established If a member is not able to attend the Nurse Midwifery Advisory Committee meeting in the planned physical location, they need to submit the location where they plan to access the meeting electronically and the telephone number at least 15 days before the date of the meeting. Public participants may attend the meeting at any location.	
10.01 Vote on Whether to Approve Committee Meeting Minutes: September 16, 2016	Minutes were approved by the committee members with minor corrections that will be submitted in writing. Established quorum	Karen Ruby Brown to submit edits in writing
10.1 Items to be Discussed and		

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Considered		
<p>1. Creating and Presenting an Informational Session for BRN Related to Nurse-Midwifery Practice</p>	<p>Committee member shared that the Board understands nursing issues but may not a lot of information about midwifery practice and midwifery education. The committee discussed items that they would want to have in the informational session. Each committee member provided input for the presentation content such as insight to how midwifery practice is in hospitals with physician co-management and the safety perspectives, midwives practice under scope of practice and not standardized procedures with the exception of specific SPs by law, educational evolution aspects and perspectives, history of midwifery and California practice, issues related CNMs and Licensed Midwives to homebirths and practice settings such as birth centers and homes. Based on Committee member's discussion, staff provided a summary of the content for the informational session to the Board. Content to include co-management with physicians and residents in hospitals where nurse midwives work, history of midwifery practice in California, and consumer perspective. Committee member shared that the history, trends will include health policy component including scope of practice and licensed nurse midwives, differences and commonalities, and Dr. Stoddard's perspective with Physician and residents. Board member suggested that the presentation also include resident education. Staff recommended that the presentation include a question and answer period. Staff recommended a part one and a part two. Staff shared that the presentation in covering all aspects discussed will inform the Board that includes public members and Registered Nurses. Staff shared that the Board meetings are scheduled for September and November.</p>	<p>Janette Wackerly will provide the Board meeting dates. Karen Ruby Brown to develop PowerPoint presentation/s Committee to provide presentation need (i.e. Audiovisual equipment)</p>
<p>2. Feedback Received from Certified Nurse Midwifery Community Related to Expert Witness Participation</p>	<p>There was discussion between Committee members and staff regarding expert witness participation. In addition, there was discussion regarding standardized procedures and physician supervision. Staff informed the committee that the name has been changed from expert witness to Expert Practice Consultant. Committee member shared that in the past wording had been interpreted by experts was that the Board was asking the expert to find a violation which isn't true. Staff stated that the Board needs an unbiased opinion as to whether or not there was unprofessional conduct issue. Staff shared that they are engaging in a process with the AG to in the near future to have formalized training so that the consultant will know what their legal role is and how their product to the Board will be used and provide some direction to the Board. Committee requested that staff provide a synopsis of the changes were made to the materials sent to consultants and posted on the website so that the information can be shared with the midwifery community. Committee wanted to know how early the nurse midwife could</p>	<p>Joseph Pacheco to provide synopsis of changes</p>

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be involved in a case as there are times when things seem to get down the pike so far that the case may not need to go that far and so having someone that can give input at an earlier timeframe as to whether this is appropriate scope of practice or not because there are some investigations that have continued to go on and on that are really within the midwifery scope of practice but no midwife has ever looked at the case until it gets way down the pike. Staff shared that all investigators were trained by the AG office. The training included a piece around midwifery. Staff: what evidence needs to be collected? Staff: How much is enough to identify early on in an investigation when it's ok to stop. Committee member asked if it would be okay to bring in an expert practice consultant (title changed from expert witness) at the 1st or 2nd step to do an initial look to see if it needs to go anywhere or to advise. Staff stated that it is possible; the main hurdle to that is we have had discussions the nurse expert get involved early in the process but resources is the number one issue. Staff reported that the Board does not have the money and the second resource that is lacking is people. Staff reported that there are not enough nurses to review the cases already and those are the ones that have been found already with potential violations and that it was suggested that all midwifery cases that are referred would go to an expert that would over tax the system and actually delay it even further because there are not enough experts currently. Committee member shared that resources might be freed up if cases that do not require the level of investigation to work numbers to make sense. Committee member asked if volunteers could do the 1st glance. Staff reported that due to confidential issues the practice expert consultant would need to be contracted through DCA. Committee member asked if the initial investigator was a nurse; staff responded that the initial investigation team were not nurses. Staff reported that 5 midwifery nurse cases were sent to the AG for disciplinary reasons. Committee member stated that it seems to be investigations for out of hospital births. Committee member shared that the expert needs to be familiar with out of hospital births. Committee member reported that many expert witnesses found that the cases they worked on was related to physician supervision issues and with physician supervision not being available that it put the expert in a bind of recognizing that the current practice does not fit the whole physician supervision model and with the administrative rulings and those kind of things so they are giving feedback to the Board that there is a big issue to have a nurse midwife trying to provide true expert witness when in fact what supervision is in 2017 is very different then what it was in 1974. Staff asked the committee to provide clear cut practice guidelines; What is the standard of care in the field? What does the committee suggest to the Board? What is the NMW allowed to do? What is not allowed? What is the standard in birthing centers and home

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	<p>birth practice? Staff reported that the standard of practice is undefined. Committee member share that it may be undefined from the Board's perspective but it is clearly defined by the professional associations nationally and by the birth center associations. Committee member shared that there are standards and guidelines that a certified NMW is expected by their competency and national certification to be held too. Committee member stated that those standards are very clear; national certification is what keeps the NMW in the position to be tied to the standards. Staff shared that the Expert Practice consultant information was updated on the BRN webpage.</p>	
<p>3. Status of Survey for Advanced Practice Nursing 2017; Information Only</p>	<p>Staff provided an update on the survey for Advanced Practice Nursing 2017. A survey draft was sent to another group of nurse practitioners and nurse midwives to provide feedback. A copy of the final version of the survey was included in the meeting packet. The survey was beta tested by NPs/CNMs who did not see the questions. In an attempt to improve the response rate, the survey link was sent by UCSF in 2016 to 2500 NPs and CNMs. As of January 24th, 690 (28%) online responses were received. Statistics March 31st, show that there were 1435 (58%) eligible responses received with 612 (25%) received by mail and 823 (33%) responses received online as of March. A final post card reminder March 31st. The survey will remain open for another 3-4 weeks. UCSF will then provide an analysis and report to be available late 2017. Committee member asked for the breakdown of the CNM is the sample and the number of CNM responses.</p>	<p>Julie Campbell-Warnock to provide number of CNMs and NPs that received the survey.</p>
<p>4. Mission of Nurse Midwifery Advisory Committee and Reporting Relationship to the Board</p>	<p>Committee member asked if the recommendation made by the Sunset Review Committee to have the NMW Advisory Committee report directly to the Board. Committee member asked if the Board had discussed this matter. Staff reported that the committee should report recommendations to the Practice committee. Committee member shared that there are parts of the committee that deal with education, practice and credentialing. Staff stated that if there are separate issues, the committee can provide a report to the education committee. Staff discussed information about attendance at the Nursing Education & Workforce Advisory Committee (NEWAC). NEWAC meets twice a year. The next NEWAC meeting is in October. Education and practice issues are discussed at the NEWAC meeting with representation from a diverse group of participants such as the Hospital Association, ACNL, and Deans and Directors.</p>	<p>Janette Wackerly to provide information about participation and attendance at the NEWAC meetings.</p>
<p>10.2 Discussion and Consideration of Items Related to the Practice of Midwifery;</p>	<p>Committee chair asked members for input to prioritize 1-7 for future agenda items to allow the NMW committee and community to interact with different staff and to improve communication. Committee member discussed the need for legislation to look at how the board could advise NMW committee until supervision is removed from the regulation. Committee discussed legal implications, advisements to be developed for</p>	

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<p>Possible Recommendations to the Full Board</p>	<p>episiotomies in the home.</p>	
<p>1. Discuss the Meeting Frequency and Disciplinary Issues Regarding Nurse-Midwives that Arose During the Sunset Review Process</p>	<p>Staff discussed that the committee will need to bring forward the agenda item to the nursing practice committee or the education/licensing committee. If the item is agendadized, a committee member would need to attend and present the agenda item at the respective meeting. Staff shared that the committee meeting are held 5 times per year generally before the Board meetings. The meetings will be held in northern California through June.</p>	
<p>2. Comparison of Midwifery in California of Certified Nurse Midwives and Licensed Midwives to Include Scope, Supervision, Education Preparation, and Predominant Location of Practice</p>		
<p>3. Issues Regarding Physician Supervision and Prior Administrative Cases Related to Certified Nurse Midwifery and</p>	<p>Committee members and staff discussed the need to develop CNM advisories such as: supervision, episiotomies (Business and Professions Code 2746.5(2), NCSBN state practices, proposal: consultation, collaboration, referral principles. Committee members discussed CNMs and LNM's in relation to disciplinary action 2761(a)(4) Denial of licensure, revocation, suspension, restriction, or any other disciplinary action against a health care professional license or certificate by another state or territory of the United States, by any other government agency, or by another California health care professional licensing board. A certified copy of the decision or judgment shall be conclusive evidence of that action. Dual license clearly</p>	

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<p>Licensed Midwife Practice</p>	<p>defined before they start practicing as a LNM. Committee Members discussed that CNM need for standardized procedures for furnishing and episiotomy so that they are not practicing medicine without a license.</p>	
<p>4. Recommendation for Revision to Business and Professions Code Section 2746.52 to Add Performance of an Episiotomy as an 'Urgent/Emergency Event' in the Home Setting and Repair of Laceration in Home as a Patient Safety Issue</p>	<p>Committee members discussed issues related to episiotomies in hospitals, birth centers, and home births in reference to Business and Professions Code Section 2746.52) Committee members discussed implications for episiotomies and home births including patient safety (i.e. delay in repair, bleed) Committee members discussed the need to develop advisements such as the one that was developed for "vacuum" until language in law can include "home" for homebirths.</p>	
<p>5. Authority Conferred for Nurse Midwifery Scope of Practice in Business and Professions Code Section 2746.5 Regarding Whether Standardized Procedures are Necessary for Nurse Midwifery Practice</p>		
<p>6. Recommendation for Revision to Business and Professions Code Sections 2746 through 2746.8 Relating to</p>		

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Whether California Certified Nurse Midwifery Practice Should Be Based on Standards for Practice of Midwifery and Core Competencies for Basic Midwifery Practice		
7. Length of Time to Obtain Registered Nurse License and Nurse Midwifery Certification	Committee members shared that there are 3 Nurse Midwifery programs in California. The application process by endorsement from out of state and the length of time required for processing. Staff shared that there is a separate process for furnishing.	
10.3 Discuss Online License and Certificate Renewal Processes	Item not discussed	
10.4 Public Comment for Items Not on the Agenda	None	
Next Meeting	September 7, 2017	

Adjournment: The meeting was adjourned at 4:30pm

Signature: Janette Wackerly RN SNEC
 Janette Wackerly