State of California Department of Consumer Affairs

BOARD OF REGISTERED NURSING
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Ruth Ann Terry, MPH, RN
Executive Officer

NURSING PRACTICE COMMITTEE

MEETING MINUTES

DATE: March 8, 2007

TIME: 1:00 pm – 2:00 pm

LOCATION: Four Points Sheraton San Francisco Bay Bridge
1603 Powell Street
Emeryville, CA 94608

COMMITTEE MEMBERS PRESENT:
Susanne J. Phillips, RN, MSN, APRN-BC, FNP, Chair
Grace Corse, RN
Carmen Morales, RNC, MSN, FNPC
Elizabeth O. Dietz, EdD, RN, CS-NP

OTHERS PRESENT:
Janette Wackerly, MBA, RN, NEC Liaison
Louise Bailey MEd, RN, SNEC
Miyo Minato, MN, RN, NEC
Ruth Ann Terry, Executive Officer, BRN
Heidi Goodman, Assistant Executive Officer, BRN
Grace Arndt, MSN, RN, NEC
Carol Bell, MA, RN, NEC
Badrieh Caraway, MS, RN, NEC
Katie Daugherty, MSN, RN, NEC
Carol Mackay, MSN, RN
Alice Takahashi, MSN, RN, NEC
LaFrancine Tate, Board President
Nancy Beecham, Board Member
Donna Fox, RN, Regulatory Policy Specialist, CA Nurses Assoc
Monica Weisbrich, RN ANA/C Board
Tricia Hunter, ANA/C
Carol Stanford, Manager, BRN

Susanne J. Phillips, Chair, opened the meeting at 1:00 pm with introduction of the committee members.

1.0 Approve/Not Approve: Minutes of January 11, 2007

MSC: Dietz/Morales approved Minutes of January 11, 2007

2.0 Presentation**:** The Professional RN Role
Maria W. O'Rourke, RN, DNS, FAAN
President & CEO
Healthcare Management & Education Services

Maria O'Rourke opinions that you cannot change the standard of care if you don't change the standards of practice (For the Greater Good, advance for NURSES, January 1, 2007). O'Rourke is concerned that RNs are not clearly articulating the professional RN role and its pivotal decision-making position on the interdisciplinary team.

O'Rourke focuses her health management consulting practice on improving the decision-making and critical thinking skills of RNs based on data-driven, evidence-based approach to professional RN role development.

O'Rourke says that nurses are supported and rewarded for role and standards-based professional practice, while workplace benefits from error/risk reduction, increased patient safety and improved comes.

Maria O'Rourke discussed professional practice that requires making, planning, coordinating and overseeing decisions that assist patients in recovery from illness, coping with difficulties associated with problems and reaching optimum levels of wellness.

Maria O'Rourke utilizes the Business and Professions Code, Section 2725, Scope of Regulation, Nursing Practice Act as the anchor for professional registered nursing practice.

3.0 AB 2280 (Leno) Chapter 771 expands the authorization to treat sexually transmitted diseases for patient's and their partner (s) without a good faith examination.

This bill is an act to amend Section 120582 of the Health and Safety Code, related to public health. Existing law permits a physician or nurse practitioner, nurse midwife that diagnoses a sexually transmitted Chlamydia infection to prescribe, dispense, furnish, or otherwise provide prescription antibiotic drugs to the patient's sexual partner or partners. This bill would extend these provisions to cover gonorrhea or other sexually transmitted diseases infection, as described by the Department of Health Services.

Patient-delivered therapy for Chlamydia was authorized in California by Chapter 835 of the Statutes of 2000 (Senate Bill 648, Ortiz) and enabled qualified medical practitioners, NP, CNM, PA, to provide prescription antibiotic drugs to a patient's partner or partners.

The informational document titled Nurse Practitioners and Certified Nurse Midwives Treating the Patient and Now Their Partners for Chlamydia will be updated to current authorized law as above.

AB 2651 (Jones) Chapter 335 – Requires that a hearing screening be administered to every newborn by every general acute care hospital with licensed perinatal services. This becomes law effective January 1, 2008.

This bill requires that this hearing screening be offered to every newborn, upon birth admission, by general acute care hospitals with licensed perinatal services, and would make related changes to the program. It would require certain hospitals that have not been approved by the CCS program, to contract for provision of this service.

The existing Newborn and Infant Hearing Screening Tracking, and Intervention Act requires that every California Children's Services (CCS)-approved general acute care hospital with licensed perinatal services offer all parents of a newborn, upon birth admission, a hearing test using protocols approved by the State Department of Health Services or its designee.

AB 2986 (Mullin) Chapter 286- Brings into compliance California's current Controlled Substance Utilization Review and Evaluation System (CURES) with the newly enacted National All Schedules Prescription Electronic Reporting (NASPER) Act of 2006 for reporting on prescribing and dispensing of Schedule IV controlled substances. Schedule II-III controlled substances are currently monitored and reported by CURES.

This bill makes changes to the California Security Prescription document; adds additional data elements that must be on the prescription document and reports to CURES; requires in addition to Schedule II and III controlled substances, Schedule IV controlled substance are reported to CURES; increases reporting frequency from monthly to weekly. Exempts from reporting requirements are Scheduled IV controlled substances that are dispensed for 48 hours or less of treatment.

Refills and date of origin on security prescription forms H&SC 11162.1(Amended) - adds check boxes to the California Security document for the prescriber to indicate the number of refills ordered. An additional requirement for the document is the date of the prescription's origin (the date the original prescription was written)

Requirements for prescriptions H&SC 11164 (amended) - requires the prescriber of Schedule II-IV controlled substances to include on the prescription the name of the ultimate user, research subject or contact information, as determined by the Secretary of the U.S. Department of Health and Human Services.

CURSES monitoring of prescription drugs, H&SC 11165 (Amended) - adds Schedule IV controlled substance prescriptions to the list of those that must be reported to CURES. New requirements added to such prescriptions include:
***** Full name, address, and telephone number of the ultimate user (patient) and the gender and date of birth of the ultimate user;
* Number of refills ordered:
*Whether the drug was dispensed as a refill or as a first-time request and:
*Date of origin of the prescription

Request for, or release of, controlled substance history, H&SC 1116.5.1 (Amended) - Schedule IV to the list of those controlled substances for which prescribers or pharmacists may request the disclosure of a patient's history of controlled substances prescription from data collected by CURES.

Contents of practitioner, other than pharmacist, records regarding issuing prescriptions or dispensing or administering controlled substances H&SC 11190 (Amended) - adds requirements to Schedule II, III and IV prescription by prescriber who dispenses controlled substances to their own patients:
*****Name, address, and telephone number of the ultimate user;
***** Number of refills ordered;
*Whether the drug was dispensed as a refill or as a first-time request; and
*Date of the origin of the prescription

The requirement of weekly reporting to CURES does not apply to the direct administration of a controlled substance to the body of the ultimate user, not does it apply to the dispensing of a controlled substance in an amount adequate to treat the ultimate user for 48 hours or less.
The information above obtained from The Script, California Board of Pharmacy, January 2007, page 10.

AB 2609 (Evans) Chapter 615 - Increases training hours and other specific training requirements for employees of Residential Health Facilities for the Elderly.

California Residential Care Facilities for the Elderly Act provides for the licensure and regulation of residential care facilities for the elderly by the State Department of Social Services.

This bill requires, beginning January 1, 2008, that a licensed residential care facility for the elderly ensure that each employee of the facility who assists residents with the self-administration of medication meet specific employee training requirements set forth in this bill. The bill would require this employee to pass an examination subsequent to completion of training. The bill would require each residential care facility that provides employee training pursuant to these provisions maintain certain records and documentation related to training. It would also provide that a facility, licensed to provide care for 16 or more persons, maintain documentation that demonstrates that a consultant pharmacist or nurse has reviewed the facility's medication management program and procedures at least twice a year. Under existing law, a violation of any of these provisions is punishable as a misdemeanor.

AB 2564 (Mathews) Chapter 889 - Authorizes direct care staff that are trained and certified by a registered nurse to administer blood glucose testing for a person with diabetes and developmental disabilities who resides in intermediate care facilities/developmentally disabled habilitative or an intermediate care facility/developmentally disabled nursing.

The pertinent amendment of this bill would authorize direct care staff, which are not licensed health care professional, but are trained by a registered nurse, to administer blood glucose testing for a person with diabetes residing in an intermediate care facility for the developmentally disabled. The registered nurse **may** require direct care staff to administer blood glucose testing if all the following are met:

- Physician's order for the blood glucose testing with the results reported to the registered nurse.
- Direct care staff train by a registered nurse to perform the testing and demonstrate proficiency in performing the test while under the immediate supervision of the registered nurse.
- Training by the registered nurse must include:

(1) An overview of the basic disease process of type I and type II diabetes
(2) Signs and symptoms of hypoglycemia and hyperglycemia
(3) Nutrition
(4) Blood sugar control
(5) Long term complications
(6) Use of over –the- counter glucose monitoring device that is approved by FDA
(7) Accurate recording of blood glucose results in the client's medical record.

- Written certification that the direct care staff is competent to perform the testing.
- Monitoring the direct care staff, at least, annually, on the management of diabetes and the use of blood glucose monitoring device.

The facility would be required to develop a written policy and procedure governing blood glucose testing for clients residing at the facility.

SB 1301 (Alquist) Chapter 647-Health Facilities: reporting and inspection requirements.

This bill, among other provisions, requires the Department of Health Services to ensure that periodic inspection of health facilities are not announced, and inspection for compliance with state laws and regulations, no less than every three years. If an inspection is conducted jointly with another entity that provides notification in advance, the Department will be required to conduct an additional inspection that is not announced to the health facility.

The act also requires a general acute hospital, acute psychiatric hospital, or special hospital, to report to the Department any adverse events within 5 days of its discovery. If the adverse event is an urgent threat to the welfare, safety or health of patients, personnel, or visitors, the event must be reported to the Department within 24 hours of its discovery. It requires DHS to conduct an onsite inspection or investigation within 48 hours of 2 business days of a complaint involving the threat of imminent danger of death or serious bodily harm. The outcomes of the inspection would be required to be posted on the Departments Internet Web Site. It would also authorize the Department to assess civil penalties against a licensee for failure to report an adverse event.

The bill defines "adverse events" to mean an unusual occurrence, such as an epidemic outbreak, poisoning, fire, major accident, disaster, or other catastrophe, medical error, and any other unusual occurrence that threatens the welfare, safety, or health of patients, personnel, or visitors.

MSC**:** Morales/Dietz approved the information items.

4. 0 Open forum

No audience input.

Meeting was adjourned at 2:15 pm

Submitted by: Approved by:

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Janette Wackerly, MBA, RN Susanne J. Phillips, RN - Chair

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Effective January 1, 1994, Section 11125.7 was added to the Government code related to open meetings which provides the public the opportunity at meetings to address each agenda item during the state body's discussion or consideration of item. Total time allocated for public comment may be limited. These meetings conform to the Open Meetings Act.

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