

the BRN report

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OFFICIAL PUBLICATION OF THE CALIFORNIA BOARD OF REGISTERED NURSING

FALL 2003

Executive Officer's Message

Budget Cuts Hit Board of Registered Nursing

by Ruth Ann Terry, MPH, RN

Like other State programs, the Board of Registered Nursing is faced with significant budget cuts due to the unsurpassed California budget crisis. I want to share with you what these cuts will mean.



First, let me explain the extent of the reductions. Since January 2003, the Board has lost 15% of its positions, reducing staff

from 95 to a projected 80 employees. At the same time that staff was shrinking, the Board's workload increased. In the past year, enforcement complaints have increased more than 40% and formal enforcement accusations increased by 77%. During the past three years, licensing applications have increased by 45%.

Clearly, we cannot continue to conduct business in the same manner when faced with staff reductions and workload increases. We must prioritize

our activities and find more efficient ways to meet our consumer protection mandate. Below are some of the changes we have implemented or may have to implement in the future.

Telephone Services

One of the most labor-intensive activities of the Board is staffing the telephones to respond to the 1,500 calls received each week. Our phone calls have increased as a result of backlogs from reduced staffing. Unfortunately, the more time staff spends on telephone calls, the more backlogged they become, increasing the spiral.

To help balance the need to process licensing applications and respond to callers, the licensing unit has reduced its phone hours to 9 am to 3 pm. We may need to start restricting phone hours in other sections of the Board as backlogs develop. Your cooperation is truly appreciated to give our employees some uninterrupted time to address their workload.

Processing Times

Processing times for many services will increase due to fewer staff and greater workloads. So far, the largest impact has been in the licensing unit where it takes several more weeks to issue initial licenses.

There should not be too many delays for license renewal. The renewal system is partially automated through a centralized system with the Department of Consumer Affairs, and is expected to run on schedule. RNs also have the option of renewing their licenses online at www.rn.ca.gov.

Nurse Consultant Activities

The Board lost 3 of its 10 Nursing Education Consultant positions. These nurses are the front-line experts who answer 100-150 nursing practice questions weekly. They also analyze hundreds of enforcement complaints regarding unsafe RNs, regulate 97 nursing school programs, evaluate

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BRN Advisories Available on Web Site

The Board periodically issues practice advisories to help RNs understand and apply laws and regulations as they relate to their practice. Sometimes these advisories are prompted by the passage of new laws. Other times, they are issued as the result of the Board receiving a large number of questions on a certain topic.

On page 6 you will find highlights of some of the practice advisories recently issued by the Board. We encourage you to visit our Web site, www.rn.ca.gov, to see the full text of these advisories. You will also find advisories regarding other interesting topics, such as the use of lasers, Botox and other treatments by non-physicians.

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the BRN report

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Executive Officer

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Purpose

The purpose of The BRN Report is to inform registered nurses of current laws related to nursing, Board policies and activities, and issues pertaining to the regulation of nursing practice and education.

The BRN Report is printed in Sacramento, CA, and is the official publication of the California Board of Registered Nursing. The newsletter is mailed at bulk rates. Authorization is granted to reproduce items; acknowledgment is appreciated.

BOARD OF REGISTERED NURSING MISSION STATEMENT

Protect the health and safety of consumers and promote quality registered nursing in the state of California. To accomplish this, we will:

- *Establish and uphold competency standards, provide guidance and interpretation, prevent patient harm, and intervene with discipline and rehabilitation.*
- *Serve the public in a customer-oriented, well-managed, and respectful manner.*
- *Provide employees with the opportunity for satisfying work in an atmosphere of shared commitment.*

A Note to the Reader

This section explains terms which appear in the articles and provides the Board of Registered Nursing's addresses, phone numbers, Web site address, and fax numbers.

"Board" refers collectively to the nine appointed members. The "Board" is the Board of Registered Nursing's policy-making body that has responsibility for interpretation and enforcement of the Nursing Practice Act.

"BRN" is the Board of Registered Nursing. This is the state agency within the Department of Consumer Affairs that has the responsibility for implementation of Board policy and programs.

"NPA" refers to the Nursing Practice Act with Rules and Regulations. The NPA contains laws and regulations that govern the practice of registered nurses in California. It consists of sections 2700-2838 of the Business and Professions Code and Title 16,

Division 14, of the California Code of Regulations. Nurses are responsible for knowledge of subsequent changes in the law. Publication of *The BRN Report* is one mechanism for informing registered nurses of these changes.

"RN(s)" is the abbreviation for registered nurse(s).

Board and BRN mailing address:

P.O. Box 944210
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400 R Street, Suite 4030
Sacramento, CA 95814
(916) 322-3350
Fax: (916) 327-4402

Web site: www.rn.ca.gov

Past issues of *The BRN Report* can be found on the BRN Web site.

Health Planning Agency to Increase RN Education Fund Assessment Collected at Time of License Renewal

The Office of Statewide Health Planning and Development (OSHPD) will increase its assessment that is collected from RNs at the time of license renewal from the current \$5 to \$10 starting January 2004, based on new legislation (SB 358, Figueroa). This assessment goes directly to OSHPD's Registered Nurse Education Fund.

Currently, the Board of Registered Nursing collects a \$75 renewal fee from RNs every two years. In addition, the Board collects a \$5 assessment on behalf of OSHPD for its RN Education Fund, for a total of \$80 collected at the time of renewal. The \$5 assessment transfers automatically to OSHPD and is not retained or used by the Board.

With the increase in the OSHPD assessment, RNs will pay \$85 rather than \$80 at the time of renewal starting with licenses expiring in January 2004. The Board's renewal fee will remain \$75. The renewal fee has not increased for 12 years, and the Board has no plans to increase any of its fees. The increase that RNs will see when they pay their renewal is due to the increase from \$5 to \$10 for the OSHPD Education Fund.

What is the RN Education Fund?

The RN Education Fund was created in July 1989 to award funds for educational assistance to RN students and recent graduates who were willing to work in underserved areas. Legislation that created the fund in 1989, mandated that the Board of Registered Nursing collect \$5 at the time of renewal from all RNs and credit it to the RN Education

Fund for OSHPD. The law mandated OSHPD to establish a nonprofit public benefit corporation, the Health Professions Education Foundation, to manage the program. The Foundation is governed by a board consisting of nine members, seven appointed by the Governor and two by the Legislature.

The Health Professions Education Foundation provides financial aid opportunities through three programs: the RN Education Scholarship Program, the RN Education Loan Repayment Program, and the Associate Degree Nursing Pilot Scholarship Program. Annually, RNs contribute approximately \$600,000 to the RN Education Fund through their \$5 assessment. When the assessment increases to \$10, the annual revenue for the RN Education Fund will be \$1.2 million.

As of June 2002, the RN Education fund has awarded \$6.6 million to 1,152 individuals for their RN education, according to Angela Smith, director of the program. The awards have been given statewide in 51 of California's 58 counties.

Financial Aid for RN Students.

For more information about the RN Education Fund and the financial aid available for nursing students and recent graduates, check the Health Professions Education Foundation Web site at www.healthprofessions.ca.gov. You can also write to them at:

818 K Street, Suite 210
Sacramento, CA, 95814
or call them at (916) 324-6500

How You Can Help with the Nursing Shortage

The BRN encourages RNs to visit the nurse outreach Web site, www.nurse.ca.gov, to learn how they can recruit future RNs. Viewers can find numerous links to well-developed Web sites that provide materials and guidance for presentations for audiences that range from elementary to high school to adults. As the Coalition for Nurse Careers in California so aptly states, become an "RN Ambassador!"

The BRN also needs your help in identifying additional Web sites for nursing outreach to add to our Web site. Such sites should be well-developed, dynamic, and reliable sources of data. If you notice any sites that are not currently included in our Web site, please send your suggestion to the attention of the webmaster at the BRN.

Executive Officer's Message *continued from page 1*

proposals to start new nursing schools, and provide nursing expertise to the Board Members to guide policy decisions, among other responsibilities.

The top priority for the nurse consultants is enforcement cases. The longer it takes to analyze an enforcement complaint, the longer a potentially unsafe RN may remain on the job, endangering patients.

The nurse consultants are working to determine ways to reduce the 100-150 weekly phone calls they receive, while still providing important information. They are currently enhancing the Web site's "Frequently Asked Questions" sections and striving to make the site easier for callers to find their own answers. The nurse consultants have also significantly reduced their public education presentations due to time and budget constraints.

The Board is conferring with its Nursing Education Advisory Committee to develop ways to streamline its regulation of nursing school programs. This is essential due to reductions in the nurse consultant staff.

Newsletters

The cost to print and mail this newsletter to all 300,000 California RNs is more than \$75,000. A lengthier newsletter costs more than \$100,000. The Board needs to reduce or eliminate such mailings.

We will attempt to communicate with RNs and the public in more cost-effective ways. For example, we

will be expanding our Web site (www.rn.ca.gov) and making it as informative as possible. We also hope to be able to begin an e-mail subscription service if funding permits. Such a service could provide immediate updates of important Board decisions, practice alerts, or other key information.

For those of you who rely on the newsletter to provide listings of RN disciplinary actions, please refer to our Web site for listings that are updated on a quarterly basis. You can also verify the up-to-date status of individual RN licenses on the Web Site. We have omitted the disciplinary listing in this newsletter in order to reduce its size and cost.

Funding

We have been asked why the Board of Registered Nursing is included in statewide budget reductions since it does not rely on General Funds. The Board is self-supporting through Special Funds from RN licensees and applicants.

The California budget crisis is of such proportions that all State agencies have been included in the budget reductions, regardless of funding source. To avoid deeper budget cuts to health and safety programs, the General Fund has borrowed money from most Special Fund agencies, including \$12 million from the Board of Registered Nursing. The budget bill assures repayment as follows: "It is the intent of the Legislature that repayment be made so as to ensure

that the programs supported by this fund are not adversely affected by the loan through reduction in service or through increased fees."

Fees

Please be sure to read the article on page 3 of this issue that explains why RNs will be paying \$5 more at the time of renewal starting with licenses that expire January 2004. The fee is not part of the renewal charge. It is an assessment collected by the Office of Statewide Health Planning and Development (OSHPD) to support RN scholarships and loans. The legislation that enacted the \$5 increase requires that the Board of Registered Nursing collect the assessment for OSHPD at the time of RN license renewal.

The Board has no plans to increase its fees. We have not increased fees for 12 years, and do not anticipate the need to increase our fees at this time.

Summary

It seems that the Executive Officer's message is full of only bad news. I would like to end the message on a more positive note.

The Board of Registered Nursing is absolutely committed to being an excellent consumer protection agency, and we are committed to being of service to our constituents. No matter what the budget may bring, we will strive to creatively provide you with services you need. Thank you for your patience during these difficult times.

Board Member Update

Sharon Ecker, RN completed her term as a Board member in June 2003. The Board acknowledges her commitment to the Board's mission and greatly appreciates her leadership, dedication, and many contributions. Ms. Ecker served as board vice president and committee chair during her tenure with the Board.

Diversion Program Seeks Applicants For Diversion Evaluation Committees

The BRN Diversion Program is actively recruiting volunteers for its Diversion Evaluation Committees (DECs). There are currently 13 DECs located statewide. Each committee is composed of three RNs, a physician, and a public member who each have expertise in chemical dependency or mental health. Committee members make determinations about admission of RNs into the program and set out the rehabilitation program for each participant, among other responsibilities.

If you or someone you know is interested in applying, please download the application from the Web site www.rn.ca.gov. The form can be located under the forms section of the Diversion Program screen.

CONTACTING THE

DIVERSION PROGRAM

To contact the Diversion Program at the Board of Registered Nursing, call (916) 322-3350 and press 4 for Diversion Program staff.

To reach the program 24 hours a day via our contractor, Maximus, call (800) 522-9198.

Diversion Program Seeking Nurse Support Group Facilitators

The BRN's Diversion Program is seeking qualified RNs as volunteers to facilitate nurse support groups in specific geographic areas. Nurse support groups play a vital role in the success of RNs who are seeking rehabilitation through the Diversion Program.

Nurse support groups meet weekly, and their role is to encourage members to share experiences and to provide hope and support in the process of recovery from the disease of chemical dependency. They also provide support regarding professional issues including re-entry into the workplace.

Facilitators must have knowledge of chemical dependency, mental illness, and group process. They must be supportive of the BRN's Diversion Program, and, if in recovery, have five years of sobriety.

There are currently 34 nurse support groups throughout California. We are seeking facilitators for the following geographic areas: Bakersfield, Humboldt County, Los Angeles, San Francisco, San Mateo, Fresno, North San Diego County.

If you or someone you know is interested in applying to facilitate a group, you may request an application by calling the BRN's Diversion Program or download the application from the Web site at www.rn.ca.gov. The form can be located under the Forms section for the Diversion Program.

When you need information...STAT! click to www.rn.ca.gov

The Board of Registered Nursing now has a Web site, www.rn.ca.gov, providing our consumers with the latest information on Upcoming Board Events, Licensing and Renewal Information, Links to Other Healthcare Related Sites, Scope of Practice, Board Advisories and Publications, and much, much more. Services and information have been added, such as online license renewal and forms for licensure application and endorsement.

Check out the Web site and let the webmaster@rn.ca.gov know what you think.

The Board welcomes your comments and suggestions!

Be an expert witness!

The BRN is recruiting expert witnesses! As an expert witness, a registered nurse would put his or her knowledge, skills, experience, and education to the test by providing written opinions and testimony in court regarding violations of the Nursing Practice Act. This exciting opportunity may be yours if you meet the following qualifications:

- A current, active California RN license.
- Ten or more years' experience in a specialized setting, and current employment in that setting.
- Knowledge of standards of practice in your area of expertise.
- No prior or current discipline by this Board or any other health-related board or regulatory agency.
- A minimum of a baccalaureate degree in nursing, with a master's degree preferred.
- A curriculum vitae that provides evidence of your excellent writing and speaking skills.
- Work evaluations, upon request, that demonstrate your knowledge and competency.

Expert witnesses are paid \$75.00 an hour for case review and preparation of the expert opinion report, and \$75.00 an hour plus expenses when called to testify at an administrative hearing on behalf of the BRN.

Expert witnesses play a very important role in consumer protection and patient advocacy. Experts are needed in all specialty areas, however the areas of greatest need are in advanced practice, chemical dependency, critical care, and long term care.

If you are interested, you can obtain an application and more information from the Enforcement Program section on the BRN's Web site at www.rn.ca.gov, or send your request in writing to:

Enforcement Program
Board of Registered Nursing
P.O. Box 944210
Sacramento, CA 94244-2100

Advisories *continued from page 1*

Supervision of Medical Assistants

NPs and CNMs may supervise medical assistants in "community" and "free clinics" when approved to do so in their standardized procedure.

Cosigning Workers' Compensation Reports

NPs may cosign an authorization, Doctor's First Report of Occupational Injury or Illness for a worker's compensation claim for up to three (3) calendar days in accordance with their approved standardized procedure.

Acceptance and Implementation of Orders

RNs may accept and implement medical orders from a Nurse Practitioner, Certified Nurse-Midwife, Physician Assistant, Pharmacist and Registered Dietician when the medical order is approved by the health facility in a protocol as authorized in law for the scope of practice of the above licensed health professional.

The Certified Nurse Practitioner

Information and related laws describing scope of practice, furnishing requirements, workers' compensation reports, and supervision of medical assistants.

Restraints & Seclusion Orders by NPs

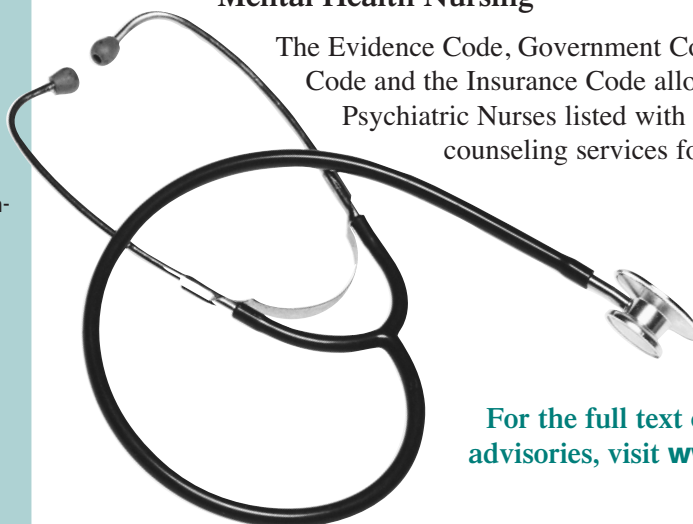
Medicare Guidelines referring to restraint and seclusion in behavioral health management may be a delegated authority in approved standardized procedure.

RN Tele-Nursing and Phone Triage

Business and Professions Code, Nursing Practice Act, Section 2725 provides the authority for RNs licensed in California to provide telephone nursing advice and/or nursing telephone triage services.

BRN Clinical Nurse Specialist in Specialty Psychiatric Mental Health Nursing

The Evidence Code, Government Code, Health and Safety Code and the Insurance Code allow CNSs and Specialty Psychiatric Nurses listed with the BRN to bill for counseling services for victims of crime.



For the full text of these and other advisories, visit www.rn.ca.gov.

What is the RN Scope of Practice?

Authority for the scope of practice for registered nurses is set out in the Nursing Practice Act in Article 2, Scope of Regulation, starting with Business and Professions Code, Section 2725. (B&P § 2725)

Registered nurses have clear legal authority for functions and procedures that have common acceptance and usage. Registered nursing includes observation of signs and symptoms of illness, reactions to treatment, general behavior, or general physical condition; determining abnormal characteristics; and implementation of reporting or referring to the physician, standardized procedures, changes in treatment regimen in accordance with standardized procedures, or initiating emergency procedures. (B&P Code § 2725 (b)(4))

Registered nursing includes direct and indirect patient care services that ensure safety, comfort, personal hygiene, protection of patients, and disease prevention and restorative measures. RNs administer medications and therapeutic agents to implement a treatment, disease prevention, or rehabilitation regimen ordered by a physician, dentist, podiatrist, or clinical psychologist. RNs perform skin tests, immunizations, and withdrawal of blood from veins or arteries. (B&P Code § 2725(b)(1-4))

Registered nursing practice is recognized as having overlapping functions with physicians. The RN scope of practice permits additional sharing of functions in the organized health care system that provides for collaboration between physicians and registered nurses. Standardized procedure includes policies and protocols developed in collaboration with physicians,

nurses, and administrators of facilities. (B&P Code § 2725 (c))

Registered nurses may dispense (hand to a client) drugs and devices upon the order of a licensed physician and surgeon when the nurse is dispensing within a free or community clinic. The registered nurse is not authorized to dispense controlled substances. (B&P Code § 2725.1)

Registered nursing practice includes the following functions in all settings where the professional registered nurse is providing nursing care to patients or clients (California Code of Regulations (CCR) § 1443.5):

- Formulates a nursing diagnosis through observation of the client's physical condition and behavior, and through interpretation of information obtained from the client and health team.
- Formulates a care plan with the client, which ensures that direct and indirect nursing care services provide for client's safety, comfort, hygiene, and protection, and for disease prevention and restorative measures.
- Performs skills essential to the kind of nursing action to be taken.
- Explains the health treatment to the client and family.
- Teaches the client and family how to care for the client's health needs.
- Delegates tasks to subordinates based on legal scope of practice of the subordinate.
- Determines that the subordinate has the preparation and capability needed in the task to be delegated.

- Effectively supervises nursing care being given by subordinates.
- Evaluates the effectiveness of the care plan by observation of the client's physical condition and behavior, signs and symptoms of illness, and reactions to treatment and through communication with client and health team members, and modifies the plan as needed.
- Acts as the client's advocate, by initiating action to improve health care or to change decisions or activities which are against the interest or wishes of the client, by giving the client the opportunity to make informed decisions about health care before it is provided.

Nurse Practitioners

The nurse practitioner (NP) is a registered nurse with additional educational preparation and skills in physical diagnosis, psychosocial assessment, and management of health and illness needs in primary health care. Nurse practitioners who have been certified by the BRN may use the title "R.N., N.P." after his or her name alone or include categories of specialization such as Family Nurse Practitioner, Pediatric Nurse Practitioner, or Adult Nurse Practitioner. The nurse practitioner relies on standardized procedures for authorization to perform medical functions of diagnosing and treating patients. Nurse practitioners who meet BRN requirements may obtain a furnishing number to make drugs and devices available to patients in strict accord with furnishing standardized procedures. (B&P Code § 2834, CCR §1480)

continued on page 8, see RN Scope

RN Scope, continued from page 7

The Nursing Practice Act provides authority for nursing functions that are essential to providing primary health care which do not require standardized procedures. Examples include physical and mental assessment, disease prevention and restorative measures, performance of skin tests and immunizations, and withdrawal of human blood from veins and arteries. (B&P Code § 2725)

Certified Nurse-Midwives

BRN certified nurse midwives (CNM), under the supervision of a licensed physician and surgeon, are authorized to attend cases of normal childbirth and provide prenatal, intrapartum, and postpartum care, including family planning care for the mother, and immediate care of the newborn. The practice of nurse midwifery constitutes the furthering or undertaking by a certified person, under supervision of a physician and surgeon, who has current practice or training in obstetrics, to assist a woman in childbirth so long as progress meets criteria accepted as normal. Physician supervision shall not be construed to require the physical presence of the supervising physician. All complications shall be referred to a physician immediately. The practice of nurse-midwifery does not include the assisting of childbirth by any artificial, forcible, or mechanical means, nor the performance of any version. Nurse midwives may perform or repair episiotomies, and repair first and second degree lacerations of the perineum in a licensed acute care hospital and a licensed alternative birth center if all conditions are met as set forth in B&P Code Section 2746.52. These conditions include the supervising physician and surgeon must be credentialed to perform obstetrical care in the facility. The CNM performs and repairs the episiotomies pursuant to protocols

developed and approved by the CNM, supervising physician, director of the obstetrical department and the interdisciplinary practices committee where applicable. A CNM who meets BRN requirements may obtain a furnishing number to make drugs and devices available to patients in strict accordance with approved furnishing standardized procedures. (B&P Code §§ 2746-2746.52, CCR § 1460)

The scope of nurse-midwifery practice includes providing necessary supervision, care, and advise in a variety of settings to women during the antepartal, intrapartal, postpartal, interconceptional periods, and family planning. It also includes conducting deliveries on his or her own responsibility and caring for the newborn and the infant. This care includes preventive measures and the detection of abnormal conditions in mother and child. The CNM obtains physician assistance and consultation when indicated, and provides emergency care until physician assistance can be obtained. Other practices and procedures may be included when the nurse-midwife and the supervising physician deem appropriate by using standardized procedures as specified in B&P Code, Section 2725. (CCR § 1463)

NPs and CNMs Furnishing Drugs and Devices, Including Controlled Substances

Furnishing is defined as the act of making a pharmaceutical agent available to the patient in strict accordance with approved standardized procedures. A formulary (listing of drugs) may be incorporated. Nurse practitioner and nurse-midwives who have received a furnishing number from the BRN and have acquired a Drug Enforcement Agency (DEA) number may furnish controlled substances, Schedule III,

IV, V. The act of furnishing controlled substance is termed an "order," and the order is considered the same as an order initiated by the physician. CNMs are authorized to furnish Schedule II Controlled Substances in acute care hospitals. NPs furnishing or ordering Schedule III controlled substance and CNMs furnishing or ordering Schedule II and III controlled substance are required to have a patient-specific protocol contained in the standardized procedure. A patient-specific protocol is a protocol within the standardized procedure that specifies which categories of patients may be furnished or ordered this class of drug. The protocol may state any other limitations as agreed upon by the NP or CNM and the supervising physician, such as the amount of the substance to be furnished and criteria for consultation. There are no practice site restrictions for NPs and CNMs when performing their furnishing function by approved standardized procedure. (B&P Code §§ 2836.1, 2746.51)

A prescription pad may be used as a transmittal order form as long as the transmittal contains the furnisher's name and furnishing number and, when appropriate, the furnisher's DEA number. Pharmacy law requires the physician's name on the drug or device container label. A copy of the section for the NP's and or CNM's standardized procedure relating to controlled substances shall be provided upon request to any licensed pharmacist who dispenses drugs or devices when there is uncertainty about the furnishing transmittal order.

Other authority afforded nurse practitioners and nurse-midwives is to dispense, furnish, or otherwise provide prescription antibiotic drugs to a

continued on next page

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sexual partner or partners of a patient diagnosed with sexually transmitted Chlamydia infection without examination of the patient's sexual partner.

RNs, NPs, and CNMs Dispensing Drugs or Devices

A registered nurse may dispense drugs and devices upon an order by a licensed physician and surgeon if the RN is functioning within a primary, community or free clinic. No clinic shall employ an RN to perform dispensing duties exclusively. (B&P Code § 2725.1)

Nurse practitioners and certified nurse-midwives have furnishing authority to dispense drugs and devices including controlled substances, Schedule III, IV, V, pursuant to standardized procedures or protocols in a primary, community, or free clinic. (B&P Code § 2725.1)

Pharmaceutical Samples

Nurse practitioners and nurse-midwives are authorized to sign for the request and receipt of complimentary samples of dangerous drugs and devices identified in their standardized procedures or protocols that have been approved by the physician. (B&P Code § 4061)

Supervision of Medical Assistants

Nurse practitioners and nurse-midwives may supervise Medical Assistants in community and free clinics in accord with approved standardized procedures and in accord with those supportive services the Medical Assistant is authorized to perform. (B&P Code § 2069(a)(1); and Health and Safety Code § 1204(a),(b))

Workers' Compensation Report

Nurse practitioners can cosign the Doctor's First Report of Occupational Injury or Illness for a workers' compensation claim to receive time off from work for a period not to exceed three calendar days if that authority is included in standardized procedures or protocols. The treating physician is required to sign the report and to make any determination of any temporary disability. (Labor Code § 3209.10)

Reproductive Privacy Act

Registered nurses, certified nurse practitioners, and certified nurse-midwives with valid, unrevoked, and unsuspended licenses or certificates are authorized to assist in the performance of a surgical abortion and to assist in the performance of a non-surgical abortion. BRN interprets that the RN may perform or assist in performing the functions necessary for a non-surgical abortion including medication administration and patient teaching. (B&P Code § 2253; H&S Code 123460)

Certified Registered Nurse Anesthetists

The Nursing Practice Act authorizes the certified registered nurse anesthetist (CRNA) to provide anesthesia services ordered by a physician, dentist, or doctor of podiatric medicine, in accordance with community practice and policies of the organized health care system in which the service is provided. Anesthesia services include regional or local anesthesia by injection as well as general anesthesia. (B&P Code § 2825)

Clinical Nurse Specialist

A clinical nurse specialist is a registered nurse with advanced education, who participates in expert clinical practice, education, research, consultation, and clinical leadership as the major components of his or her role. The clinical nurse specialist does not have an additional scope of practice beyond the usual RN scope and must utilize standardized procedures for authorization to perform medical or surgical functions. The clinical nurse specialist may possess a master's degree in a clinical field of nursing, or a master's degree in a clinical field related to nursing with academic coursework in the CNS components expert clinical practice, education, research, consultation, and clinical leadership. The BRN provides certification for the use of the title "clinical nurse specialist" and no person can refer to himself or herself as a clinical nurse specialist unless certified by the BRN. (B&P Code § 2838)

More Information

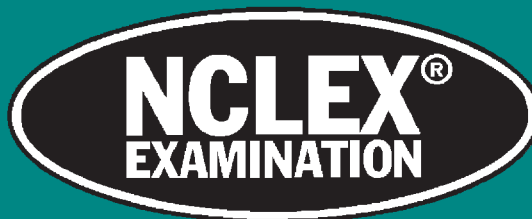
For further information regarding RNs, NPs, CNMs, and CNSs, refer to our Web site at www.rn.ca.gov, under Advisories & Publications. Also, you can find the statutes cited in this article at www.leginfo.ca.gov and the regulations at www.oal.ca.gov.



BRN Activities for Fiscal Year 2002-2003

The BRN is one of 26 boards, committees, or commissions within the state's Department of Consumer Affairs. The following summarizes the BRN activities for the 2002-2003 fiscal year.

Licensing	
Applications Received	30,604
Licenses Issued	19,417
Total Licenses	298,983
Active	280,653
Inactive	18,330
Approved RN Pre-Licensure Programs	97
Continuing Education	
Providers	3,349
Enforcement Program	
Complaints Received	2,172
Cases Referred to Attorney General	302
Formal Charges Filed	363
Disciplinary Actions	
Revocation	53
Surrender of License	18
Probation	75
Probation with Suspension	1
Diversion Program	
Self-referrals	54
Board Referrals	124
Number of Participants	429
Successful Completions	68



Nurses are needed as members of National Council's NCLEX item development panels to assist in the NCLEX item development process.

By participating as an NCLEX item writer, item reviewer, or panel judge, you will learn how the nurse licensure examinations are developed and have input in the process.

To learn how you can become a member of a National Council NCLEX item development panel, call the National Council Item Development Hot Line at 312-525-3775.

Licensing Exam Results

JULY 1, 2002 – JUNE 30, 2003

FIRST TIME CANDIDATES	Total	Pass	% Pass
CALIFORNIA GRADUATES	5,400	4,610	85.4%
NON-U.S.-EDUCATED CANDIDATES	4,844	2,013	41.6%
TOTAL FIRST-TIME CANDIDATES*	11,137	7,363	66.1%
REPEATING CANDIDATES	Total	Pass	% Pass
CALIFORNIA GRADUATES	1,399	709	50.7%
NON-U.S.-EDUCATED CANDIDATES	7,330	1,406	19.2%
TOTAL REPEATING CANDIDATES**	9,151	2,316	25.3%
GRAND TOTAL	20,288	9,679	47.7%

* Includes California graduates and non-graduates, out-of-state graduates, international graduates, military corps, and LVN 30-unit option

** Includes eight-year renewal category in addition to those listed above.

Message from Board President, Sandra L. Erickson, CRNA

Board Encourages Response to RN Survey

“You may already be a winner”



You may be one of a select group of RNs who was randomly chosen to receive the Board's Survey designed to get a picture of the opinions and experiences of California nurses.

Granted, it's not the lottery or a sweepstakes. But the pay-off for California could be tremendous if you take the time to participate if you are one of the lucky RNs to receive a survey.

The Board has previously conducted this survey in 1990, 1993, and 1997, and the results were used extensively by the Legislature, the media, and planning groups. We were fortunate to receive funding to repeat the survey this year as a result of the Governor's Nurse Workforce Initiative. We have contracted with California State University, Chico, to conduct the research.

With this updated information about RNs in California we will be able to answer some critical questions that could help policy makers address the nursing shortage and plan for tomorrow's workforce. Just a few examples include:

- How does RN job satisfaction compare to prior years? What are the areas of greatest and least satisfaction?
- What is a snapshot of the “average” RN? Is the average age continuing to increase? Are other demographics changing?
- How many regular and overtime hours do RNs work per week, what is the average salary, and how does that compare to prior years?
- Have work settings and assignments for RNs changed?
- Is California providing more of its own RNs, or is California continuing to produce only 55% of its current RNs through its nursing programs?

- What is the current education profile of RNs?
- What are current intentions of inactive RNs to return to nursing?

An incredible 75% of RNs who were surveyed in the past responded! That speaks volumes to the professionalism and concern for the future that California RNs share.

I am writing to you with a heartfelt request. If you are fortunate enough to receive this survey, please take 20-30 minutes of your valuable time to respond. It will truly make a difference in shaping policy for nurse workforce planning.

Results of the survey should be published by approximately July 2004. It will be posted on our Web site, and we will get word out to nursing publications to ensure the nursing community is aware when it is published.

Thank you in advance for assisting with this important research!

Guide for Using the BRN Phone System

Dial (916) 322-3350 to reach the BRN.

When you hear the greeting, you can direct your call by pressing one of the following numbers. You do not need to wait for the greeting or menu to finish before pressing a number.

Press “1” to reach the Automated License Verification System.

Use this option if you know the permanent RN license number and wish to know the status, expiration date, issuance date, advanced practice certification, or other key data. In California, you can also reach this verification service by calling 1-800-838-6828.

Press “2” to reach the Examination and Licensing Program.

For use by applicants for initial licensure, certification, or examination, and for verification of interim permits and temporary licenses. Telephone hours are 9 a.m. - 3 p.m., Monday thru Friday.

Press “3” to reach the Renewals Program.

Use this option to ask a renewal question, file an address change, or to reach other RN licensee services.

Press “4” to reach the Diversion Program.

Use this option to inquire about the rehabilitation program for RNs who may be impaired by chemical dependency or mental illness.

Press “5” to file a complaint about a registered nurse.

This option transfers the caller to the Enforcement Program.

Press “6” to obtain recorded information on a variety of topics.

For example, BRN address; how to endorse from California to another state; application process for continuing education providers; referrals regarding vocational nurses, psychiatric technicians, certified nursing assistants, or home health aides.

Press “0” for all other inquiries.

The BRN also has an automated 24-hour, toll-free, license verification number: 1-800-838-6828



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the BRN report

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