Thursday, February 7, 2019 11:00am

10.0 Call to Order/Roll Call /Establishment of a Quorum/Approval of Minutes

10.0.1 Review and Vote on Whether to Approve Previous Meeting’s Minutes:
- October 16, 2018

10.1 Discussion Only: Request Board of Registered Nursing (BRN) Board Members to provide specific examples of the barriers or lack of transparency in application deficiencies encountered in the BREEZE system regarding the Advance Practice constituents in California and out-of-state endorsement, new applications and renewals.

10.2 Discussion Only: Discuss and evaluate the classification of First Assist standardization of practice certification requirement.

10.3 Discussion Only: Discuss nursing practice curricula for nurse practitioners and the length of residency requirements of all students and applicants.

10.4 Discussion Only: Discuss and analyze standard clinical hour requirements for Doctor of Nursing Practice (DNP) programs in California.
Tuesday, October 16, 2018

1.0 Call to Order: Roll Call and Establishment of a Quorum
Meeting called to order by Dr. Joseph Morris, RN, PhD, MSN, Executive Officer at 10:47am. Quorum established, all members present.

On February 15, 2018, The Board of Registered Nursing appointed the following candidates as members to the Advanced Practice Nursing Committee.

Certified Nurse Midwife

Danielle Blum

Hilary Reyes

Clinical Nurse Specialist

Elissa E. Brown

Garrett Chan

Certified Registered Nurse Anesthetist

Sandra K. Bordi

Karyn Karp
MEMBERS PRESENT:

Danielle Blum; CNM
Sandra Bordi; CRNA
Elissa Brown; CNS
Garrett Chan; CNS
Mitchel Erikson; NP
Charlotte Gullap-Moore; NP
Jane Perlas; NP
Karyn Karp; CRNA

ABSENT MEMBERS: NONE

STAFF MEMBERS PRESENT: Dr. Joseph Morris; RN, PhD, MSN, Executive Officer
Janette Wackerly; RN, MBA, BSN
Anne Salisbury; DCA Legal Attorney

Public Comment: None

2.0 Information Only: Review Mission Statement, Vision, and Values of the Board

Mission

The California Board of Registered Nursing protects and advocates for the health and safety of the public by ensuring the highest quality of registered nurses in the State of California.

Vision

The country’s premier board of nursing, protecting patient advocacy, consumers, and high-quality nursing education.

Values

Consumer Protection
Customer Service
Effectiveness
Integrity
Trust

Public Comment: None

3.0 Information Only: Review the Strategic Plan of the Board
The BRN is committed to successfully achieving its mission to protect California’s healthcare consumers and promote quality nursing care. The Board builds an excellent organization through proper Board governance, effective leadership and responsible management.

The Nursing Practice Act is the body of California law that mandates the Board to accomplish the above activities and sets out the scope of practice and responsibilities for RNs. The Practice Act is located in the California Business and Professions Code starting with Section 2700. Regulations which specify the implementation of the law appear in the California Code of Regulations.

According to California Board of Registered Nursing (BRN) Policy and Procedure, Advisory Committees Policies and Responsibilities (2011), Board committees are structured to provide an organized mechanism for nurses and other members of the public to jointly identify recommendations, which represent a variety of perspectives for BRN’s consideration or action. Protection of the public is the central focus of all recommendations. All committees are advisory in nature and their recommendations will represent the committee’s majority opinion regarding a recommendation.

The APRN Committee will look at strategies to increase and enhance the Board’s strategic plan through activities of APRN members.

- Ensure excellence in practice and promote public safety.
- Ensures that statutes, regulations, policies and procedures strengthen and support their mandate and mission.
- Promote licensing standards to protect consumers and allow access to the APRN profession.
- Informs consumers, licensees and stakeholders about the practice and regulation of the profession.

Public Comment: None

4.0 Discussion and Possible Action: Explain Goals, Procedures, and Responsibilities of the APRN Committee

Goals

Support each of the Advance Practice Registered Nursing (APRN) roles and advise the Board of Registered Nursing (BRN) on matters related to advance practice at the state, regional and national level.

1. Clarify and articulate sufficiency of the four advanced practice roles and recommend changes to the Nursing Practice Act and rules.
2. Develop recommendations for joint statements related to scope of practice and advanced practice nurse functions.
3. Review national trends in the regulation of advance practice nurses and make recommendations to the board.
4. Collaborate with other Board committees on matters of mutual interest.

**Procedures**

Understanding of the purpose of the Advanced Practice Committee and its relationship with the Board of Nursing is essential. Committee Chairs and members will work in collaboration with other committees and staff when final recommendations to the Board require multiple viewpoints. Committee Members provide expertise and enhance the quality of Committee decision making. Each committee will comply with the open meeting laws, prepare and maintain minutes of meetings.

**Responsibilities**

Committee members are responsible for regular attendance, active participation in the committee’s deliberations and work and promoting awareness within their agencies of the final decisions adopted. All committees conduct an annual self-evaluation, which is utilized by the Board in determining the continuation of the committee appointment and assigned charges. The Board retains full discretion to remove committee members.

**Public Comment: None**

5.0 **Discussion and Possible Action:** Elect Chair Officer, Discuss Serving Terms and Establish Meeting Schedule.

**Chair**

Committee Chairs/members will work in collaboration with other committees/staff. Committees will be chaired by one APRN Member who will report to the Nursing Practice Liaison. Each committee will comply with the open meeting laws, prepare and maintain minutes of meetings. Draft minutes will be sent to Board Members at the next Board Meeting to ensure the discussion points or recommendations are communicated timely. The Board may accept, reject, modify, or return recommendations back to the committee for further work. Board staff will act on behalf of the Board to carry out the work required.

**Chair Duties**

- Managing the meeting agenda.
- Providing Leadership on issues.
- Knowledge of the Nurse Practice Act.
- Bagley-Keene the Law; Open Meeting Act
- Adherence to accepted rules of order for conducting the meeting
- Ensuring participation of all members.
- Treating members and guests with respect.

**Serving Terms**
Each member may serve two, 2-year terms consecutively. The Board will consider exceptions. If a committee member is unable to participate in the majority of meetings, the Board retains full discretion to remove committee members.

**Meeting Schedule**

The APRN Meeting will meet twice a year at the Board of Registered Nursing Headquarters in Sacramento, California. Attendance is in person or via teleconference.

| **Motion:** Danielle Blum: Motion to restructure the APRN Advisory Committee to establish two co-chairs. |
| **Second:** Karyn Karp |
| DB: Yes | SB: Yes | EB: Yes | GC: No | ME: No | CGM: No | JP: No | KK: Yes |

**Public Comment:** None

| **Motion:** Dr. Morris: Election of Chair. |
| **Second:** N/A |

**Public Comment:** None

| **Motion:** Dr. Morris: Re-Vote on Chair. |
| **Second:** N/A |

**Public Comment:** None

| **Motion:** Mitchel Erickson: Make a motion to create a vice chair position for this committee. |
| **Second:** Karyn Karp |

**Public Comment:** None
Motion: Danielle Blum: Make a motion to vote for APRN Vice Chair.

Second: All in Favor

|---------|--------|--------|--------|--------|------|--------|--------|

Public Comment: None

Motion: Amended: Mitchel Erickson: Vote to recommend that the Board extend the number of meetings from twice a year to 3 times a year, should the budget allow it.

Second: Elissa Brown

|---------|---------|--------|---------|---------|----------|--------|---------|

Public Comment: None

Motion: Future meeting Thursday January 17, 2019 10:00am-3:00pm in Sacramento, CA

Second: All in favor

|---------|---------|--------|---------|---------|----------|--------|---------|

Public Comment: None

Motion: Future meeting Thursday May 16, 2019 10:00am-3:00pm in Sacramento, CA dates for future APRN Meetings.

Second: All in favor

|---------|---------|--------|---------|---------|----------|--------|---------|

Public Comment: Katherine Hughes, SEIU Representative.

6.0 Public Comment for Items Not on the Agenda.

7.0 Adjournment
NOTICE:

All times are approximate and subject to change. Items may be taken out of order to maintain a quorum, accommodate a speaker, or for convenience. The meeting may be canceled without notice. For verification of the meeting, call (916) 574-7600 or access the Board’s Web site www.rn.ca.gov. Action may be taken on any item listed on this agenda, including information only items. Public comments will be taken on agenda items at the time the item is heard. Total time allocated for public comment may be limited.

The meeting is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting the Administration Unit at (916) 574-7600 or e-mail webmasterbrn@dca.ca.gov or send a written request to the Board of Registered Nursing office at 1747 N. Market #150, Sacramento, CA 95834. (Hearing impaired: California Relay Service: TDD phone # (800) 326-2297). Providing your request at least five (5) business days before the meeting will help to ensure the availability of the requested accommodation.

Board members who are not members of this committee may attend meetings as observers only, and may not participate or vote.
AGENDA ITEM: 10.1  
DATE: February 7, 2019

ACTION REQUESTED: Discussion Only: Request Board of Registered Nursing (BRN) Board Members to provide specific examples of the barriers or lack of transparency in application deficiencies encountered in the BREEZE system regarding the Advance Practice constituents in California and out-of-state endorsement, new applications and renewals.

REQUESTED BY: Mitchel Erickson, Chair, NP, ACNP-C

BACKGROUND:

As a constituent and user of the Breeze system for initial license, renewal of license, and endorsement from compact states there is an absence of transparency regarding deficiencies in an initial nursing and renewal application. It creates frustration and delays with applicant processing and renewing of registered nursing licenses.

Since all applications are reviewed for payment and other requirements, there needs to be a place within the online portal for the applicant to review and determine if they have failed to complete the license process correctly. It saves the Board of Registered Nursing and the BREEZE system from direct communication with thousands of licensees and creates a truly online experience where the applicant can clearly see any deficiencies in the review process. This goes beyond the way Breeze identifies their processing times from date of submission.

Healthcare facilities have had to suspend providers for failure of having an active license. After further investigation with the constituent, it was discovered that the licensee had failed to fully pay for all parts of their license or was somehow incomplete in their application submission.

RESOURCES:

NEXT STEPS: Board

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: Janette Wackerly, MBA, BSN, RN  
Supervising Nursing Education Consultant  
Phone: 916-574-7686  
Email: janette.wackerly@dca.ca.gov
AGENDA ITEM: 10.2
DATE: February 7, 2019

ACTION REQUESTED: Discussion Only: Discuss and evaluate the classification of First Assist standardization of practice certification requirement.

REQUESTED BY: Mitchel Erickson, Chair, NP ACNP-C

BACKGROUND:

Currently the BRN statement around RNFA has no requirements or guidelines or policy regarding the specifics of education requirement or certification to have the privilege or first assist in the OR. Since APRNs typically do not include this in their curricula it is important to establish some guidelines to ease the process within health systems tasked with credentialing and privileging APRNs under standardized procedures.

The National Institute of First Assisting, Inc. (NIFA) is a Colorado institution that specializing in health care education specific to operating room nurses and APRNs since 1995. The NIFA RN First Assistant Program for APRNs is presented through accredited colleges nationwide, overseen by their accredited nursing programs and meets all AORN Standards for RNFA Education.

This college RNFA online program addresses all the modules of the AORN Core Curriculum for RN First Assistants. In total, home studies would represent approximately 48 hours followed by a 140-hour internship which the student arranges at their facility.

Upon Graduation

Many APRN students graduate between 5-8 months after but have two years to complete the program. Graduates receive a Certificate verifying that they have successfully completed the RNFA program designed specifically for APRNs, meets all the standards as set forth by the AORN and is accepted by the Competency and Credentialing Institute leading qualified graduates to the national exam. Your NIFA certificate is recognized by all 50 Boards of Nursing.

UCLA’s program requires OR experience of 2 years or to take the one-day course before entry into the APRN FA program which is 52 hours of class room content then preceptorship. 120 hours of independent preceptorship is required prior to certification.
Definition of the APRN functioning as a first assistant at surgery

The APRN practicing in the perioperative environment as a first assistant at surgery

- functions in an expanded perioperative APRN role;
- must comply with all statutes, regulations, and institutional policies relevant to the APRN who first assists at surgery;
- is required, as of January 1, 2016, to acquire the knowledge and skills needed to provide safe, competent surgical first assistant services by completing a program that covers the content of the AORN Standards for RN First Assistant Education Programs, which may be a stand-alone program or may be a portion of a graduate or postgraduate program (e.g., additional coursework included in a graduate APRN program);
- functions autonomously as part of the surgical health care team to achieve optimal patient outcomes in the preoperative and postoperative management of surgical patients and their complex responses to the surgical process;
- functions in the perioperative arena with responsibilities based on role-specific competency, patient populations, practice environments, accessibility of human and fiscal resources, and health care organization policy;
- functions intraoperatively as a first assistant at surgery only and not concurrently as a scrub person or circulator; and
- functions intraoperatively in a coordinated manner with the surgeon while using instruments and medical devices, providing surgical site exposure, handling and/or cutting tissue, providing hemostasis, sutturing, and wound management.

Clinical Privileging

Clinical privilege for the APRN practicing as a first assistant at surgery

RESOURCES:

NEXT STEPS: Board

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: Janette Wackerly, MBA, BSN, RN
Supervising Nursing Education Consultant
Phone: 916-574-7686
Email: janette.wackerly@dca.ca.gov
AORN Standards for RN First Assistant Education Programs

Registered nurse first assistant (RNFA) education programs should be designed to provide RNs and advanced practice RNs (APRNs) with the educational preparation necessary to assume and function in the role of the first assistant during operative and other invasive procedures. These programs should be built on a common foundation to provide consistent content leading to a level of knowledge that will promote safe patient care.

The AORN Standards for RN First Assistant Education Programs serves as the foundation and educational framework on which RNFA education programs are developed and implemented. These standards are intended to guide program administrators and faculty members in designing and evaluating curricula. These standards are broad in scope, definitive, relevant, and attainable.

Standard I
Requirements for education programs shall include the following:

A. Programs shall
   - be at a minimum equivalent to six (6) semester credit hours of formal, post-basic RN education;
   - award college credits and degrees or certificates of completion upon satisfactory completion of all requirements;
   - be associated with
     - a college or university that is accredited by an institutional accrediting agency that is recognized by the US Department of Education;
     - a nursing program (e.g., school, college, department of nursing) that is accredited by a national nursing accrediting agency that is recognized by the US Department of Education, if eligible; and
     - a nursing program that is approved/recognized/accredited by a state board of nursing;
   - adhere to the current version of the AORN Position Statement on RN First Assistants and the AORN Position Statement on the Perioperative Advanced Practice Nurse;
   - incorporate all of the content in the current edition of the Core Curriculum for the RN First Assistant; and
   - incorporate all of the requirements in this document.

B. Programs may be a portion of an undergraduate or graduate degree program.

Standard II
Admission requirements shall include the following:

A. General admission requirements as determined by the educational institution.
B. Proof of licensure to practice as an RN in the state in which the clinical internship will be undertaken.

C. Verification that the student has or is eligible for one of the following credentials:
   - **CNOR®**—if the student is not certified as a CNOR at the time of admission, proof of certification must be submitted before a certificate of completion is awarded.
   - **APRN**—proof of recognition must be submitted before a certificate of completion is awarded.
     - APRNs without experience in perioperative patient care must undergo an assessment by the program instructor. The assessment should include competency in preoperative and postoperative care, aseptic technique, scrubbing, gowning, gloving, creating and maintaining a sterile field, and positioning the patient. If it is determined that the applicant’s knowledge or skills are deficient, faculty members in the educational institution shall develop a plan to remediate the identified deficiencies.

D. Certification in cardiopulmonary resuscitation (CPR) or basic cardiac life support (BCLS) (required) or advanced cardiac life support (ACLS) (preferred).

E. Letters of recommendation attesting to the applicant’s experience as an RN and the applicant’s knowledge, judgment, and skills specific to perioperative patient care.

**Standard III**

**The program shall include a didactic component.**

A. The didactic component shall include content that emphasizes the expanded functions unique to the RNFA during preoperative, intraoperative, and postoperative phases of care for patients undergoing operative and other invasive procedures, including
   - preoperative management of patients in collaboration with other health care providers, such as
     - performing focused preoperative assessments* and
     - communicating with other health care providers about the patient’s plan of care;*
   - intraoperative performance of surgical first-assisting techniques, such as
     - using instruments and medical devices,
     - providing surgical site exposure,
     - handling tissue,
     - cutting tissue,
     - providing hemostasis,
     - suturing, and
     - wound management; and
   - postoperative management of patients in collaboration with other health care providers in the immediate postoperative period and beyond, such as
     - participating in or performing* postoperative rounds and
B. The APRN who does not have sufficient perioperative experience shall have remediation in basic concepts of perioperative nursing skills and knowledge including surgical instrument use, surgical conscience, equipment and product safety, general concepts of anesthesia, use of perioperative medications, and the competencies described in the section of Standard IIC that applies to the APRN.
   - The APRN may gain these skills and knowledge by completing a basic perioperative orientation program (eg, Periop 101: A Core Curriculum™).

C. The didactic portion of the course shall be at a minimum equivalent to three (3) semester credit hours of study, including student assignments, classroom instruction, and laboratory practicums.

D. A multidisciplinary faculty for the didactic portion of the course shall include at minimum
   - a perioperative nurse with a graduate degree in nursing;
   - an RNFA, preferably a certified RNFA (CRNFA®); and
   - a board-certified surgeon.

E. Instructional methods may include lecture, interactive discussion, independent study, instructional media, demonstration/return demonstration, and laboratory practicums.

F. Evaluation methods may include written examinations, laboratory practicums, and independent critical thinking assignments.

G. Instructional resources shall include
   - the current edition of the Core Curriculum for the RN First Assistant™ and
   - texts or other instructional media that include content on anatomy and physiology, operative and other invasive procedures, and preoperative and postoperative patient assessment and management.

**Standard IV**

Successful completion of all requirements of the didactic component shall be required for matriculation into the clinical component.

**Standard V**

The program shall include a clinical component.

A. Faculty members shall design and evaluate the clinical component of the curriculum, including objectives, evaluation methods, and criteria for clinical sites and preceptors.

B. The clinical component of the course shall emphasize the expanded functions unique to the RNFA student intern during operative and other invasive procedures, including
   - preoperative management of patients in collaboration with other health care providers, such as
     - performing focused preoperative assessments,*
communicating and collaborating with other health care providers about the patient's plan of care;*
- intraoperative surgical first-assisting clinical experience, including
  - using instruments and medical devices,
  - providing surgical site exposure,
  - handling tissue,
  - cutting tissue,
  - providing hemostasis,
  - suturing, and
  - wound management;
- postoperative management of patients in collaboration with other health care providers in the immediate postoperative period and beyond, such as
  - participating in or performing* postoperative rounds, and
  - assisting with or arranging* discharge planning and identifying appropriate community resources as needed.1

C. The clinical component shall be at a minimum equivalent to three (3) semester credit hours and shall include intraoperative first assisting and additional hours of preoperative and postoperative patient care management.
  - The intraoperative first-assisting hours shall be a minimum of 120 of the total hours.

D. The clinical on-site preceptors shall include
  - a board-certified surgeon(s) in the RNFA intern’s primary area of practice and
  - an RNFA or CRNFA mentor if available and desired by the student.

E. Instructional methods may include physician-supervised clinical activities, assigned independent learning activities, a self-evaluative learning diary, a clinical case study project, and a surgical intervention participation log.

F. Evaluation methods may include completion of assigned independent learning activities, a self-evaluative learning diary, a clinical case study project, preceptor evaluations, a surgical intervention participation log, and mentor evaluations when applicable.
  - Students must demonstrate competence in the expanded functions of the RNFA listed in section VB.
  - The preceptor(s) shall provide a summative evaluation of achievement of competence and a letter of recommendation based on all required learning activities, as shall the RNFA/CRNFA mentor when applicable.
  - The faculty members shall be responsible for the final determination of successful course completion.

G. Instructional resources shall include
  - the current edition of the Core Curriculum for the RN First Assistant,3
  - texts or other instructional media that include content on anatomy and physiology, operative and other invasive procedures, and preoperative and postoperative patient assessment and management, and
consultation and collaboration with other health care providers.

*APRNs and RNs will function in preoperative and postoperative situations as permitted by their respective scope of practice, as authorized by the licensing body.

Glossary

**Advanced Practice Registered Nurse (APRN):** "A nurse:

1. who has completed an accredited graduate-level education program preparing him/her for one of the four recognized APRN roles;
2. who has passed a national certification examination that measures APRN, role and population focused competencies and who maintains continued competence as evidenced by recertification in the role and population through the national certification program;
3. who has acquired advanced clinical knowledge and skills preparing him/her to provide direct care to patients, as well as a component of indirect care; however, the defining factor for all APRNs is that a significant component of the education and practice focuses on direct care of individuals;
4. whose practice builds on the competencies of registered nurses (RNs) by demonstrating a greater depth and breadth of knowledge, a greater synthesis of data, increased complexity of skills and interventions, and greater role autonomy;
5. who is educationally prepared to assume responsibility and accountability for health promotion and/or maintenance as well as the assessment, diagnosis, and management of patient problems, which includes the use and prescription of pharmacologic and non-pharmacologic interventions;
6. who has clinical experience of sufficient depth and breadth to reflect the intended license; and
7. who has obtained a license to practice as an APRN in one of the four APRN roles: certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), or certified nurse practitioner (CNP)."

**CNOR:** The documented validation of the professional achievement of identified standards of practice by an individual RN providing care for patients before, during, and after surgery.

**CRNFA:** The documented validation of the professional achievement of identified standards of practice by an individual RN first assistant providing care for patients before, during, and after surgery.

**Faculty member:** A person who is appointed by the educational institution to design, teach, or evaluate a course of instruction.

**Intraoperative first-assisting hours:** The time frame calculated from the time of the incision until the dressing has been applied.

**Mentor:** One who provides encouragement and acts as a guide and facilitator while modeling professional nursing behaviors.

**Preceptor:** One who teaches, counsels, inspires, serves as a role model for, and supports the growth and development of the novice for a fixed and limited period.

**Semester credit hour:** An institutionally established equivalency that reasonably approximates some minimum amount of student work reflective of the amount of work expected in a Carnegie unit (ie, a measure of the amount of time that a student has studied a subject)."
Editor’s note: CNOR and CRNFA are registered trademarks of the Competency and Credentialing Institute, Denver, CO. Periop 101: A Core Curriculum is a trademark of AORN, Inc, Denver, CO.

References

Publication History
Revised October 1996; approved by AORN Board of Directors in November 1996.
Revised December 2004; approved by the AORN Board of Directors in February 2005.
Revised June 2007; approved by the AORN Board of Directors in July 2007.
Revised January 2011; approved by the AORN Board of Directors in February 2011.
Revised October 2013; approved by the AORN Board of Directors in December 2013 for publication online at aorn.org and subsequent publication in the AORN Journal.

Acknowledgements
Heidi L. Nanavati, MSN, CRNP, CNOR
Nurse Practitioner/RNFA
Towson, MD

Jean A. Franks, BSN, RN, CNOR, CRNFA
Staff RN
Houston, TX

Stephen Patten, MSN, RN, CNOR
Director of Nursing Operative Care Division
Portland, OR
THE RN AS FIRST ASSISTANT TO THE SURGEON

The role of RN first assistant to the surgeon requires the performance of a combination of nursing and medical functions. The RN first assistant directly assists the surgeon by controlling bleeding, providing wound exposure, suturing and other surgical tasks. The RN first assistant may provide other advanced assistance, such as mobilization of tissue, patient positioning and directing other surgical team members with specific individual tasks. The RN first assistant, practices perioperative nursing and must have acquired the necessary specific knowledge, skills and judgment. The RN first assistant practices under the supervision of the surgeon during the intraoperative phase of the perioperative experience. In order to perform those functions considered to be first assistant to the surgeon, the RN must adhere to standardized procedures. The RNFA may not perform the function of the scrub nurse while functioning as the RNFA.

STANDARDIZED PROCEDURES FOR MEDICAL FUNCTIONS

The means designated to authorize performance of a medical function by a registered nurse is a standardized procedure developed through collaboration among registered nurses, physicians and administrator in either a licensed health facility or an organized health care system which is a licensed health facility where the standardized procedures are to be used. A licensed health facility is defined as a facility licensed under Chapter 2 (commencing with section 1250) of Division 2 of the Health and Safety Code. An organized health care system which is not licensed health facility under Chapter 2 of Division 2 of the Health and Safety Code includes clinics, home health agencies, physicians’ offices, and public or community health services. Because of this interdisciplinary collaboration, there is accountability on several levels for the activities to be performed by the registered nurse.

GUIDELINES FOR DEVELOPING STANDARDIZED PROCEDURES

Standardized procedures are not subject to prior approval by the boards that regulate nursing and medicine, however, they must be developed according to the following guidelines which were jointly promulgated by the Board of Registered Nursing and the Medical Board of California. (Board of Registered Nursing, Title 16, California Code of Regulations (CCR) Section 1474; Medical Board of California, Title 16 CCR Section 1379.)

(a) Standardized procedures shall include a written description of the method used in developing and approving them and any revision there of.

(b) Each standardized procedure shall:
   1) Be in writing, dated and signed by the organized health care system personnel authorized to approve it.
   2) Specify which standardized procedure functions registered nurses may perform and under what circumstances.
3) State any specific requirements which are to be followed by registered nurses in performing particular standardized procedure functions.

4) Specify any experience, training and/or education requirements for performance of standardized procedure functions.

5) Establish a method for initial and continuing evaluation of the competence of those registered nurses authorized to perform standardized procedure functions.

6) Provide for a method of maintaining a written record of those persons authorized to perform standardized procedure functions.

7) Specify the scope of supervision required for performance of standardized procedure functions, for example, telephone contact with the physician.

8) Set forth any specialized circumstances under which the registered nurse is to immediately communicate with a patient’s physician concerning the patient’s condition.

9) State the limitations on settings, if any, in which standardized procedure functions may be performed.

10) Specify patient record-keeping requirements.


An additional safeguard for the consumer is provided by steps four and five of the guidelines which, together, form a requirement that the nurse be currently capable to perform the procedure. The registered nurse who undertakes a procedure without the competence to do so is grossly negligent and subject to discipline by the Board of Registered Nursing.
AGENDA ITEM: 10.3
DATE: February 7, 2019

ACTION REQUESTED: Discussion Only: Discuss nursing practice curricula for nurse practitioners and the length of residency requirements of all students and applicants.

REQUESTED BY: Mitchel Erickson, Chair, NP, ACNP-C

BACKGROUND:

Various health systems across the state of California that feel nurse-practitioner graduates are not prepared and students feeling the need, especially outside of primary care but even in the primary care setting. Additional information will be presented during the Advance Practice Registered Nursing Advisory Committee meeting for discussion only.

While PAs need to accumulate over 1000 hours of clinical, most FNP nursing programs only need about 600 +/- hours of clinical hours to graduate. Furthermore, the quality and number of hours in their area of specialty are often fragmented, limited and differs from individual experiences. Whereas in the past most graduate FNP students are experienced RNs (about 5 years of active nursing practice), the current generation of new graduates are going straight into graduate FNP curriculum without or very limited RN experience. Therefore, one can no longer argue that what RNs lack in clinical hours is compensated by the numbers of years they have practiced as a RN.

RESOURCES:

NEXT STEPS: Board

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: Janette Wackerly, MBA, BSN, RN
Supervising Nursing Education Consultant
Phone: 916-574-7686
Email: janette.wackerly@dca.ca.gov
AGENDA ITEM: 10.4  
DATE: February 7, 2019

ACTION REQUESTED:  Discussion Only: Discuss and analyze standard clinical hour requirements for Doctor of Nursing Practice (DNP) programs in California.

REQUESTED BY: Mitchel Erickson, Chair, NP, ACNP-C

BACKGROUND:

The fairly new doctoral degree in nursing, the DNP is a clinical focused doctoral degree as compared to the research focus PhD degree. However, it is noted that DNP programs throughout the Bay Area and/or even nationally focus on research rather than clinical. Furthermore, there seems to be no uniform requirement for DNP clinical hours. In addition, in most programs, most faculties are with PhD degrees rather than DNP.

Mitchel Erickson, Advance Practice Registered Nursing Advisory Committee Member Chair, will present additional information during the Advance Practice Advisory Committee meeting for discussion of standard clinical hour requirements for Doctor of Nursing Practice (DNP) programs in California.

RESOURCES:

NEXT STEPS: Board

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: Janette Wackerly, MBA, BSN, RN  
Supervising Nursing Education Consultant  
Phone: 916-574-7686  
Email: janette.wackerly@dca.ca.gov
AGENDA ITEM: 10.5
DATE: February 7, 2019

ACTION REQUESTED: Discussion Only: Review 2019 Board and Committee meeting schedule to establish future meeting schedules for APRN meetings and determine agenda submission deadlines.

REQUESTED BY: Mitchel Erickson, Chair, NP ACNP-C

BACKGROUND:

In order to ensure a timely submission of agenda items to meet both State and BRN deadline requirements a schedule of defined dates must be created to alert Advance Practice Advisory Committee Members.

Each agenda item must also have an associated agenda item summary and resource attachment(s) if applicable. The Advance Practice Advisory Committee Members need to have defined submission deadlines to avoid cancellation or rescheduling of committee meetings. Once dates for meetings are scheduled then the deadlines for agenda items and agenda item summaries, along with supporting resources will be defined based on the scheduled meeting dates.

RESOURCES:

NEXT STEPS: Board

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: Janette Wackerly, MBA, BSN, RN
Supervising Nursing Education Consultant
Phone: 916-574-7686
Email: janette.wackerly@dca.ca.gov
BRN ADVANCED PRACTICE COMMITTEE (APAB) AGENDA PREPARATION

REPORTING TO THE BRN PRACTICE COMMITTEE
MEETINGS: FEBRUARY 7TH, 2019, THURSDAY AND MAY 16TH, 2019, THURSDAY

AGENDA PREPARATION DEADLINES

1. REQUEST FOR AGENDA ITEMS FROM BRN APAB COMMITTEE MEMBERS

   REQUEST WILL BE MADE BY CHAIR AND BRN FOR AGENDA ITEMS 30 DAYS PRIOR SCHEDULED MEETING DATE AND COMMITTEE MEMBERS TO CC SUBMISSIONS TO BOTH CHAIR AND CO-CHAIR AND BRN 20 DAYS PRIOR TO THE DESIGNATED MEETING DATE.

   JANUARY 7TH, 2019
   APRIL 16TH, 2019

2. DRAFT AGENDA PREPARATION TO BRN

   AT 20 DAYS PRIOR TO SCHEDULED MEETING DATE SUBMISSIONS FOR THE AGENDA WILL BE CLOSED AND SUBMITTED TO THE BRN FOR PREPARATION OF A DRAFT AGENDA THAT WILL BE FORWARDED TO THE CHAIR AND CO-CHAIR BY 18 DAYS PRIOR TO THE SCHEDULED MEETING DATE. ALL AGENDA ITEM SUMMARIES (AIS) MUST BE SUBMITTED BY THIS DATE AS WELL.

   JANUARY 18TH, 2019
   APRIL 26TH, 2019

3. DRAFT AGENDA FORWARDED TO ASSISTANT EXECUTIVE OFFICER OR DESIGNEE

   ASSISTANT EXECUTIVE OFFICER OR DESIGNEE WILL FORWARD THE DRAFT AGENDA FOR REVIEW TO THE BOARD PRESIDENT 15 DAYS OR SOONER PRIOR TO THE SCHEDULED MEETING DATE.

   JANUARY 23RD, 2019
   MAY 1ST, 2019

4. FOLLOWING BOARD PRESIDENT REVIEW AND APPROVAL

   AGENDA IS FORWARDED TO BOARD’S LEGAL ATTORNEY OR ASSISTANT LEGAL COUNSEL AT 13 DAYS PRIOR TO SCHEDULED MEETING DATE.

   JANUARY 25TH, 2019
   MAY 3RD, 2019
5. FOLLOWING LEGAL REVIEW AND ANY CHANGES BETWEEN 11-13 DAYS PRIOR TO SCHEDULED MEETING

AGENDA FROM LEGAL REVIEW IS forwarded to assistant executive officer for the changes to be made and reviewed again by board’s legal attorney or assistant legal counsel for final approval by 11 days prior to scheduled meeting date.

JANUARY 25TH – JANUARY 27TH, 2019

MAY 3RD – MAY 5TH, 2019

6. POSTING TO BRN BOARD’S WEBSITE

FINAL AGENDA MUST BE POSTED ON THE BOARD’S WEBSITE BY 4P PRIOR TO THE 10TH DAY OF THE SCHEDULED MEETING DATE.

JANUARY 28TH, 2019

MAY 6TH, 2019

7. SUPPLEMENTAL DOCUMENTS TO THE AIS

ALL SUPPLEMENTAL OR ATTACHED REFERENCE MATERIALS ASSOCIATED WITH AN AIS MUST BE SUBMITTED TO THE BRN 10 DAYS PRIOR TO THE SCHEDULED MEETING DATE AND POSTED TO THE BRN BOARD’S WEBSITE 7 DAYS PRIOR TO THE SCHEDULED MEETING DATE BY 4P.

AIS SUBMISSION AS NOTED ABOVE IN 2 AND POSTED TO BRN BOARD’S WEBSITE AS NOTED IN 6.

All reference or supplemental documents to accompany AIS must be posted by

FEB 1ST, 2019

MAY 10TH, 2019