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April 6, 2020

TO: Honorable Senate and Assemblymembers of the California State Legislature

FROM: Michael D. Jackson, MSN, RN, CEN; President Board of Registered Nursing

I want to personally share information with you and your staff regarding pre-licensure nursing schools and recent direction through the Governor's EO that nursing students can continue their clinical training in both inpatient and outpatient settings in California. They can do this through their regular clinical placements, if hospitals/facilities are cooperative; or they can use alternative placements such as volunteering directly with volunteer organizations or through the Healthcare Corps website set up by the Governor. The BRN is advising schools, on our website, through direct phone conferences and through their assigned Nurse Education Consultants, that the BRN supports alternative placements and schools will not be in violation of any BRN regulation if they approve credit toward graduation in alternative, direct patient care including telehealth and other modalities.

Also, on April 3, the DCA, pursuant to the Governor's EO of March 30, approved a 60 day waiver of the requirement that clinical education must be 75% hands on care by reducing it to 50%. The waiver is on our website under DCA waivers.

Press reports and communications were generated to your offices and the BRN because many hospitals cancelled student clinical training following the Governor's first Executive Order to shut down non-essential services. This was followed by some Nursing Schools advising students that the only solution to the action of the hospitals is to urge the BRN to unilaterally change regulation regarding hands on clinical training and simulation training. We've found widespread confusion about the BRN's role in regulation as well as the effect of existing regulations.

FIRST, the BRN cannot unilaterally change regulation, nor can it do an "underground" regulation and RN student clinical placements are 100% in control of hospitals and outpatient providers.

SECOND, some Nursing Schools and other vested interests have been pressuring around simulation vs. hands on patient training for years due to clinical displacement of students/schools by hospitals. The Board doesn't believe this crisis should be exploited for that agenda. There are no quality control standards in CA on simulation labs so any competent discussion of % of time would also include standards of simulation. That said; the BRN Administrative Committee began working through DCA/Agency legal on March 13 for a regulatory change that would allow the Board to temporarily modify the simulation percent in response to a Governor declared emergency. The Board has an agenda item listed to address this issue on 4/16/2020.

THIRD, neither the hospitals, nor their trade association, CHA, contacted the BRN for help or guidance regarding the regulatory relief that was available to them in this emergency. If they had, we would have and we have since advised them that under B&P code 2727 (d) they can

fully utilize the services of RN nursing students based upon their competencies during this emergency and the students can receive academic credit toward their degrees. So, existing regulation allows hospitals flexibility to utilize students during this crisis and the schools have 100% authority to give students credit for these hours.

The Governor's EO issued March 30, 2020; DCA waiver authority, and the latest BRN press release on our website clarifies the support for nursing students continuing their training toward graduation through existing regulation B&P 2727 (d) authorization and also students ability to go directly to the Governor's website to sign up as volunteers and to obtain clinical credit if their hospital placements are cancelled.

We continue to educate/update nursing schools; we are also identifying other possible waivers of barriers that can be temporarily waived without putting the public at risk. Any additional waivers are reviewed by the DCA Director pursuant to the latest EO.

FINALLY, the best way for students to continue and finish their clinical training toward licensure and the best way for hospitals to get the staff they need now and will need going forward is to call back the students they declined weeks ago. We are seeing some of that occur during the past few days. Attached you will find a list of prelicensure nursing schools in your district as well as the number of enrolled students. Any help you can give to urge the hospitals in your district to fully utilize nursing students would be appreciated.

Finally, I speak from direct experience, I'm working in the ER at UCSD Medical Center and am also a faculty member for a local nursing school. UCSD did not cancel students, although some schools prematurely pulled their students out. My students are in clinical training covering non-covid 19 patients, patient screening, working in telehealth etc. Students can and should be recalled into our hospitals and they can also work with elders in the community while getting clinical training credit. CA graduates at least 11,500 each year and hospitals are going to need them going forward. As an RN on the front line and as a nursing school faculty member, I can assure you that hands-on patient clinical training during this crisis will be invaluable to students and more importantly...to CA patients. Other states have different priorities and policies, but thanks to the Legislature, CA has the highest RN licensing and prelicensure school standards leading to the best NCLEX (national exam) rates in the country. and the most protective hospital staffing standards leading to high RN retention rates, avoidance of RN nursing shortages, and consumer protection. CA has increased the number of RN licensees during the past decade from @ 250,000 to 430,000 and despite some regional imbalances and need for more hospital trained specialty RNs...the BRN's workforce researcher advises there is no current or projected shortage. Please feel free to contact Thelma Harris, BRN Legislative Chief, myself, or Donna Gerber, Board Vice President with any questions and thank you so much for any help with the hospitals in your district. I hope this information is helpful to you and your staff.

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