

BRN

/// report

THE OFFICIAL PUBLICATION OF THE
**CALIFORNIA BOARD OF
REGISTERED NURSING**



 **FALL 2023**

DEPARTMENT OF CONSUMER AFFAIRS

IN THIS ISSUE



**OUT-OF-STATE U.S.
GRADUATES CAN SUBMIT
ELECTRONIC TRANSCRIPTS**



**OBSTACLES AND
CHALLENGES NURSES
FACED DURING COVID-19**



**CORRECTIONAL FACILITY
NURSING: RISING UP AND
MOVING FORWARD**



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1747 North Market Blvd., Suite 150
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Hearing-impaired persons:
711, or (800) 735-2929 (TTY)

California Relay Service:
(800) 735-2922 (Voice)

Website
Frequently asked questions and
fax and email information for each

BRN unit are available on the
Board's website.

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President: Dolores Trujillo, RN

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DOES BRN HAVE YOUR EMAIL ADDRESS?

In 2019, BRN implemented an electronic process that sends courtesy email notifications to RNs regarding their license renewal. Email notifications will be sent 90, 45, and 15 days prior to license expiration. RNs are encouraged to log into their BreEZe account and ensure their correct email address is on file.



NAME AND ADDRESS CHANGES

It is very important that the Board has accurate name and address information on file should the Board need to contact its licensees or applicants. Instructions for submitting name and address changes are available on the **BRN website**.

Licensees are required by law to notify the BRN within 30 days if they change their name or address of record. The Enforcement Division cites and fines nurses who fail to comply with this requirement.



UTILIZE DEPARTMENT OF CONSUMER AFFAIRS' ONLINE LICENSE SEARCH TOOL

The Department of Consumer Affairs' (DCA) BreEZe online licensing verification system is available at: <https://search.dca.ca.gov/>.

Within the DCA Search tool, you can verify the license status for registered nurses and advanced practice certifications, such as a nurse practitioner or nurse midwife. The license status, issue date, expiration date, and any existing disciplinary history will be displayed, including any available disciplinary documents.

The DCA Search is also available to validate the license of other individuals or businesses that are licensed by DCA. For example, you can check the license status of your dentist, veterinarian, barber, or even a locksmith. What are you waiting for? It's a BreEZe!

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BEGIN YOUR CAREER HERE. THE OPPORTUNITIES ARE ENDLESS.

The California Board of Registered Nursing is Hiring



BENEFITS INCLUDE:

COMPETITIVE SALARY



**WORK HOURS
8 A.M.—5 P.M.
MONDAY-FRIDAY
WEEKENDS OFF
AND PAID
HOLIDAYS**



**GREAT STATE
RETIREMENT
AND MEDICAL/
DENTAL PLANS**



**OPPORTUNITIES
FOR CAREER
ADVANCEMENT**



**FREE ON-SITE
PARKING AND
CLOSE TO PUBLIC
TRANSPORTATION**



**FLEXIBLE SPENDING
ACCOUNTS FOR
DEPENDENT CARE
AND HEALTH CARE
EXPENSES**





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THE BRN PHONE SYSTEM

The Board of Registered Nursing (BRN) launched the first phase of a new phone system in March 2021 that included a callback feature. This allows callers to enter their phone number and receive a callback from a BRN agent without losing their place in the queue or having to stay on hold. When trying to reach a BRN staff member, you still call (916) 322-3350 and listen to our menu options. When you enter your number for a call back, the call back number will reference BRN at the (916) 322-3350. Call-center staff has received positive feedback from applicants and licensees regarding the call-back feature and the time saved not waiting on hold with the prior system. BRN continues to work collaboratively with Amazon to develop and include additional updates and features soon.

Callers should listen to the recorded message as the menu options have changed. Current menu options are:

- **Press 1 to Reach Complaint Intake**— You may use this option to file a complaint against a registered nurse. You may also do this online at: www.breeze.ca.gov and click the “File a Complaint” button.
- **Press 2 to Reach the Public Information Unit**—This is for any licensing application inquiries and should be used to check on the status of an application for licensure, including renewal applications. This includes initial RN licensure by exam or endorsement, as well as advance-practice certifications. You may also use this option to inquire about the application processes for military members, their spouses, or

application processes for refugees, asylees, and holders of SIVs. The processing timeframes for initial reviews of an application submitted to BRN can be found here: <https://rn.ca.gov/times.shtml>.

- **Press 3 to Reach Enforcement**— You may use this option to reach our Probation Unit, Discipline Unit, or Enforcement Unit. More information on what services these units can assist you with are here: <https://rn.ca.gov/enforcement/index.shtml>.
- **Press 4 to Reach Intervention**— The BRN Intervention Program for Registered Nurses (formerly Diversion Program) offers voluntary and confidential service to help nurses recover from substance-use disorders or mental illness.
- **Press 5 to Reach Nurse Education Consultants**—Nurse education consultants will be able to assist you with questions regarding scope of practice and California-based nursing education programs.
- **Press 6 to Reach Staff in Our Continuing Education Unit**— This unit provides information on continuing education provider (CEP) application status, assistance with updating your current CEP number, or if you have questions about your continuing education audit.



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GLOSSARY OF TERMS

An explanation of terms that may appear throughout the *BRN Report*:

APRN stands for advanced practice registered nurse.

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

BreEZe is the online licensing and enforcement system for the Department of Consumer Affairs (DCA). It allows licensees and license applicants to do business with DCA electronically and allows greater access for consumers to interact with DCA.

BRN stands for the Board of Registered Nursing. This is the state agency within DCA responsible for the implementation of Board policies and programs.

CCHCS stands for California Correctional Health Care Services, which provides care including medical, dental, and mental health services to California's prison inmate

population at all 35 California Department of Corrections and Rehabilitation institutions statewide.

CNA is the acronym for certified nurse assistant.

DCA stands for the Department of Consumer Affairs. This agency supports many of the regulatory licensing entities in California, including the Board of Registered Nursing.

EMR stands for emergency medical response.

HCV is the acronym for hepatitis C virus.

LVN stands for licensed vocational nurse.

Live Scan is a digital fingerprinting process. Fingerprints are securely transmitted to a government agency for criminal history background checks. It is often required by statute for certain types of state-issued licenses, employment, and volunteer work.

NCLEX-RN refers to the National Council Licensure Examination for Registered Nurses.

NCSBN stands for the National Council of State Boards of Nursing. NCSBN is an independent, not-for-profit organization through which nursing boards act and counsel together on matters of common interest and concern that affect public health, safety, and welfare, including the development of nursing licensure examinations.

NPA stands for the Nursing Practice Act. The NPA contains the statutes and regulations that govern the practice of registered nurses in California.

M.H. stands for mental health.

P.T. stands for psychiatric technician.

RN is the acronym for registered nurse.

SUD is the acronym for substance use disorder.



INTERVENTION PROGRAM

The Intervention Program is a voluntary and confidential monitoring program for RNs whose competency may be impaired by substance use disorder or mental illness. The program protects the public by providing RNs access to effective treatment services, monitoring their recovery through an individualized plan, and returning them to safe practice.

For more information about the Intervention Program:

- Visit www.youtube.com/watch?v=OPDuXi9s2vg.
- Visit <https://rn.ca.gov/intervention/index.shtml>.
- Call the Intervention Program at (916) 574-7692.

The Intervention Program video can be accessed at: <https://thedcapage.blog/2018/05/10/now-playing-brns-intervention-program-video/>.

THE BRN INTERVENTION PROGRAM IS SEEKING NURSE SUPPORT GROUP FACILITATORS AND CO-FACILITATORS

BRN is actively recruiting dedicated individuals to become nurse support group facilitators or co-facilitators. To qualify, the applicant must:

- Be a registered nurse.
- Have expertise in the field of substance use disorders/mental illness.
- Have a minimum of six months experience facilitating groups.
- Have a minimum of five years recovery, if in recovery.
- Not be a current participant in the Intervention Program.
- Not have any Board accusations or be on Board probation.

If you are interested in becoming a Nurse Support Group facilitator or co-facilitator, please submit a completed **Application for Nurse Support Group Facilitator/Co-Facilitator**. For more information regarding nurse support groups, visit <https://rn.ca.gov/intervention/int-support.shtml>.

For more information regarding nurse support groups, click the "Intervention" tab at <https://rn.ca.gov>.

CONSIDER JOINING THE INTERVENTION EVALUATION COMMITTEE

The Intervention Evaluation Committee (IEC) evaluates registered nurses who request admission into the Intervention Program. The IEC determines a nurse's eligibility to participate in the program, develops the participant's individual rehabilitation plan, and determines whether the participant may safely continue or resume the practice of nursing.

There are several IECs located throughout California. Each IEC is composed of five members (three registered nurses, one physician, and one public member) with expertise in the field of substance use disorder and/or mental health. Each IEC meets on a quarterly basis.

WANT TO BE AN IEC MEMBER?

Serving as an IEC member is a rewarding experience for those who wish to make the commitment to help impaired registered nurses return to safe nursing practice. BRN is recruiting dedicated individuals who meet the following qualifications to serve on an IEC:



RN member: must hold an active California RN license and have demonstrated expertise in the field of chemical dependency or psychiatric nursing.

Physician member: must hold an active California medical license (M.D. or D.O.) and must specialize in the diagnosis and treatment of addictive diseases or mental illness.

Public member: must be knowledgeable in the field of chemical dependency or mental illness.

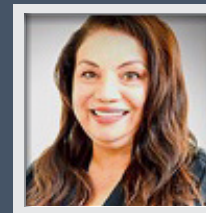
If you are interested in becoming an IEC member, please submit a completed **Intervention Evaluation Committee application** to the Intervention Program.

For more information about the IEC member roles, please read **Role Delineation Intervention Evaluation Committee** or contact the Intervention Program at (916) 574-7692 or **BRN-Intervention@dca.ca.gov**.

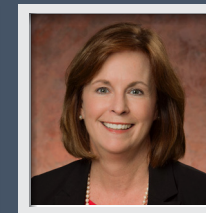
For general information about the BRN Intervention Program for RNs, please refer to the **General Information** page.

BOARD MEMBERS

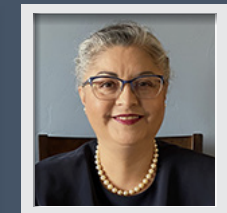
Nine Board members serve as the policy-setting body for the Board of Registered Nursing (<https://rn.ca.gov/consumers/brdmbrs.shtml>). Seven of the members are appointed by the governor, one by the Senate Committee on Rules, and one by the speaker of the Assembly. Board members include five registered nurses and four public members:



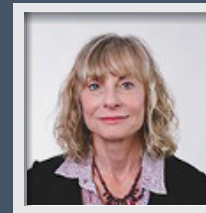
PRESIDENT
Dolores Trujillo, RN
Appointed by: Governor



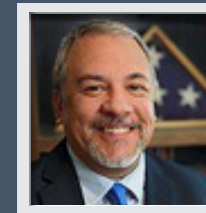
VICE PRESIDENT
Mary Fagan, Ph.D., RN, NEA-B.C.
Appointed by: Governor



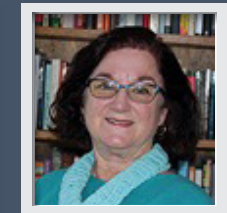
Jovita Dominguez, BSN, RN
Appointed by: Governor



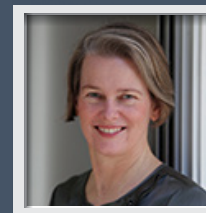
Vicki Granowitz
Appointed by: Senate Rules Committee



Roi David Lollar
Appointed by: Governor



Patricia "Tricia" Wynne, Esq.
Appointed by: Governor



Alison Cormack
Appointed by: Speaker of the Assembly



Two board member positions are vacant as of date of publication.



COMPLAINTS

ANONYMOUS COMPLAINTS

CAMILLE FILLMORE

In our previous issue, The *BRN Report* published an article titled, “What Happens After a Complaint is Filed?” It detailed BRN’s complaint process from initial review to the resulting closure or discipline. It also noted that while BRN receives more than 9,000 complaints per year, not all of them result in investigation of the registered nurse in question. A common reason complaints are closed without investigation is because the information submitted can’t be verified (i.e., the complaint is submitted anonymously).

BRN offers this reminder to complainants, or individuals submitting a complaint, on their website:

“In filing your complaint, the information you provide will determine the action the Board will take. The most effective complaints are those that contain firsthand, verifiable information. Therefore, please provide a statement, in your own words, which describes the nature of your complaint. Please

include as many specific details as possible, including dates and times, as well as any documentary evidence related to your complaint. The emphasis should be on providing necessary factual information. *While anonymous complaints will be reviewed, they may be impossible to pursue unless they document evidence of the allegations made* [emphasis added].”

When a complaint is sent for investigation, the investigator will start with interviews. Often the first interview is with the complainant to clarify allegations. The investigator will then interview any other witnesses and request documentation related to the allegations. If a complaint is submitted anonymously with no witness names provided, the only person the investigator could contact for information is the accused RN, who may be likely to deny the allegations. For this reason, anonymous complaints often do not contain enough information to give BRN cause for a disciplinary investigation.

If a complaint must be submitted anonymously, it may still be investigated if enough other information is provided. This information can include: a date of incident, a location where the incident took place, and the names of multiple witnesses. Additionally, if you as the complainant do not wish to be identified as the complainant, you may name yourself as a witness. As a witness, you make yourself available to an investigator if they require an interview.

BRN firmly believes that registered nurses in California should be held accountable to comply with the standard of care. We understand that complainants believe this, too. Therefore, to assist BRN in fulfilling its charge to protect the public, be sure to submit a complaint with as much information as BRN needs to initiate an investigation.

For more information on filing a complaint, visit rn.ca.gov or email enforcement.brn@dca.ca.gov.

NURSYS—LICENSE VERIFICATION

In March 2022, BRN transitioned license verification requests that were completed by BRN for endorsement applications to other states’ boards of nursing to the Nursys® system. Nursys® provides online verification for endorsement to a nurse requesting to practice in another state and anyone who wants to verify a nursing license.

To request verification of your California licensure to another state’s board of nursing, visit the Nursys® website:

www.nursys.com.



BRN is now using NURSYS for all license verification requests.




BRN IS ON SOCIAL MEDIA

The California Board of Registered Nursing (BRN) is on social media! Please give us a follow and stay up to date on all things BRN. You can find BRN on **Facebook**, **Twitter**, **Instagram** and **LinkedIn**.



WHAT HAPPENS AFTER A COMPLAINT IS FILED?

Almost 7,700 complaints were received by the Board of Registered Nursing (BRN) last fiscal year.

BRN's Complaint Intake Unit (CI) is responsible for opening all complaints the Board receives; if the complainant is known, CI staff will send a complaint acknowledgment letter within 10 days of receipt. CI then completes an initial review to determine if the Board has jurisdiction to pursue action based on a violation of the Nursing Practice Act. If the alleged action constitutes a violation, BRN will proceed with an investigation.

The most effective complaints are those that contain firsthand, verifiable information. Therefore, please provide a statement, in your own words, that describes the nature of your complaint. Please include as many specific details as possible, including dates and times, as well as any documentary evidence related to your complaint.

If a complaint must be submitted anonymously, it may still be investigated if enough information is provided. This information should include: a date of

incident, a location where the incident took place, and the names of any witnesses. Additionally, if you as the complainant do not wish to be identified as the complainant, you may name yourself as a witness. As a witness, you make yourself available to an investigator if they require an interview.

Investigations involve gathering and reviewing various information and documents, such as patient records, personnel records, or arrest and court records. Some of these records may have to be subpoenaed or require a signed release of medical information from the involved patient(s). The investigator may interview pertinent witnesses and the licensee named in the complaint. After all relevant information is obtained, an investigation report is drafted with all evidence obtained attached to the report. If the case deals with nursing practice-related issues, the investigation report is forwarded to an expert practice consultant for review.

If the investigation or expert report substantiates the allegations of a violation, BRN staff will submit the case to the

Attorney General's Office to file a formal disciplinary action against the license. If the investigation substantiates that a violation occurred but didn't rise to the level of formal disciplinary action, informal action may be pursued and may include the issuance of a citation, including a fine or cease practice order. In both formal and informal actions, the licensee is afforded due process and can appeal BRN's action.

Investigations that do not support a violation will be closed accordingly (e.g., no violation, insufficient evidence, or unactionable).

However, not all complaints received result in formal or informal actions. These cases are closed due to the complaint not

“ Investigations involve gathering and reviewing various information and documents, such as patient records, personnel records, or arrest and court records. ”

containing sufficient information to pursue an investigation, or the allegations are not substantiated.

For more information on filing a complaint, visit www.breeze.ca.gov or email enforcement.brn@dca.ca.gov.

DID YOU KNOW YOU CAN ADD SPECIALTIES TO YOUR NURSE PRACTITIONER CERTIFICATE?

The California Board of Registered Nursing (BRN) has updated the online BreEZe options. The option allows an individual to submit an online request to have BRN staff add an additional specialty, category, or qualification to their profile displayed through the Department of Consumer Affairs (DCA) License Search tool, which shows details of a California nurse practitioner certificate.

Licensees will need to log in to their BreEZe account at breeze.ca.gov and go to the "Quick Start Menu." The new option is located under the "Manage your license information" section. Licensees will locate their nurse practitioner certificate number and then select from the drop down menu "Additional NP Specialty."

- (6) Psychiatric-mental health across the lifespan.

THE FOLLOWING INFORMATION IS DISPLAYED ON THE INTRODUCTORY TAB:

If you have a current and active California nurse practitioner certificate, completed additional nurse practitioner education, and obtained professional certification through a national organization/association based on the additional education, then you can request BRN to add an additional specialty/qualification to your existing California nurse practitioner certificate.

The following documents will need to be submitted to BRN:

- (1) An official transcript from the school reflecting

the completed nurse practitioner coursework, degree, conferral date and nurse practitioner category.

Official transcripts from the school, or third-party vendor if the school uses one can be submitted electronically to BRN at: brn.aprn.etranscripts@dca.ca.gov.

- (2) A verification from a national organization/association documenting your additional specialty/qualification.

Verification from a national organization or association can be submitted electronically to BRN at: brn.aprn.edocs@dca.ca.gov.

Documents received directly from the licensee to this email address or uploaded to the licensee's BreEZe account will not be accepted. Upon receipt of both items, the additional specialty/category/qualification will be added to the licensee's nurse practitioner certificate details page that is displayed through the DCA License Search tool (<https://search.dca.ca.gov>).



OUT-OF-STATE U.S. GRADUATES CAN SUBMIT ELECTRONIC TRANSCRIPTS

The Board of Registered Nursing (BRN) is now accepting electronic transcripts for students educated at out-of-state U.S. nursing programs. Transcripts must be sent by either your school of nursing or a third-party vendor such as Parchment, National Student Clearing House, etc. If requesting transcripts via National Student Clearinghouse, visit this page on the Board's website and follow the instructions to ensure proper delivery of your electronic transcripts to the Board: www.rn.ca.gov/pdfs/applicants/nsc_instructions.pdf.

Electronic transcripts must be sent directly from the school or third-party vendor to: BRN.eTranscripts@dca.ca.gov.

Electronic transcripts sent to this email address from applicants, instead of from an approved third-party vendor, will not be accepted. Please have your transcripts sent electronically to the Board only after you have submitted your application for licensure.

BRN requires transcripts from all colleges or universities you attended that reflect courses required for a degree in nursing. This includes general education course requirements (anatomy, physiology, microbiology, general psychology, social sciences, oral and written communications) and all nursing courses.

For additional information, visit BRN's website at www.rn.ca.gov and click on the "Applicants" tab at the top of the page.

International nursing programs: If you attended a nursing program in another country, you must have your official transcripts sent to the Board by mail.





TO OUR DEDICATED NURSES—FROM THE CALIFORNIA BOARD OF REGISTERED NURSING

Dear nurses,

There are not enough words to express how important your role is in ensuring the health and safety for the patients in your care. In our great state of California, the level of care you provide patients is what keeps our society going, even more so in light of recent times.

The COVID-19 pandemic was, and still is, an unprecedented time in California and in history. Having endured over years of this deadly pandemic and state of emergency, with the disease seemingly establishing itself as a permanent and evolving threat, California's nurses have and continue to be on the forefront ensuring patients receive the care they need to survive.

Nurses sacrificed so much of their time, and for some, their lives, and gave so much of themselves to care for those who needed it most. We would not be where we are today if it wasn't for California's nurses on the front lines in response to the COVID-19 pandemic.

Once again, thank you so much to our nurses and health care providers for their continued endless dedication, compassion, and commitment to caring for us all during the pandemic. We honor and celebrate you every day, and thank you for keeping us healthy and safe.

Sincerely,

Loretta Melby

Executive Officer, California Board of Registered Nursing

A MESSAGE TO CALIFORNIA NURSES FROM DEPARTMENT OF CONSUMER AFFAIRS DIRECTOR KIMBERLY KIRCHMEYER

Dear California nurses,

Being a nurse is, without a doubt, a demanding but rewarding and honorable career. This is especially true in California, where we have some of the highest licensing standards in the nation to ensure the best care for patients. The care, compassion, and commitment you provide to patients is literally a lifeline.

The last three years of living in a pandemic have been unlike any other. COVID 19 tested us in many ways, but because of your skill and sacrifices, California pulled through the toughest days of the pandemic. We know there were difficult times and we understand being on the frontlines can be tough.

You've touched and saved the lives of many during the pandemic—from those receiving treatment on the way to recovery, to those needing end-of-life care. Nurses gave it their all and it has not gone unnoticed. Nurses were part of the backbone of California's pandemic response.

If you're looking for other ways to serve California outside of a health care or clinical setting, I encourage you to look into career opportunities as a nurse education consultant with the Board of Registered Nursing and the Board of Vocational Nursing and Psychiatric Technicians. Your experience and knowledge are extremely valuable to the state's licensing and regulation efforts to continue ensuring the highest standards and care.

We are forever indebted to the nurses and health care providers who cared for Californians when it was needed the most. A special thank you also goes out to those who came from out of state or out of retirement to help. California could not have done it without you.

Thank you, nurses!

Kimberly Kirchmeyer

Director, Department of Consumer Affairs

APPLICATION STATUS AND DETAILS

The Board of Registered Nursing has a new way to monitor and verify your application status directly from our website. This will allow you to track your application and provides important details regarding the movement of your application. You can find out if your application has any deficiencies and what action you will need to complete in order to become licensed.

To access the Application Status and Details portal you will need to enter your last name, last four digits of your social security number, and your birthdate **on our website**, and select the application that you want to track.

This is a list of applications you can track and other applications that will be available to track in the future:

- NCLEX Exam Application.
- NCLEX Exam Repeat/Reapply Application.
- Approved NCLEX Exam, Pending NCLEX Results Application.
- Endorsement Application.
- Initial APRN License Application—Nurse Practitioner, Nurse Practitioner Furnishing, Public Health Nurse, Nurse-Midwife, Nurse-Midwife Furnishing, Nurse Anesthetist, Clinical Nurse Specialist, Psychiatric Mental Health Nurse.
- RN and APRN Renewal Application—Nurse Practitioner, Nurse Practitioner Furnishing, Public Health Nurse, Nurse-Midwife, Nurse Midwife-Furnishing, Nurse Anesthetist, Clinical Nurse Specialist.
- Eight-Year Registered Nurse License by Exam.

- Eight-Year Registered Nurse License by Exam—Retake.
- Eight-Year Registered Nurse License by Renewal—No Exam.
- Eight-Year Registered Nurse License by Renewal—Exam.
- RN and Advanced Practice Change of Name.
- RN and Advanced Practice Change of Address.
- RN and APRN—License Verification Letter.
- Submit Additional Documents.
- Request for Duplicate Certificate.

Application Status and Details

AVAILABLE NOW!

- MONITOR AND VERIFY APPLICATION STATUS**
- FIND OUT DEFICIENCIES**
- SEE ACTIONS NEEDING COMPLETION FOR LICENSURE**

OBSTACLES AND CHALLENGES NURSES FACED DURING COVID-19

DR. FELIX YIP, FORMER BOARD MEMBER OF THE MEDICAL BOARD OF CALIFORNIA

As an actively practicing urologist in a diverse community covering three hospitals, I do have first-hand experience in taking care of COVID and non-COVID patients during the pandemic. There were several obstacles and challenges physicians and nursing staff faced at the beginning such as shortages of PPE and evolving guidance. I can't blame anyone, as the pandemic was unheard of then. Nobody had experience dealing with this unknown disease. I tried hard to convince hospitals to start testing everyone back in the beginning of the pandemic. Unfortunately, due to various factors, widespread testing was slow to be adopted. Some nurses were afraid to go home, others lived in their garage keeping a safe distance from their families. Very few of them called in sick so they could care for COVID patients. Many hospitals could not do

much until they received supplies from the state government.

The other problem nurses faced was lack of work at times when the hospitals' census was down. When surgery closed down a number of non-med/surg nurses were either assigned to take care of COVID med/surg patients or stayed home. They took a huge hit financially.

SHORT-TERM AND LONG-TERM EFFECTS ON OUR NURSES

Some nurses choose to retire early. More recently, hospitals were frantically fighting to retain and hire nurses. Numerous nurses left our area for higher paying positions in other hospitals, hence causing a shortage of nursing staff.

The camaraderie was heartwarming. This display of unity and effort is truly the best example of human kindness.

Some ER nurses were burnt out as they had to deal with the increased volume of non-emergent patients. OR nurses were in full PPE gear to help surgeons to perform necessary surgeries.

Nevertheless, all this time I have not met or seen a nurse who tried to blame patients who were not vaccinated and became infected. They cared for anyone regardless.

MEMORABLE MOMENTS

To honor our nurses, the medical staff at San Gabriel Valley Medical Center gave roses to all the nurses and hospital employees last year. To show our appreciation, we also hosted a burger truck to serve them.

Numerous citizens from the neighborhood brought food and PPE to the nurses. We had volunteers from Hollywood make face shields and masks for the nurses and doctors.

Anesthesiologists, business development staff and medical students came to my office to pick up masks, face shields, bouffant, shoe covers and hand sanitizers to bring back to help their healthcare providers. The camaraderie was heartwarming. This display of unity and effort is truly the best example of human kindness.

Indeed, nursing is a very honorable profession.

NURSES HELP PRISONS IN BATTLE AGAINST COVID-19

JUDY KORNELL, CHIEF NURSE EXECUTIVE, CALIFORNIA CORRECTIONAL HEALTHCARE SERVICES

In October 2020 as a response to COVID-19 (C19), a new previously nonexistent Employee Health Program (EHP) was rapidly assembled by California Correctional Healthcare Services (CCHCS). Focused on serving employees, a centralized headquarters-based EHP was established to mitigate the spread of communicable diseases and to ensure the safety of incarcerated individuals and employees. The overarching goal: mitigate C19's entry into California Department of Corrections (CDCR) prisons with minimal disruption to rehabilitation programs. The EHP was designed to guide protection for the incarcerated, families, and the community at large by the care and services provided to its employees. This program was implemented without dedicated funding or resources, and there was no operational playbook.

The initial months of the pandemic dealt an alarming blow to one of the CDCR institutions and emphasized the risk in congregate living settings. We saw C19 transmission in other prisons and knew swift and thoughtful action was vital. No disaster plan could have possibly prepared the CDCR and CCHCS for the challenges



CALIFORNIA CORRECTIONAL HEALTHCARE SERVICES: A RESILIENCY RESPONSE TO A PANDEMIC

that lay ahead in mitigating a highly infectious and transmissible virus among incarcerated individuals and those who serve them. In the early stages, mitigation of spreading within a congregate living environment along with immediate processes to identify and stop vectors entering the CDCR system became imperative to saving the vulnerable population.

In the early stages, EHP worked without substantial C19 data, nor the ability to rapidly test or to vaccinate. The EHP team relied on tools designed to be used for other infectious diseases. Tools such as case investigation and contact tracing became the cornerstone to identify confirmed C19-positive employees and any colleague and incarcerated contacts that presented

risk for transmission in the congregate setting. It was in these early stages that EHP quickly identified the tremendous breadth of the virus among employees and the risk they posed as vectors to exposed colleagues, and the population in our institutions.

In November 2020, EHP formed a foundation of two registered nurses (RN), two licensed vocational nurses (LVN), a medical assistant, and an analyst at each prison. These small teams based throughout the state established groundbreaking best practices for keeping employees and institutions as safe as possible from the C19 pandemic. The prison-based and centralized teams, in partnership with institutional health care and custody, developed processes for screening

every person prior to entering the prisons for C19 signs and symptoms. Given the unique designs and remote locations of some prisons, the screening process required creativity and innovation. The institutional EHP teams rose to the challenge and assisted with the drive-through processes at all 35 prisons. This process became known as "gate screening" and required individuals coming to the institution to be assessed for temperature, C19-like signs, symptoms, and possible exposure (in or out of the prison). Any individual assessed as a risk for bringing the virus in was denied entry. When the C19 rapid antigen tests became available, EHP teams pivoted to include this new process into gate screening, allowing for rapid detection, further mitigating the spread of C19 within the prison institutions. Formalized clinical and administrative processes and workflows were reviewed and guided by a team of epidemiologists, nurses, and infectious disease specialists.

As C19 information was rapidly evolving, so too were the changes for EHP institutional teams. Every day brought new developments to practices and actions aimed at improving the

NURSES HELP PRISONS IN BATTLE AGAINST COVID-19 (CONTINUED)

program. Communication became central to ensuring that all 35 institutional EHP teams were following the latest evidence-based and best-known practices. Tools such as Microsoft Teams, chat channels, shared files, quality management trending reports, etc. became the lifeline for both EHP teams and institutional and headquarters leaders. EHP nurse-led resiliency became more noticeable when the Federal Drug Administration authorized C19 vaccinations. As with all other changes, the EHP teams pivoted and created vaccination stations, clinics, and on-demand pathways for employees to obtain the manufactured vaccine of their choice.

The epitome of continuous quality improvement continues to be demonstrated in each of the EHP team's ongoing developments. Each team partnered early on with local and state public health departments to ensure that positive C19 cases were known and could be addressed for overall public safety in the counties in which employees, incarcerated individuals, and their families live. In April 2021, when visitation was cautiously reintroduced, EHP nurses designed a visitor testing process to ensure the public as well as their incarcerated family members were safe. Although teams were inundated with managing C19 for employees, these same teams successfully designed, resourced, and implemented visitation entry testing processes in less than 14 days. This highlights what happens when nurses come together for collaboration and innovation.

The work of EHP is not over, as evidenced by employee vaccination mandates, continuing development of C19 variants, employee-related outbreak identification, surveillance testing, and response testing. As the public slowly lets its defenses down and moves from pandemic to endemic status, the mitigation strategies for prison congregate living must continue to evolve and guide a safe environment for employees, the population, and the communities in which they live. Constant honing of EHP program activities shows the positive impact that can occur for ensuring a strong workforce and supporting healthy work environments. To date the EHP teams have conducted 95,692 rapid antigen tests, 57,675 case investigations, 58,869 contact tracings, and provided 90,586 vaccination doses to over 62,000 CDCR/CCHCS employees.

As the C19 mitigation work continues, we know future threats to prison employees and those they serve are coming. The highly resilient and dedicated nurses have shown themselves to be strong, adaptive and committed to holding the line of defense and dedicating their practice to the best evidence and most efficient use of resources at hand.

NATIONAL COUNCIL OF STATE BOARDS OF NURSING LAUDS THOSE WHO SACRIFICED SO MUCH

Even though nurses consistently top polls of the most trusted professions, their irreplaceable position in the health care system prior to the COVID 19 pandemic may have been taken for granted.

This worldwide crisis brought nursing to the forefront of public awareness in a manner that no one could have envisioned. For the last two years, nurses across the world were hailed as heroes while they cared for patients afflicted with COVID 19 amidst shortages of personal protective equipment (PPE), scarcity of ICU beds, overworked co workers and allied health care colleagues, and early on, the lack of effective treatment modalities. The enumeration of these issues does not even address the stress, anxiety and depression arising out of caring for severely ill patients, the escalating COVID 19 death rate, and the fear of contracting the illness or infecting their own loved ones.

Nurses were pushed to the brink of their physical and psychological endurance and yet have still persevered. They have held the hands of the dying and rejoiced when someone recovers and returns home. That see-saw of emotions has taken its toll. Individuals who take up nursing as a profession generally do so out of an innate sense of wanting to serve, knowing that there are easier and likely more lucrative ways to make a living. While burnout will inevitably be the result for many nurses after the end of this crisis, others will soldier on because it is not simply what they do, but rather who they are.

The National Council of State Boards of Nursing (NCSBN) knows how crucial nurses are to the health and welfare of the nation's and the world's citizens. NCSBN and its members have as their paramount mission to protect the public and assure that nurses are safe and competent to practice. At the onset and throughout the pandemic, NCSBN led and actively participated in a number of initiatives designed to increase access to NCLEX® Examination administration, reduce regulatory barriers for providers, open clinical experiences for nursing students and offer direction on the administration of the COVID 19 vaccines.

NCSBN applauds the dedication, determination, selflessness and courage that nurses have shown throughout the pandemic. NCSBN and its members will remain steadfast in their mission so that regulation can support the public and nurses, now and in the future.

CORRECTIONAL FACILITY NURSING: RISING UP AND MOVING FORWARD

SHARON LEASURE BROWN, CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES CHIEF NURSE EXECUTIVE

The COVID-19 challenges we have all faced have provided our resilient nursing staff the opportunity to rise up during the pandemic and move forward as we adapt and grow.

California Correctional Health Care Services (CCHCS) provides nursing care for nearly 97,000 incarcerated individuals. More than 6,000 talented nurses provide care in 34 correctional facilities throughout California. We have a multitude of settings, including: inpatient and outpatient medical units, outpatient housing units, hospice units, palliative care units, dialysis units, and inpatient and outpatient psychiatric units. CCHCS nurses strive to embrace patient-centered care morally and ethically.

Governance highlights during these times of opportunity have included:

- Embracing innovative care and treatment modalities with rapid collaboration between the community and CCHCS to offer initial and subsequent monoclonal antibody treatment.
- Reinvigoration of shared governance with updated tools and a new dashboard. Our 34 institutions have

embraced the tools to increase accountability over our practice. We actively share best practices across our enterprise and recognize our exemplary staff. Inclusion and partnership display great respect as we strive to center care around our patients for their best outcomes, and nurture our staff development.

- Despite staffing challenges during the pandemic, CCHCS nurses have continued to partner with the union representing our nursing staff, the Service Employees International Union (SEIU), the Division of Apprenticeship Standards (DAS), and three community colleges to sustain and grow our LVN to RN Apprenticeship Program. Our college partners include: Sacramento City College, San Joaquin Delta College and Riverside City College. To date, we have had a 97 percent NCLEX pass rate for those who have completed the program, and 82 percent have successfully promoted to an RN within our organization.
- COVID-19 led to the abrupt limitations of clinical rotation availability for nursing programs throughout the state. CCHCS

nurses stepped up to bridge the gap by quickly partnering the up-and-coming registered nurses from California State University, Sacramento and our California Medical Facility. Nursing students were able to virtually attend patient appointments, daily interdisciplinary huddles, patient community meetings, Interdisciplinary Department Treatment Team patient appointments and receive online instruction from our mental health nurse educator. The partnership has successfully transitioned into clinical mental health rotations at two facilities that allow future registered nurses to care for patients in the entire continuum of mental health.

- Clinical rotational opportunities have increased with six institutions partnering for upcoming clinical rotations for all licensed and certified CCHCS nursing staffing positions, including: RN, LVN, PT, MA, and CNA.
- Nursing career development is imperative to support our nursing staff and expand our clinical ladder opportunities. In addition to the LVN to RN apprenticeship, CCHCS

has partnered with SEIU, DAS, and Sacramento City College to obtain a grant for pre-apprenticeship. This will allow our staff to take their prerequisites while employed and support the competitive application entry into the college's nursing program. CCHCS nursing leadership deeply values our nursing staff and supports their professional development and growth opportunities.

- The Nursing Professional Practice (NPP) team performs an integral part of all mortality reviews for our patient population. During COVID-19, NPP reviews led to improved rounding observations, and the development of a COVID-19 extraction tool to integrate evidenced-based practice to improve the delivery of patient care.

CCHCS nurses remain dedicated to utilizing the challenges placed before us to value, embrace, and collaborate with our nursing community. We stand proudly together as our shared governance strengthens our ability to serve our patient population safely.

EMSA OUT-OF-STATE AUTHORIZATION HAS ENDED

The **Emergency Medical Services Authority (EMSA)** had adopted policies and procedures governing the use of out-of-state medical personnel to respond to the COVID-19 outbreak pursuant to the **governor's emergency proclamation on March 4, 2020**. Pursuant to **Executive Order N-11-22**, the EMSA out-of-state medical personnel authorization approval, however, ended February 28, 2023.

Because the out-of-state authorization has ended, all EMSA nurses and medical personnel can no longer practice in California. The California Board of Registered Nursing (BRN) is urging out-of-state EMSA nurses to apply now for **licensure by endorsement** to continue practicing in California. Complete endorsement applications are processed in the order they are received; however, once submitted to BRN, EMSA nurses can immediately **apply for a temporary license** that is valid for six months, allowing nurses to practice in California while their endorsement application is being processed.

For health care providers and employers in California: If you have employed nurses through EMSA provisions, your staff must be licensed in California if they are to continue working. BRN is urging all providers and employers to notify their EMSA nurses of this information and encourage them to apply for **licensure by endorsement** with BRN. It is imperative that providers and employers notify nurses to apply for **temporary licensure** immediately after submitting a complete endorsement license application.

A temporary license from BRN is valid for six months and will allow your EMSA staff to continue practicing in California.

Please share this information along with BRN's **processing times** for both endorsement and temporary license applications.

TEMPORARY LICENSES

You may apply for a temporary license at the same time that you apply for licensure by endorsement or at any time prior to the issuance of a registered nursing license. A temporary license is valid for a period of six months, allowing an applicant to work pending issuance of an RN license. Please visit our **Licensure by Endorsement** page for application instructions.

If you would like to request a temporary license, you must submit the licensure by endorsement application first and then you will be able to submit the request for a temporary license online through your BreEZe account. Please note that you cannot apply for a temporary license only.

The Board must receive and process fingerprint results from the California Department of Justice and the FBI before a temporary license is issued. There may be a delay if the application or fingerprint results indicate a prior conviction(s) or other basis for denial. Please refer to our **Processing Times** page for current timeframes.

ATTENTION NURSES!



**EMSA OUT-OF-STATE
AUTHORIZATION ENDED
FEBRUARY 28, 2023**

APPLY FOR LICENSURE TODAY!



ATTENTION EMPLOYERS!



**EMSA OUT-OF-STATE
AUTHORIZATION ENDED
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APPLY FOR LICENSURE TODAY!





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NURSES—PUBLIC HEALTH HEROES OF COVID-19

CASSIE DUNHAM AND CHELSEA DRISCOLL, CALIFORNIA DEPARTMENT OF PUBLIC HEALTH



"As a nurse, we have the opportunity to heal the mind, soul, heart, and body of our patients, their families and ourselves. They may not remember your name, but they will never forget the way you made them feel."

—Maya Angelou

Our state would not be in the position it is in now, recovering from two years of changes, without our public health nurses, their courage, and their resiliency. These dedicated employees endured the most challenging of times and made the best of the situation to serve the people of California.

When the COVID-19 pandemic emerged in 2020, nurses became frontline workers by virtue of their profession as the first person one would see. Nursing requires patience, perseverance, compassion, and empathy. California nurses represent the cross-section of our society and its diverse backgrounds and cultures, with valuable insights to how we care for each other.

There are over 470,000 actively licensed registered nurses (RNs) in California, making it the largest health profession in the state. California has approximately 39,000 licensed public health nurses, and the California Department of Public Health (CDPH) supplemented its workforce with contracting and visiting nurses during the pandemic. The Center for Health Care Quality (CHCQ) is proud to be part of CDPH and has a great number of nurses who work across the state. Many nurses in CHCQ are health facility evaluation nurses (HFENs) who function in state oversight capacity and also survey facilities for compliance to state and federal guidelines. While they may not provide direct care, they work side by side with those who do. As part of this, nurses in CHCQ's

Healthcare Associated Infection (HAI) Program remain focused on monitoring infection control and mitigation measures. The HAI program team and nurses were and remain essential in prevention efforts, in conjunction with the survey staff, and conducted special training in facilities for HFENs. The team was the driving force in responding to each emergency at multiple facilities that experienced outbreaks.

From the time COVID-19 was first identified, teams worked in a continuously changing environment, and incorporated direction from the Governor's Office, the Centers for Disease Control and Prevention, and Centers for Medicare and Medicaid Services. Nurses from HAI worked with the National Guard and other partners to conduct assessments at local facilities. They provided consultation to the California Department of Social Services and other agencies, plus conducted over 4,000 mitigation surveys in 1,200 facilities at the peak of the pandemic.

COVID-19 created a situation beyond what anyone had experienced. Information was coming out at a rapid pace, and plans and policies were adapted to case rate and spread. Public health nurses stepped up beyond their normal duties and into emergency response roles. With quick action, they educated themselves on the contagious nature of the virus, weighed the risks, and still said, "I will help. I can fill in. I can stay later. I can..."—taking on more than asked without complaint. These caregivers became vaccine givers, contact tracers, learned new processes, stood up vaccine sites, set up alternate sites for triage, and much more, responding with an all-hands-on-deck approach. Teams changed

waiting rooms into critical care rooms, using every space available to treat patients while keeping other patients from contracting COVID-19.

Not only did public health nurses step up for Californians, they stepped up for each other amid their own challenges and trauma. For many, nursing is a noble, lifelong profession in which some choose to work beyond retirement age because they love what they do. COVID-19 was prevalent in aging and vulnerable populations, so many nurses had to exit the workforce through retirement or resignation due to risk of infection. The commitment demonstrated by those remaining in the workforce was and continues to be commendable.

While the COVID-19 pandemic became a public health emergency, and its risk still remains, the bar has been raised for how California responds to all emergency situations. The lessons learned are being applied to update emergency plans and training for nursing and other health professions on infections, fire, flooding, severe heat, oil spills, drug recalls and other potential threats.

There is something special about public health nurses. Most will agree that nurses have amazing superpowers, with proverbial capes or wings beneath their scrubs.

So even though many lives were lost, countless lives were saved because of the dedication and willingness of our nurses to adapt to a constantly changing situation and environment. More than ever our collective appreciation for nurses resounds in California and across the globe. We thank you. We need you. We appreciate you.



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