



**CALIFORNIA
HOSPITAL
ASSOCIATION**

*Providing Leadership in
Health Policy and Advocacy*

April 28, 2020

Governor Gavin Newsom
California State Capitol
10th and L Streets
Sacramento, CA 95814

RE: Securing a Viable Nursing Workforce

Dear Governor Newsom:

As our state has pulled together to meet the challenge presented by COVID-19, no one has been more vital to our response than health care workers. California's nursing workforce constitutes the largest group of health care professionals in the state — and 66% of nurses work in acute care hospitals and health systems. These are the people we rely on to care for patients and who keep us safe. Keeping our health care workforce strong and capable is vital to meeting this crisis head on and will continue to be critical as we resume deferred care. To ensure our workforce is able to meet the demand it will soon face, the California Hospital Association (CHA) — on behalf of our more than 400 member hospitals and health systems — asks that you take swift action to ensure the registered nurse student labor pipeline remains viable.

In response to your March 19 Executive Order N-33-20, which requested that all non-essential workers remain home, academic institutions and hospitals stopped providing clinical hours to nursing students. This decision was made after considering a number of factors, including a lack of personal protective equipment, school and dorm closures, considerations around direct or indirect learning activities, and student and faculty safety. In preparation for the surge of COVID-19 patients, our hospitals envisioned incorporating nursing students in a different manner, combining both their employment capacity with their learning needs to care for patients under a state of emergency.

To facilitate that shift, the Board of Registered Nursing (BRN) on March 31 issued a statement that, under Business and Professions Code section 2727(d), nursing services could be provided by unlicensed personnel during an epidemic. The document, "Nursing Services During Epidemic/Public Disaster At-A Glance," urged nursing students to help during the COVID-19 pandemic and assist hospitals, clinics, and other providers. It also identified the various roles nursing students could fill given their educational trajectory. The COVID-19 surge plan requested that hospitals stop non-essential surgeries to allow greater bandwidth for COVID-positive patients. This shift — combined with a dramatic decline in emergency department patients — has strained the financial viability of many of our hospitals. As a result, our hospitals face an unforeseen consequence: a surplus of nurses and other staff to care for very few patients. In some cases, this has resulted in furloughs and position reassignment. During this time, nursing students,

particularly fourth-year students, were left without a means to complete their required clinical rotations.

On April 3, the Department of Consumer Affairs (DCA) waived certain elements of the California Code of Regulations, Title 16, Section 1426, subdivision (g)(2), which requires that 75% of clinical hours in a course be in direct patient care in a board-approved clinical setting. Under the waiver:

- For courses in mental health/psychiatric nursing, obstetrics and pediatrics: 25% or 50% of clinical practice can now be done in non-direct patient care activity, such as clinical simulation.
- For courses in geriatrics and medical-surgical: 50% of clinical hours must be in direct patient care. Under the waiver academic facilities must confirm that no alternative agency or facility is available within 50 miles of the affected nursing program and that substitute hours — for example, simulation — compare to the academic requirement. The requirement that nursing schools verify that clinical placements are not available within 50 miles has proven to be an arduous task because many of the traditional contacts at the clinical facilities have been focused on surge capacity and caring for patients.

On April 10 and continuing throughout the course of the pandemic, the California Association of Colleges of Nursing and the California Organization of Associate Degree Nursing expressed the need for additional non-direct patient care hours other than those the DCA waiver allowed. They requested an adjustment in direct patient care hours — from 50% to 25% — to allow for 75% of non-direct patient care activity (principally, simulation) to assist fourth-year students in successfully meeting timely graduation requirements. Many schools were surveyed and reported they would be unable to complete their semesters on time with only 50% non-direct patient care. This backlog would significantly impact future nursing student cohorts — resulting in possible denial of future student placements, school closures, and most importantly, a reduction in the graduating nursing workforce in California. This would occur at a time when our health care facilities need them most, as we work to meet new demands in resuming California's deferred and preventive health care.

CHA supports the proposal lowering the direct patient care requirements from 50% to 25% to allow fourth-year nursing students to graduate on time and to facilitate the education of our enrolled nursing students without delays. This proposal would:

- **Further relax the direct patient care requirement for the current semester/quarter for all nursing students, allowing up to 75% of clinical hours to be in simulation.** Clinical placement availability is still not adequate. Whether facilities will have enough placements in the near future or in the fall is uncertain. Given these extraordinary circumstances and the need to keep nursing cohorts moving forward to prevent long-term barriers, the increase is warranted.
- **Make the change to 75% clinical simulation effective by May 1.** This is the date that will most benefit both the programs at imminent risk of suspending as well as suspended programs that have the option of opening back up.
- **Waive the requirement that programs demonstrate a lack of clinical facilities.** The existing waiver serves as an unnecessary barrier to utilization of the additional clinical simulation and is a burden on the clinical partners. Clinical partners are busy reacting to the

crisis and, in some cases where there are dedicated staff, they have been furloughed as non-essential.

- **Utilize clinical agency competency validation or supervisor sign-off within a specified time to demonstrate competence post-licensure for those who graduate using 75% clinical simulation.** Clinical agencies already validate competence, and that can be submitted to the BRN. If in a less formal setting, they could have a licensed supervisor sign off on the licensee's competence. The fee, if any, should be no greater than the reasonable administrative costs of filing the form. The timeframe for submitting the form should be 18-24 months to account for the potential lack of jobs for newly graduated nurses and new graduate residency programs.
- **Utilize a more comprehensive approach for additional flexibility after the current quarter/semester.** Without clarity on how things will progress throughout the summer and fall, we should continue to explore novel ways of addressing the nursing student pipeline issue.

Simulated learning provides efficient, concentrated, high-quality clinical training to nursing students with excellent academic results. Twenty-five states have no regulations on direct patient care requirements, and 17 states deploy 50% simulation under normal circumstances. There are no appreciable differences in the NCLEX exam rates of these states. The National Council of State Boards, in its most recent randomized controlled study (published in *the Journal of Nursing Regulations*, Vol.5, Issue 2, 07/2014 Supplement), provides substantial evidence that substituting high-quality simulation experiences for up to half of traditional clinical hours produces comparable end-of-program education outcomes and new graduates who are ready to practice.

As we endeavor to meet patients' and students' needs during this pandemic, permitting a temporary additional 25% allowance for simulated clinical hours is a safe, necessary step to ensure a viable nursing workforce in the future.

Thank you for your consideration.

Sincerely,



Maria Salazar Sperber
Legislative Advocate

CC: Stuart Thompson, Chief Deputy of Legislative Affairs Secretary, Office of the Governor
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