WINTER 2021 VOLUME 17 {Nº 1} EDITION 50
www.ncbon.com

NC BOARD OF NURSING

NURSING BULLETIN

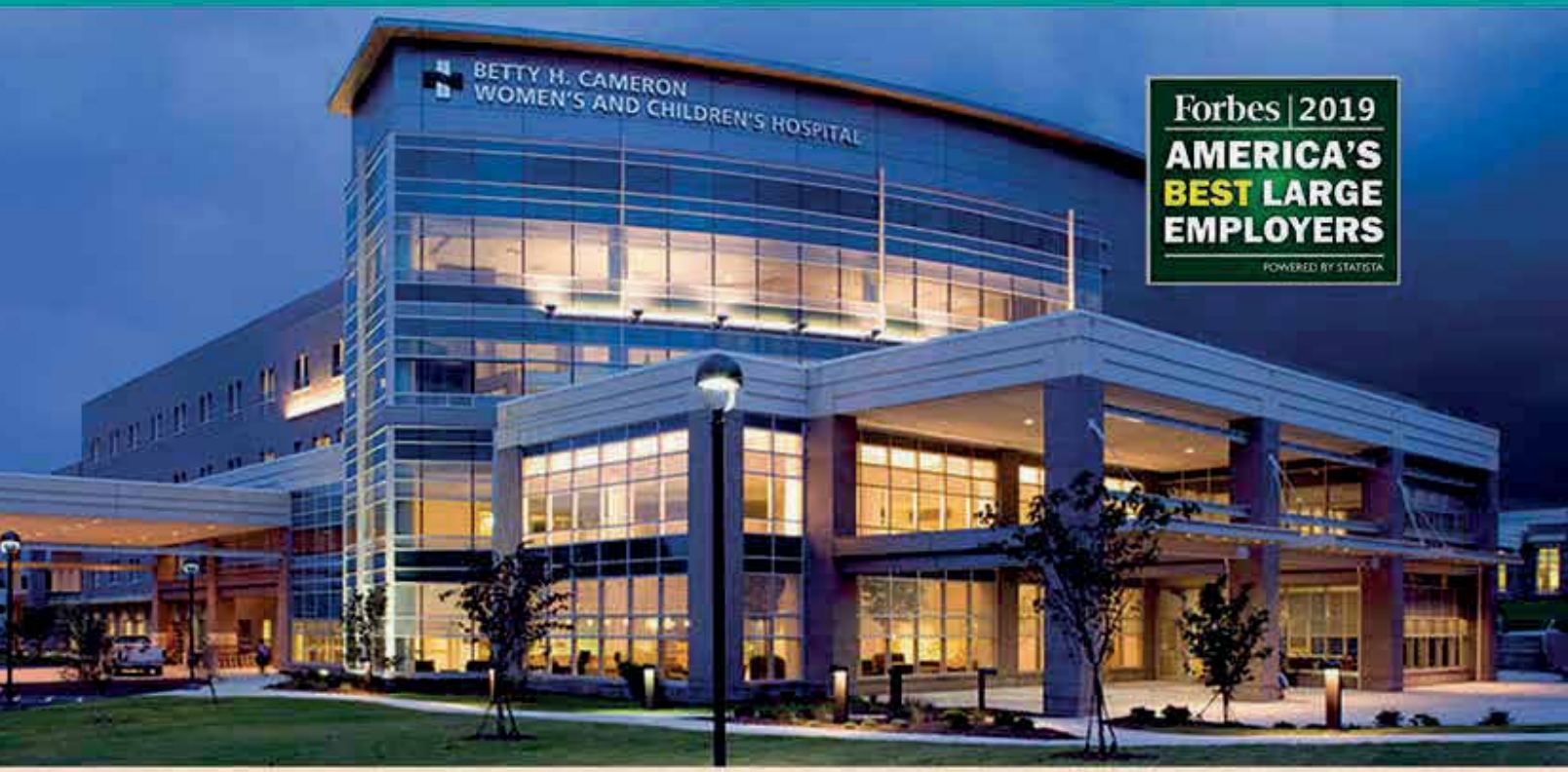
PATIENT CARE AND DOCUMENTATION: THE BALANCING ACT

page 8

CE

Publication of the North Carolina State Board of Nursing

Leading our Community To Outstanding Health



NHRMC offers employees an inspiring work environment, an opportunity to influence change and room for advancement. Outside of work, NHRMC encourages its employees to embrace opportunities to live a fulfilling, active and healthy lifestyle.

Now Hiring

- Women's & Children's
- Cardiac
- Surgical Services
- Behavioral Health
- Rehab Services
- Oncology
- Medical Surgical
- Critical Care
- Emergency

NHRMC Offers

- Tuition Reimbursement
- Clinical Ladder
- Education Resource Fund
- Preceptor Program
- Nursing Congress
- Certification Reimbursement
- Shared Governance Model

New Hanover Regional Medical Center

WINTER 2021
BULLETIN
NC BOARD OF
NURSING
Nursing Bulletin is the official publication of the North Carolina Board of Nursing.

Office Location
4516 Lake Boone Trail
Raleigh, NC 27607

Mailing Address
P.O. Box 2129
Raleigh, NC 27602

Telephone
(919) 782-3211

Fax
(919) 781-9461

Website
www.ncbon.com

Office Hours
8 a.m. to 5 p.m.,
Monday through Friday

Board Chair
Pam Edwards, EdD, MSN, RN-BC, CNE, CENP

Chief Executive Officer
Crystal Tillman, DNP, RN, CNP, FRE

Editor
David Kalbacker

Mission Statement
Protect the public by regulating the practice of nursing.

162,000 copies of this document were printed and mailed for a cost of $0.24 per copy.

The North Carolina Board of Nursing is an equal opportunity employer.

NC Board of Nursing
NURSING BULLETIN

Table of CONTENTS

NC

VOLUME 17 {Nº 1} EDITION 50

On the cover:
Celebrating our 50th issue with cover art over the years.

DEPARTMENTS:

letter from the **Chief Executive Officer**

I've begun to settle into my role as Chief Executive Officer, and what a great experience this has been! During the past few months, I'm pleased to say I've had the opportunity to meet with many of you (virtually) and hear about emerging issues of importance to nurses in North Carolina. Your input is valuable to me and will assist the Board as we embark on our next four-year strategic planning process in 2021.

Just a little about me…I was born and raised in NC, growing up in Charlotte. My nursing education is as follows: Central Piedmont Community College-Charlotte-ADN, UNC-Chapel Hill-BSN, Duke University-Durham, MSN and DNP. Currently, I am certified as both a pediatric nurse practitioner and psychiatric mental health nurse practitioner and enjoyed practicing in both population foci for many years.

My gratitude goes out to the 165K licensed nurses in NC who are fighting daily against the Covid-19 pandemic. I remain in awe of the resilience, innovation, responsiveness and perseverance of nurses. I am grateful for the collective work of Board members and staff, and for our continued focus on public protection while adjusting to our current environment.

I want to personally express appreciation to our outgoing Board Members: Martha Ann Harrell (public member), Sharon Moore (PN Educator), Glenda Parker (APRN), Lisa Hallman (staff nurse) and Ashley Stinson (public member).

We welcome new Board Members who began their four-year terms effective January 2021: Dr. Lora Bartlett (PN Educator), Dr. LaDonna Thomas (APRN), Kimberly McKnight (staff nurse), Dianne Layden (public member) and Dr. Aimy Steele (public member).

I invite you to visit our website (www.ncbon.com) for upcoming events and up-to-date information on Covid-19 related to nursing practice and view the current waivers in place. Please follow us on Facebook at NC Board of Nursing. I wish all of you a safe and healthy 2021.

Regards,

Crystal L. Tillman, DNP, RN, CNP, FRE
Chief Executive Officer

NORTH CAROLINA BOARD OF NURSING
CALENDAR OF EVENTS

Board Meeting:
May 28, 2021 virtual

Administrative Hearings:
February 25, 2021 virtual
May 27, 2021 virtual

Education/Practice Committee:
March 17, 2021 virtual

Hearing Committee:
March 25, 2021 virtual
April 29, 2021
June 24, 2021

Directors of Nursing (DON) Session:
March 3, 2021 canceled
April 22, 2021

Education Program Director Orientation (EPDO):
September 15, 2021

The Board office remains closed to the public.
Please visit www.ncbon.com for updates to our calendar and call-in information to attend public meetings.

JOHNSTON HEALTH

Two Great Hospitals

Many Great Nursing Positions!

Johnston Health has Nursing positions open at both our Clayton & Smithfield Campuses

Intensive Care Unit ◆ Progressive Care Unit

Cath Lab ◆ Labor & Delivery ◆ Medical/Surgical ◆ Emergency Dept.

To view a complete list of current openings or to apply, visit:

www.johnstonhealth.org

Clayton
2138 Hwy. 42 W.

JOHNSTON
UNC HEALTH CARE

Smithfield
509 N. Bright Leaf Blvd.

Johnston Health is an equal opportunity employer.

LEARN • ENGAGE • BELONG

Sandhills
COMMUNITY COLLEGE

Pinehurst, N.C.

Come Be a Part of Our Team!

We are looking for our next Department Chair of Nursing
(and FT/PT Instructors)

Sandhills Community College is seeking an experienced leader to administer and manage our innovative nursing program, that includes a state-of-the-art learning and simulation center.

To review position details and to apply, visit **www.sandhills.edu** and scroll to select "Employment" (at bottom of home page). Select "Apply Now" and then enter "Department = Nursing"

Wendy Dodson, *AVP HR*
(910) 246-2868
dodsonw@sandhills.edu

3395 Airport Rd. | Pinehurst, NC 28374

CAROLINAEAST
HEALTH SYSTEM

PATHWAY DESIGNATED
AMERICAN NURSES CREDENTIALING CENTER

Nursing Opportunities Available!

It's the people that make quality happen

CarolinaEast Health System is dedicated to quality and compassionate care across the Coastal Carolina region. We are a 350 bed, full-service facility housing a complete compliment of inpatient and outpatient services with the latest technology. From our region's coastal culture and neighborhood environment to your advancement opportunities, you can achieve both the lifestyle and career goals you seek. Come for your career, stay for the people you will serve and the relationships you will develop. We are looking for nurses specializing in:

- **Clinical Decision and Observation Unit**
- **Critical Care**
- **Emergency Department**
- **Nephrology**
- **Neurology**
- **Oncology**
- **Operating Room**
- **Orthopedics**
- **Rehab**
- **Surgical Care Unit**

Up to $10,000 sign on bonus for qualified positions • Relocation up to $5,000 for qualified candidates

To learn more about our opportunities or to apply, visit **jobs.carolinaeasthealth.com/nursing**.

letter from the EDITOR

It has been my pleasure…..

…. to serve as the editor of the Nursing Bulletin Magazine for the past seventeen years. This Winter issue is edition #50 and a fitting place for me to exit. I will go from editor to Pop-Pop, a new title bestowed on me by my 2 year old granddaughter, Joanna.

Before I take my leave, I have several people to thank. First and foremost are each of you, the thousands of nurses in North Carolina. I have had the privilege of meeting many nurses at functions across the state and it has always been a pleasure.

Secondly, I want to thank my coworkers who have contributed countless articles to this publication over the years. Numerous other state Boards of Nursing have contacted me asking permission to run our articles in their magazines. Consequently, our articles have appeared in Board of Nursing publications from coast to coast.

I also want to thank our publishing partners, PCI Publishing Concepts, Inc. Their attention to detail and creativity has helped us create a magazine which consistently won awards throughout these seventeen years.

Finally, when we sent out volume 1, edition 1, in 2004, there were 119,000 nurses on the mailing list. Since then, the number of licensed nurses in North Carolina has grown to more than 165,000. I estimate that the North Carolina Board of Nursing has mailed out more than 7 million magazines to nurses during my time as editor. I am proud to have been a part of this effort to keep nurses informed and the public safe.

Sincerely,

David Kalbacker
Pop Pop

"Like" the NCBON on Facebook!

Like and Follow us today!

The North Carolina Board of Nursing is committed to communicating with the nurses and public of North Carolina. In order to keep you updated and informed about nursing regulation in our state, the NCBON uses a variety of communication tools to reach you, including our website, this magazine, email marketing and just recently we've added social media to the mix.

The NCBON joined Facebook in November 2017 and we're happy to report that over 12,600 people have liked and followed our page to remain engaged with nursing in our state. We routinely post updates about the new enhanced Nurse Licensure Compact (eNLC), regulation affecting your license, license renewal reminders, updates on Board Meetings, office closures, nursing in the news and much more!

Pass the Word… Scholarship Opportunities!

NCFN
NORTH CAROLINA FOUNDATION FOR NURSING

The North Carolina Foundation for Nursing is currently accepting applications for six different scholarship opportunities!

NCNA members receive priority during the selection process.

Mary Lewis Wyche Fellowship - $5,000
Eunice M Smith Scholarship - up to $1,000 or $2,000
TeleHealth Services Nursing Scholarship - up to $2,000
NCNA Southwest Region Scholarship - up to $1,000
NCNA Triad Region Scholarship - up to $1,000 or $2,000
Judy Knox Scholarship – up to $1000

To learn more about each scholarship and to apply visit: **https://ncnurses.org/foundation/scholarships**

Applications are being accepted now through May 31, 2021 at 4:00 PM.

Thank You for Everything You Do!

Southern Health Partners is proud of our amazing nursing staff that have gone above and beyond in a time of crisis. Your hard work and dedication does not go unnoticed. Thank you! #shpservehealprotect

To join our team visit: www.southernhealthpartners.com
Click on the careers link to apply today.

Southern Health Partners

www.facebook.com/southernhealthpartners
twitter.com/SHPJailMedical
www.instagram.com/lifeatshp/

ADULT HEALTH ASSISTANT PROFESSOR, *tenure track position*

12 months, full time

INTERESTED CANDIDATES APPLY:
https://jobs.wssu.edu/postings/14824

The position is a 12-month tenure-track assistant professor of nursing in the School of Health Sciences with a begin date of July 1, 2021. The Division of Nursing seeks an exceptional candidate who will teach undergraduate courses, serve as faculty advisor, mentor undergraduate and graduate students inside and outside the classroom, engage in scholarly activities that result in publication in peer-reviewed journals within the discipline, present at professional conferences, engage in procuring extramural funds, participate in departmental, school, and university service as well as engage in service to the nursing profession and the larger Winston-Salem and Forsyth County Community.

REQUIRED:

- Master of Science in nursing and earned doctorate in nursing or a related field.
- An unrestricted license to practice nursing in the State of North Carolina (or ability to obtain licensure).
- Minimum of two calendar years or equivalent of full-time employment as a registered nurse.
- Demonstrated history of scholarly activity including research, publications, securing external funding, and leadership in professional organizations preferably related to the academic discipline.

www.wssu.edu

WINSTON-SALEM STATE UNIVERSITY

PATIENT CARE AND DOCUMENTATION: The Balancing Act

Pamela H. Trantham, MSN, RN, Investigator, NC Board of Nursing
pamela@ncbon.com

CE 1 CONTACT HOUR

Learning Outcome: Nurses will gain an increase in knowledge related to the ability to identify requirements of Federal, State, and Regulatory bodies for nursing documentation. Nurses will gain an increase in knowledge related to the ability to recognize that quality nursing documentation is linked to better patient outcomes.

Disclosure:

The author and planners of this CE activity have disclosed that there are no conflicts of interest related to the content of this activity. See the last page of the article to learn how to earn CE credit.

Patient Care and Documentation: The Balancing Act

"*Clinical documentation is a foundation of every healthcare encounter, and through its completeness and precision, the scope of care and services provided and severity of the patient's illness can be shown*" *(Brazelton, Knuckles & Lyons, 2017, pg. 271).*

The North Carolina Board of Nursing (NCBON) recognizes the unique "balancing act" required of nurses when providing patient care and documenting the delivery of that care in the medical record. NCBON continues to receive and investigate complaints related to poor nursing documentation. In 2019, more than 10% of the complaints received by the NCBON cited some issue related to documentation. Categories of complaints received include the following: omission of crucial patient information, inaccurate documentation, incomplete documentation, documentation that does not adequately reflect the patient's condition, lack of documentation when a provider is notified, and pre-documentation of information (North Carolina Board of Nursing [NCBON], 2020a). This article will identify the nurse's responsibilities when documenting care, discuss essential components of quality nursing documentation, and provide examples of how quality documentation of nursing care serves as an opportunity to advocate for patients.

Background

The American Nurses Association's (ANA), *Principles for Nursing Documentation: Guidance for Registered Nurses* reported that nurses often find the task of nursing documentation "burdensome" and feel it "distracts from patient care" (Matthews, et al., 2020 p. 3). Likewise, a study conducted by Pellico, et al. (2010) on the work experience of a cohort of 229 registered nurses noted participant remarks to convey feelings that documentation takes time away from patient care and causes stress related to completing nursing responsibilities within the time frame of the assigned shift. Finally, the Joint Commission's 2003 white paper, *Health Care at the Crossroads: Strategies for Addressing the Evolving Nursing Crisis*, reported "increased staffing, less paperwork and fewer administrative duties" as the top areas identified by nurses as needing improvement (Joint Commission et al., 2003 p. 10).

Why Quality Nursing Documentation is Critical

During the current COVID-19 pandemic, nurses may be pulled to work on a unit they are not accustomed to with higher acuity patients. Nurses may be concerned about their own exposure to COVID-19 or about the possibility of exposing family members; and at the same time feel a responsibility to care for those who are ill with the virus. Although the demands and stress of nursing responsibilities are heightened during healthcare crises such as a global pandemic, the need for quality nursing documentation remains a crucial component of patient care. The quality of nursing documentation is a reflection of the quality of care delivered to the patient (Akhu-Zaheya, et al., 2017). Patient outcomes may be linked to the quality of nursing documentation in a patient's medical record (Collins, et al., 2013). A variety of healthcare providers across different disciplines document in a patient's medical record. The lack of important patient information may place the patient at risk. Consider the following scenario:

Patient A is a 79-year-old female who underwent a right hip replacement earlier in the day. The dayshift nurse, Cindy received the patient on the Med/Surg floor from PACU around 6:00 p.m., prior to her shift ending at 7 p.m. At 6:45 p.m., Nurse Cindy administered IV Morphine to Patient A. However, due to preparation for shift report, she failed to document the administration of the Morphine. During shift report, Nurse Cindy commented to the oncoming nurse that Patient A seemed to be resting comfortably "now".

At 7:15 p.m., Nurse Ellen (oncoming nurse), found the patient restless and moaning and believed her to be in pain. She immediately checked the patient's orders and found the patient had an order

for IV Morphine for pain. Nurse Ellen administered a dose of IV Morphine within 30 minutes, not realizing that the patient had been recently medicated. The patient subsequently became unresponsive and required the administration of Narcan and a transfer to ICU for stabilization and monitoring. Nurse Cindy's failure to document the medication administration placed her patient at risk.

In this scenario, Cindy did not set out to harm her patient. The Medical/Surgical unit was chaotic at the time and she was pulled in many directions. However, her lack of attention to detail and failure to enter pertinent information into the patient's record did cause harm to her patient.

In addition to assisting with provision of safe nursing care, quality nursing documentation may provide protection for the nurse in the event his/her own nursing practice is called into question (such as a lawsuit). All nurses should consider documentation of care as an essential step in the process of patient care. Without the documentation of care, there is no evidence of that care beyond a memory, which will diminish with time. It is important to ensure that your documentation accurately reflects the quality of care provided and actions taken to safely deliver nursing services to each patient instead of merely meeting the minimum requirements.

What Defines High Quality Documentation?

ANA provides guidelines for the components of high-quality documentation, which should be "reflective of the nursing practice" (Matthews, et al., 2010, p. 12). Documentation begins at the time of arrival and continues until the patient leaves or is discharged. Further, nursing documentation should reflect only direct observations of the nurse completing the documentation (Messina, 2020).

The components of quality nursing documentation may be remembered using mnemonics, much like the *Rights of Medication Administration*. This author created the following R's of quality nursing documentation mnemonic to assist nurses when documenting entries into a medical record:

Right chart, right patient – always double check the patient name against the name in the medical record and armband for identification;

Right information in right chronological order – critically think about information while documenting to ensure what you document flows (e.g., you would not want to document administration of a medication prior to documenting the receipt of a verbal order for that medication);

Response – a patient's response to an intervention should always be noted (e.g., patient's response to pain medication);

Record of Provider contact – (e.g., attempts to reach a provider);

Response from Provider – always repeat back instructions you are given to ensure understanding and document those instructions carefully;

Rendered care – document all care rendered;

Real time – document at the time the care is completed or as close to the time of the care as possible (exceptions may include code situations and other emergencies).

There are approved standards for making changes, corrections or additions to nursing documentation that should be followed. Agency or facility policies may dictate how changes or late entries can be made in medical records. Nurses should become familiar with and follow these specific policies. The Centers for Medicare & Medicaid Services (CMS) offers guidance when making changes within the medical record in the *Medicare Program Integrity Manual*, Section 3.3.2.5 entitled, *Amendments, Corrections and Delayed Entries in Medical Documentation* (Centers for Medicare and Medicaid Services [CMS], 2016) as follows:

- Late Entry: In the event that documentation needs to be added after the original entry, it should be labeled "late entry". The information should be dated with the date the late entry is made and should state the reason the added information was not a part of the original documentation. The late entry should be signed or initialed by the individual making the entry. Many employers have specific policies/procedures for making late entries within the organization.
- Addendum – An addendum is made when new information becomes available after the original entry was made. The date the addendum is made should be recorded, the entry should be labeled "addendum," and the reason for the addendum should be noted. The addendum should be signed or initialed by the writer.
- Correction: When making a correction in a paper medical record, a single line should be drawn through the original entry, allowing the original entry to be seen and read. The individual making the correction should sign and date the correction. When documenting corrections within electronic records, follow the facility's policy regarding strike throughs or entries created in error.
- Amendment: An amendment, sometimes called a clarification note, is written to correct or clarify information documented earlier (e.g., corrections, deletions or retractions). Amendments should be clearly labeled "amendment" or "clarification" and should provide the reason an amendment is needed. The current date should be recorded and the note should be signed or initialed by the writer.
- Other tips: Documentation should be completed after care is delivered, never prior to the delivery of care. In general, nurses should document only the care they provide except in a situation such as a code or emergency where a staff member documents the entire event. Nursing documentation should be factual (what is seen, heard, palpated and the patient's care and response to care).

Check Boxes and Drop-Down Selections

The significance of merely clicking a check box or selecting a pre-populated choice from a drop-down box should not be dismissed. Although check boxes and drop-downs are time savers in lieu of narrative notes, the nurse is held to the same level of accountability and standard of accuracy as with a narrative note. Nurses should not use the pre-selected choices from a drop-down list or check box in a patient record

continued on page 10

continued from page 9

without first carefully considering the selected information as doing so could result in documentation of care that was not rendered (American Health Information Management Association, 2014). It is best to be mindful and present while documenting to ensure the record reflects the patient's true care. Consider this scenario:

Nurse A was completing her documentation at the end of her shift and clicked a checkbox indicating her patient was being monitored by cardiac monitor and alarms were on and audible. However, the previous nurse (Nurse B) documented a narrative note stating the patient refused to wear a cardiac monitor. Nurse B documented notification of the provider, who verbally ordered the cardiac monitoring to be discontinued. She documented the removal of the monitor and leads.

In this scenario, Nurse B's documentation was clear and detailed. Nurse B provided us with an excellent example of quality nursing documentation. However, Nurse A rushed through her documentation at the end of her shift without critically thinking about the information she selected to record. Thus, the information documented by Nurse A was inaccurate.

The purpose of nursing documentation is to record the nurse's findings, impressions and plans in a chronological manner. The Emergency Care Research Institute (ECRI) is a nonprofit health services research agency designated as an Evidence-based Practice Center by the U.S. Agency for Healthcare Research and Quality. A workgroup was created by ECRI in 2015 to identify risks associated with the practice of using the "copy and paste" function when documenting. As a result, a toolkit was created, *Health IT Safe Practices: Toolkit for the Safe Use of Copy and Paste* (Emergency Care Research Institute [ECRI] et al., 2016). Risks identified by the workgroup associated with copying and pasting include: less dependable documentation, documentation with unintended bias (due to less use of reasoning skills and critical thinking skills), bloated notes that do not flow well, and the overuse of copy and paste, which can result in the exclusion of current information (ECRI et al., 2016). The following scenario highlights the risks associated with the use of the copy and paste feature:

Lucy began working for a home care agency six months ago. She typically sees 5-6 patients per day. As a timesaver, Lucy came up with the idea to copy and paste a patient's prior visit notes into a current visit note with the intent of editing the note before submitting it. Lucy was called into the office as it seems that a question was raised about information contained in a visit note she submitted for Patient A related to wound care. When Patient A was contacted, he reported he no longer received wound care and had not for the past three months. Patient A's physician verified the patient was no longer receiving wound care.

Lucy realized immediately she forgot to edit the section related to wound care for this visit. However, the note contained wound measurements and documentation of a dressing change. Although Lucy tried to reassure her employer that all other information documented in the visit note for Patient A was accurate, her employer lacked confidence regarding the note accuracy and did not bill for the visit. Lucy was reminded that during her orientation she had been cautioned about copying and pasting and had signed acknowledgment of this. She was terminated for falsifying a patient record and was reported to the licensing board.

Lucy may have saved a little time by copying and pasting the old note; however, in the long run she lost credibility with her employer and she submitted documentation that was not accurate. The message is clear; do not mistake a work around for a time saver. Quality nursing documentation takes time and requires careful thought.

Federal Goals for Nursing Documentation

In 2017, the American Reinvestment & Recovery Act (ARRA) was enacted. One of the components of ARRA was the "Health Information Technology for Economic and Clinical Health (HITECH) Act". The HITECH Act proposed the meaningful use of electronic health records (Centers for Disease Control and Prevention [CDC], 2020). Meaningful use was defined as "using certified electronic health record (EHR) technology in the most meaningful way possible in an effort to improve patient care, ensuring that the certified EHR technology connects in a manner that provides for the electronic exchange of health information to improve the quality of care" (CDC, 2020, para. 2). This Act was supported by CMS and the Office of the National Coordinator for Health IT, who identified the meaningful use of the medical record as a critical national goal (CDC, 2020).

Nursing Law and Rules

The North Carolina Nursing Practice Act (1981/2019) defines nursing documentation as the "recording and reporting the results of the nursing assessment" (Definitions,

1981/2019) The North Carolina Office of Administrative Hearings (NCOAH) provides administrative rules for Occupational Licensing Boards (including the NCBON). Nursing administrative rules include guidelines related to nursing documentation (Components of Nursing Practice for the Registered Nurse, 1991/2019; Components of Nursing Practice for the Licensed Practical Nurse, 1991/2019).

The Components of Nursing Practice for the Registered Nurse (RN) (1991/2019) identifies the necessary elements of RN nursing documentation noted as being pertinent to the client's health. Elements include information that is accurate and descriptive, completed in a timely manner, containing information related to communication with others, and the verification of administration and waste of controlled substances (Components of Nursing Practice for the Registered Nurse, 1991/2019). The Components of Nursing Practice for the Licensed Practical Nurse (LPN) (1991/2019) identifies the necessary elements of LPN nursing documentation noted as being pertinent to the client's health. Elements include information that notes client response to care, information that is accurate and descriptive, completed in a timely manner, containing information related to communication with others and verification of the administration and waste of controlled substances (Components of Nursing Practice for the Licensed Practical Nurse, 1991/2019). For additional information, read the details of these administrative rules via the links provided below.

- Components of Nursing Practice for the Registered Nurse: http://reports.oah.state.nc.us/ncac/title%2021%20-%20occupational%20licensing%20boards%20and%20commissions/chapter%2036%20-%20nursing/21%20ncac%2036%20.0224.pdf
- Components of Nursing Practice for the Licensed Practical Nurse: http://reports.oah.state.nc.us/ncac/title%2021%20-%20occupational%20

continued on page 12

continued from page 11

licensing%20boards%20and%20commissions/chapter%2036%20-%20nursing/21%20ncac%2036%20.0225.pdf

Specific acts or behaviors that may result in investigation and possible discipline of the RN/LPN license are identified in the North Carolina Administrative Code (Investigations: Disciplinary Hearings, 1991/2019). Acts relevant to nursing documentation include: failure to make client information available to another health care professional, failing to maintain an accurate record of all pertinent health care information as defined in the Components of Nursing Practice for the Registered Nurse (1991/2019) and the Components of Nursing Practice for the Licensed Practical Nurse (1991/2019), and falsifying a client's record or the controlled substance records (Investigations; Disciplinary Hearings, 1991/2019).

Additional Guidance Documents from the North Carolina Board of Nursing

The NCBON created position statements to provide direction to nurses in applying nursing law and rules to their nursing practice. Although a position statement is not nursing law, it does provide clarity when attempting to interpret law and rules. Position statements (NCBON, 2020b) are located on the NCBON website at https://www.ncbon.com/practice-position-statements-decisions-trees

STOP NOW AND REVIEW THE FOLLOWING POSITION STATEMENTS:

- History and Physical Examination Position Statement for RN Practice https://www.ncbon.com/vdownloads/position-statements-decision-trees/history-and-physical.pdf
- RN Scope of Practice – Clarification Position Statement for RN Practice https://www.ncbon.com/vdownloads/position-statements-decision-trees/rn-position-statement.pdf
- LPN Scope of Practice – Clarification Position Statement for LPN Practice https://www.ncbon.com/vdownloads/position-statements-decision-trees/lpn-position-statement.pdf
- Physician Orders Communication and Implementation https://www.ncbon.com/vdownloads/position-statements-decision-trees/physician-orders.pdf
- Standing Orders Position Statement for RN and LPN Practice https://www.ncbon.com/vdownloads/position-statements-decision-trees/standing-orders.pdf

The Position Statement entitled, *History and Physical Examination Position Statement for RN Practice*, provides guidance for the RN related to the documentation of a history and physical exam (NCBON, 2018a). The *RN Scope of Practice – Clarification Position Statement* defines the recording of information by the RN as, "Those communications required in relation to all aspects of

nursing care" and contrasts reporting and recording (NCBON, 2017b). The *LPN Scope of Practice Clarification Position Statement* is relevant to nursing documentation as it defines and clarifies the LPN's documentation responsibilities and components of documentation required (NCBON, 2017a). The *Physician Orders Communication and Implementation Position Statement* applies to the practice of the RN and the LPN when accepting verbal orders from providers. It was created to identify the types of providers from which a nurse may accept a verbal order and guides the nurse in ensuring documentation of the verbal order is complete and accurate (NCBON, 2018b). Finally, the *Standing Orders Position Statement for RN and LPN Practice* identifies the components of documentation needed when implementing a Standing Order (NCBON, 2018c).

Duty to Provide Quality Nursing Documentation

Quality nursing documentation is essential to research. During a pandemic, information may be gleaned from the medical record that can be used to support the many ways nurses contribute to improving patient outcomes (individual and population health) and the effectiveness of treatment. Nursing documentation helps to establish patterns of illnesses and responses. This information may guide future

EARN CE CREDIT

"Patient Care and Documentation: The Balancing Act" (1 CH)

INSTRUCTIONS

Read the article and online reference documents (if applicable).

RECEIVE CONTACT HOUR CERTIFICATE

Go to www.ncbon.com and scroll over "Education"; under "Continuing Education," select "Board Sponsored Bulletin Offerings," scroll down to the link, "Patient Care and Documentation: The Balancing Act."

Register. Be sure to write down your confirmation number, complete and submit the evaluation, and print your certificate immediately.

If you experience issues with printing your CE certificate, please email practice@ncbon.com. In the email, please provide your full name and the name of the CE offering (Patient Care and Documentation: The Balancing Act).

PROVIDER ACCREDITATION

The North Carolina Board of Nursing will award 1 contact hour for this continuing nursing education activity.

The North Carolina Board of Nursing is approved as a provider of nursing continuing professional development by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

NCBON CE CONTACT HOUR ACTIVITY DISCLOSURE STATEMENT

The following disclosure applies to the NCBON continuing nursing education article entitled "Patient Care and Documentation: The Balancing Act."

Participants must read the article and online reference documents (if applicable) in order to be awarded CE contact hours. Verification of participation will be noted by online registration. Neither the author nor members of the planning committee have any conflicts of interest related to the content of this activity.

care and be used for evidence-based practice guidelines for treatment (Sensmeier et al., 2019).

Quality nursing documentation is also a professional duty. A risk specialist for the Nurses Services Organization (one of the largest providers of malpractice insurance for nurses), noted that "documentation is a core nursing competency and is one of the nurse's primary professional responsibilities" (Reiner, 2020, p. 1). When viewed as a primary nursing responsibility, quality documentation becomes equal in importance to the actual delivery of care and an ethical responsibility owed by nurses to their patients and to other medical professionals.

A Change in Perspective

In order to move beyond viewing nursing documentation as simply a chore to complete before the end of shift, it may be helpful to think of documentation as an opportunity to showcase hard work and demonstrate the excellent level of patient care delivered. When viewed in this manner, quality nursing documentation becomes a way to grow professionally and a step in the direction of ensuring patients are afforded the best possible outcomes.

Conclusion

Nursing documentation is a basic requirement at the federal, state and regulatory levels. However, quality nursing documentation requires taking nursing documentation to the next level. Consider the self-satisfaction of a job well done, the possibility of improving patient outcomes, the contribution to "meaningful use" of the electronic patient record for other healthcare providers, and the peace of mind quality documentation will provide in the event your practice is questioned. If you have questions or need further clarification regarding nursing documentation or any practice matter, reach out by phone to one of the NCBON Practice Consultants (NCBON main number: 919-782-3211).

Readers are encouraged to review the following documents:

- American Nurses Association (2010) Principles of Nursing Documentation https://www.nursingworld.org/~4af4f2/globalassets/docs/ana/ethics/principles-of-nursing-documentation.pdf#:~:text=ANA%E2%80%99s%20Principles%20for%20Nursing%20Documentationidentifies%20six%20essential%20principles,Suite%20400%20Silver%20Spring%2C%20MD%2020910-3492%201-800-274-4ANA.%20www.Nursingworld.org (Information included in ANA's publication includes recommendations for documentation and identifies uses of nursing documentation within the healthcare team).
- The ECRI (2016) Health IT Safe Practices: Toolkit for the Safe Use of Copy and Paste https://www.ecri.org/Resources/HIT/CP_Toolkit/Toolkit_CopyPaste_final.pdf

continued on page 14

continued from page 13

References

Akhu-Zaheya, L., Al-Maaitah, R., & Bany Hani, S. (2017). Quality of nursing documentation: Paper-based health records versus electronic-based health records. Journal of Clinical Nursing, 27(3–4), e578–e589. https://doi.org/10.1111/jocn.14097

American Health Information Management Association (2014). Long term care health information practice and documentation guidelines. http://bok.ahima.org/Pages/Long%20Term%20Care%20Guidelines%20TOC/Legal%20Documentation%20Standards

Brazelton, N. C., Knuckles, M. C., & Lyons, A. M. (2017). Clinical documentation improvement and nursing informatics. Computers, Informatics, Nursing, 35(6), 271–277. https://doi.org/10.1097/cin.0000000000000367

Centers for Disease Control and Prevention (2020). Public health and promoting interoperability programs. Retrieved December 16, 2020, from https://www.cdc.gov/ehrmeaningfuluse/introduction.html

Centers for Medicare and Medicaid Services. (2016). Medicare program integrit manual: Chapter 3 - verifying potential errors and taking corrective actions. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c03.pdf

Collins, S., Cato, K., Albers, D., Scott, K., Stetson, P., Bakken, S., & Vawdrey, D. (2013). Relationship between nursing documentation and patients' mortality. American Journal of Critical Care, 22(4), 306–313. https://doi.org/10.4037/ajcc2013426

Components of Nursing Practice for the Licensed Practical Nurse, 21 NCAC 36.0225 (1991 & rev. 2019). http://reports.oah.state.nc.us/ncac/title%2021%20-%20occupational%20licensing%20boards%20and%20commissions/chapter%2036%20-%20nursing/21%20ncac%2036%20.0225.pdf

Components of Nursing Practice for the Registered Nurse 21 NCAC 36.0224 (1991 & rev. 2019). . http://reports.oah.state.nc.us/ncac/title%2021%20-%20occupational%20licensing%20boards%20and%20commissions/chapter%2036%20-%20nursing/21%20ncac%2036%20.0224.pdf

Definitions. NC Stat. § 90-171.20.7(b)8(c) (1981 & rev. 2019). https://www.ncleg.gov/enactedlegislation/statutes/pdf/bysection/chapter_90/gs_90-171.20.pdf Disciplinary Authority. NC Stat. § 90-171.37(a)(1) – (a)(8) (1981 & rev. 2019). https://ncleg.gov/EnactedLegislation/Statutes/PDF/BySection/Chapter_90/GS_90-171.37.pdf

Emergency Care Research Institute & members of the ECRI Multi-stakeholder Work Group. (2016). Health IT Safe Practices: Toolkit for the safe use of copy and paste. https://www.ecri.org/Resources/HIT/CP_Toolkit/Toolkit_CopyPaste_final.pdf

Investigations: Disciplinary Hearings, 21 NCAC 36.0217 (1991 & rev. 2019). http://reports.oah.state.nc.us/ncac/title%2021%20-%20occupational%20licensing%20boards%20and%20commissions/chapter%2036%20-%20nursing/21%20ncac%2036%20.0217.pdf

Joint Commission & members of the Nurse Staffing Roundtable. 2003). Health care at the https://www.jointcommission.org/-/media/deprecated-unorganized/imported-assets/tjc/system-folders/topics-library/health_care_at_the_crossroadspdf.pdf?db=web&hash=262C8CFD6F7CAFE1B083A6E77CB52D6Bcross roads: Strategies for addressing the evolving nursing crisis

Matthews, J., Bruflat, C., & members of ANA Principles for Nursing Documentation Work Group. (2010). ANA's principles for nursing documentation guidance for registered nurses. https://www.nursingworld.org/~4af4f2/globalassets/docs/ana/ethics/principles-of-nursing-documentation.pdf

Messina, H. (2020). Legal issues in nurse documentation. Legal Beagle. https://legalbeagle.com/8245142-legal-issues-nurse-documentation.html

North Carolina Board of Nursing [NCBON]. (2017a). LPN scope of practice – Clarification position statement for LPN practice. https://www.ncbon.com/vdownloads/position-statements-decision-trees/lpn-position-statement.pdf

NCBON. (2017b). RN scope of practice: Clarification position statement for RN practice. https://www.ncbon.com/vdownloads/position-statements-decision-trees/rn-position-statement.pdf

NCBON. (2018a). History and physical examination position statement for RN practice. https://www.ncbon.com/vdownloads/position-statements-decision-trees/history-and-physical.pdf

NCBON. (2018b). Physician orders communication and implementation: Position statement for RN and LPN practice. https://www.ncbon.com/vdownloads/position-statements-decision-trees/physician-orders.pdf

NCBON. (2018c). Standing orders: Position statement for RN and LPN practice. https://www.ncbon.com/vdownloads/position-statements-decision-trees/standing-orders.pdf

NCBON. (2020a). Case details. [Unpublished raw data].

NCBON (2020b). Position statements and decision trees. (2020b). https://www.ncbon.com/practice-position-statements-decisions-trees

North Carolina Nursing Practice Act. NC Stat § 90-171.19 - § 90-071.49 (1981 & rev. 2019). https://ncleg.gov/EnactedLegislation/Statutes/PDF/ByArticle/Chapter_90/Article_9A.pdf

Pellico, L., Djukic, M., Kovner, C., & Brewer, C. (2010, January). Moving on, up, or out: Changing work needs of new RNs at different stages of their beginning nursing practice. Online Journals of Issues in Nursing, 15 (1)DOI: 10.3912/OJIN.Vol15No01PPT02 http://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol152010/No1Jan2010/Articles-Previous-Topic/Changing-Work-Needs-of-New-RNs.html

Reiner, G. (2020). Fundamental charting principles for nurses. Nurses Service Organization. https://www.nso.com/Learning/Artifacts/Articles/Defensive-Documentation-Steps-Nurses-Can-Take-to-Improve-Their-Charting-and-Reduce-Their-Liability

Sensmeier, J., Androwich, I., Baernholdt, M., Carroll, W., Fields, W., Fong, V., Murphy, J., Omery, A., & Rajwany, N. (Summer 2019). Demonstrating the value of nursing care through use of a unique nurse https://www.ecri.org/Resources/HIT/CP_Toolkit/Toolkit_CopyPaste_final.pdf identifier. Online Journal of Nursing Informatics,23(2). https://www.himss.org/resources/demonstrating-value-nursing-care-through-use-unique-nurse-identifier

Seeking APRN Volunteers

The NC Board of Nursing is seeking APRN volunteers to participate in a research study that examines awareness of and engagement in efforts to implement a new regulatory model in NC that may impact APRN practice. If you are interested in participating, please access the email sent by the NC Board of Nursing and review the informed consent prior to clicking the survey link. We anticipate the survey will take less than 15 minutes of your time.

For additional information and/ or questions, please email: cmoore@ncbon.com or jlewis@ncbon.com.

Dedicated. Knowledgable. Compassionate.

Does this sound like you? Then, we invite you to join our team at Columbus Regional Healthcare System.

At CRHS, we know and embrace the value of our nurses. We strive to be more than a Hospital, and we are actively seeking Nurses like you who want to make a difference.

RN Opportunities in:

- Med/Surg
- ER
- Critical Care
- Telemetry

Salary based on experience – 12 hr shifts

For more info, and to apply, visit
www.crhealthcare.org/careers

Columbus Regional HEALTHCARE SYSTEM
More than a Hospital

500 Jefferson St. • Whiteville, NC 28472 • 910-642-1783

CAMPBELL UNIVERSITY
Nursing

Shape the Future of Nursing

We are looking for the next Chair/Director to lead Campbell University's Catherine W. Wood School of Nursing.

- **Do you have a passion for nursing education?**
- **Do you have effective communication skills?**
- **Do you have a high level of integrity?**

The Catherine W. Wood School of Nursing is dedicated to helping students become the best healthcare professionals they can be through interprofessional education opportunities, top of the line training facilities, exceptional faculty, and first-hand experience with rural heathcare needs.

Learn more about the role and apply today at www.campbell.edu/employment

N★C DPS
DEPARTMENT OF PUBLIC SAFETY

CORRECTIONAL HEALTHCARE

Exciting. Different. Independent. Variety. Rewarding. Just a few words to describe Correctional Nursing!

The North Carolina Department of Public Safety provides medical care for incarcerated offenders in the 56 prisons it operates statewide.

To apply, visit:
http://oshr.nc.gov/work-for-nc
Electronic applications should be submitted via this website.

For further info, contact:
Ram Upadhyaya, RN
(984) 255-6078
Ramesh.upadhyaya@ncdps.gov

Quality care begins with a great team dedicated to giving patients their best. At Wayne UNC Health Care, our teammates are passionate about delivering high quality care and a patient experience that is second to none.

Commitment Incentive
15K may be offered to Registered Nurses with 2 or more years experience. The incentive is paid in installments over a three year commitment.

- Nights
- ED
- Telemetry
- Med-Surg
- Float Pool
- Oncology
- Operating Room
- ICU
- CRNA

Wayne UNC Health Care offers competitive salaries ands benefits, including health and wellness, insurance plan options, a 403B retirement savings plan, discounted meals, free parking, and more.

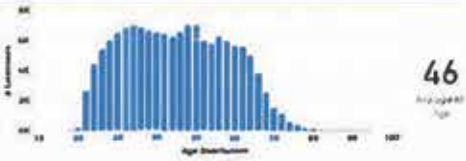
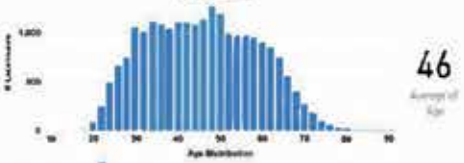
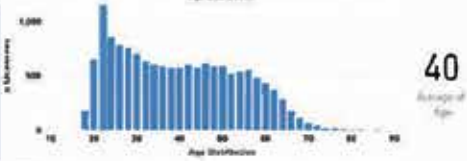
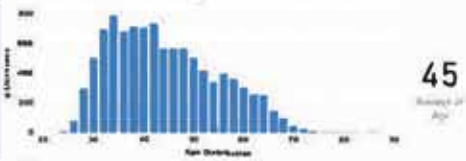
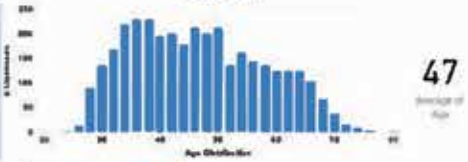
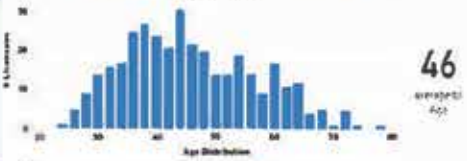
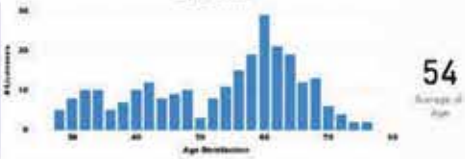
Learn more and apply today at
www.wayneunc.org/careers
Equal Opportunity Employer M/F/D/V

WAYNE UNC HEALTH CARE

NCBON CHAIR, DR. PAM EDWARDS, ADMINISTERING THE COVID-19 VACCINE AT DUKE HEALTH IN DURHAM

Thank you to all of the nurses for your help with the COVID-19 fight!

Year in Review 2020

License/Approval /Listing Type (Total Active as of 12/20)	Total Active Trends Over 5 Years (2016 – 2020)	Total Active Change from 2019 - 2020	Gender Breakdown (As of 12/20)	Age Distribution and Average (As of 12/20)
RN 142,705	Growth +	Growth -	91% 9%	 46
LPN 22,500	[a] Growth -	Growth -	94% 6%	 46
NA II Listing 14,638	Growth -	Growth -	89% 11%	 40
Nurse Practitioner 10,029	Growth +	Growth +	91% 9%	 45
CRNA 3,589	Growth +	Growth +	62% 38%	 47
CNM 357	[b] Growth -	[c] Growth -	99.5% 0.5%	 46
CNS 258	[d] Growth +	Growth +	96% 4%	 54

Note. [a] LPN exhibited net gains over 5 years, however overall growth is slowing. [b] CNM exhibited net gains over 5 years, however overall growth is slowing. [c] CNM exhibited net gains from 2019 to 2020, however growth in this period has slowed. [d] CNS trend data is over 4 years.

Emergency Waivers Granted

during COVID-19 Pandemic

Permit Type	# Granted
Emergency Graduate RN Permit	4691
Emergency Graduate LPN Permit	946
Emergency RN Reinstatement Permit	747
Emergency LPN Reinstatement Permit	254
Emergency Graduate NP Permit	161
Emergency Graduate CRNA Permit	119
Emergency NP Approval to Practice	37
Emergency Graduate CNM Permit	15
Emergency Graduate CNS Permit	7
Emergency CNM Approval to Practice	3
Total	**6980**

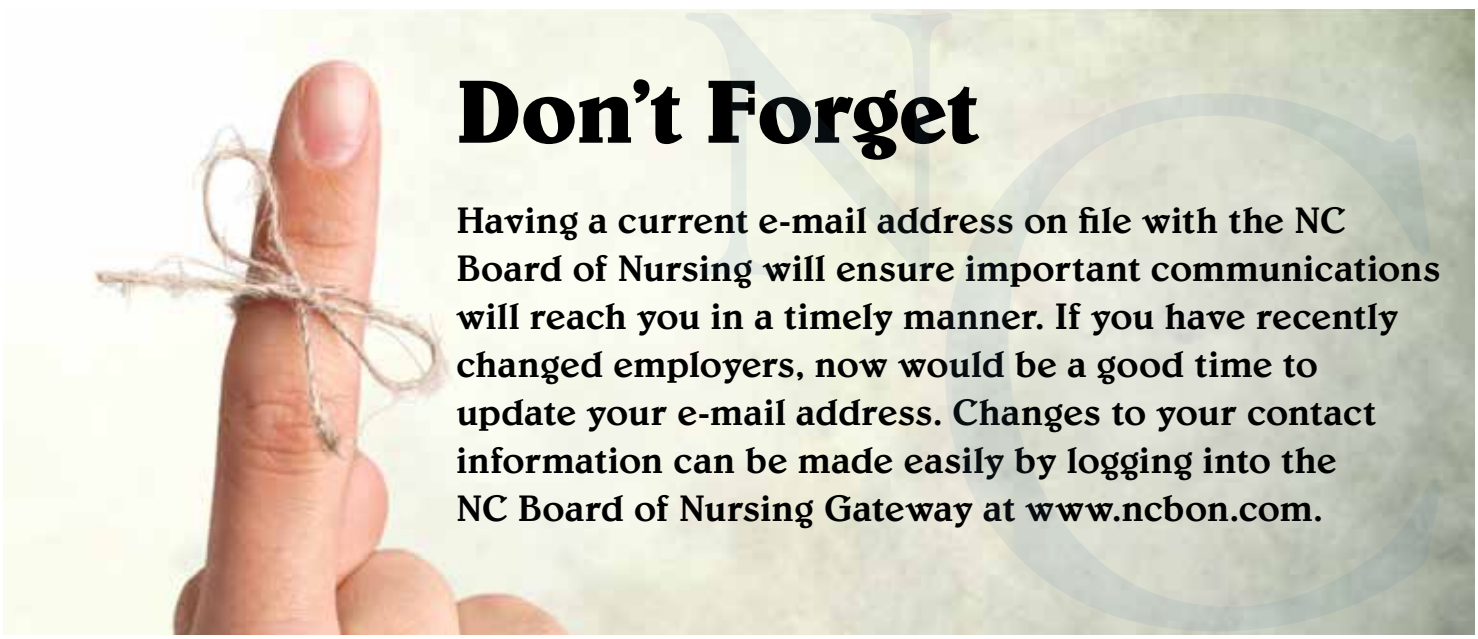
Reminder: North Carolina Board of Nursing to Use Nursys E-notify as Primary Licensure Notification System

Effective July 1, 2019 notices of license renewals will no longer be mailed out. North Carolina Board of Nursing (NCBON) will be using Nursys e-notify as the primary licensure notification system. You must register with the system to receive notifications. Please log into www.nursys.com to learn more and create your account.

e-Notify for nurses is a free of charge innovative nurse licensure notification system. The system helps nurses track their license and provides license renewal reminders. The information is provided as it is entered into the Nursys database by participating boards of nursing.

It is vital that you maintain up-to-date demographic information to include email address. Your email address will be the primary source of communication concerning your licensure status. Every nurse licensed in North Carolina is encouraged to sign up for Nursys e-notify to receive automated reminders and updates for: license status, license expiration and discipline/final order action and resolution.

Sign up with Nursys e-notify to stay up-to-date on your nurse licensure status. Your North Carolina license to practice nursing will expire on the last day of your birth month. Renewal applications or requests for inactive or retired status must be submitted online through the Nurse Gateway prior to the expiration date of your license. To avoid a lapse in licensure, reinstatement cost or loss of multi-state status enroll in Nursys e-notify today, www.nursys.com.



DOSHER Memorial Hospital

NURSING OPPORTUNITIES!

Dosher Memorial places high value on the role of nursing. We have the following openings:

- **Patient Care Unit RN**
  36 hours Night & PRN positions available
- **Emergency Department RN**
  36 hours Midday and Night positions available
  PRN positions only

To view detailed position descriptions and apply, visit www.dosher.org and select "CAREERS" at the top of page. You may also contact:

Jobs@dosher.org or
(910) 457-3801

Human Resources
924 N. Howe St.
Southport, NC 28461

EEO

Join a Team of High Performers

A
FALL 2019
LEAPFROG
HOSPITAL
SAFETY GRADE

SCOTLAND HEALTH CARE SYSTEM
Closer Care. Better by Far.

Opportunities in Emergency Services, Intensive Care, and Progressive Care

To view available positions, visit **www.scotlandhealth.org** and click on **"careers"**.

- Named in the Top 49 Safest Hospitals in the nation by Becker's Healthcare
- Ranked in the top decile for staff engagement for the past 6 years
- Competitive Pay and Differentials
- Competitive Benefits
- Relocation Assistance
- Tuition Assistance
- Opportunities for Growth
  - Nurse Practice Council
  - Clinical III Advancement

500 Lauchwood Dr. | Laurinburg, NC | Phone: 910.291.7544

ScotlandHealth.org

NEWLY REVISED NCBON AND NC SOTA JOINT POSITION STATEMENT

Jennifer Lewis, PhD, MSN/MBA, RN

In January 2014, the Joint Statement on Nursing Scope of Practice in Opioid Treatment Programs was approved and issued by the North Carolina Board of Nursing (NCBON) and the North Carolina State Opioid Treatment Authority (NC SOTA). The Joint Statement was intended to provide clarification of the relevant North Carolina laws and regulations which govern nursing Scope of Practice and the delivery of safe patient care in North Carolina Opioid Treatment Programs. The NCBON and the NC SOTA have a shared responsibility to ensure that safe and professional Opioid Treatment Program services are appropriately provided to NC clients and to the communities in which they receive treatment.

While the 2014 Joint Statement has served both the NCBON and NC SOTA, the need to revise and update this Joint Statement was driven by demand to provide consultation and guidance on RN and LPN scope of practice to all disciplines working within Opioid Treatment Programs.

The revised Joint Position Statement includes the following updates:

- Clarifies the LPN role in assessment, planning, and evaluation with particular emphasis on the LPN role in the performance of the Clinical Opioid Withdrawal Scale (COWS).
- Adds language regarding the RN scope of practice to clearly distinguish the responsibilities of the RN and LPN roles when providing nursing services.
- Clarifies the LPN role as dependent, requiring direction and supervision and highlights the need for continuous supervision of LPN practice to include the expectation that supervising personnel are available on-site if necessary.
- Facilitates readability and ease of use by clinicians working in this setting.
- Revises references to NC Laws, Rules, and NCBON Position Statements.
- Updates contact information for the NCBON and the NC SOTA.

Questions specific to nursing practice in Opioid Treatment Programs can be addressed by the NCBON at www.ncbon.com or 919-782-3211.

To view this and other position statements, visit www.ncbon.com > Practice > Position Statements & Decision Trees.

Help Deliver the Best Care in Our Community.

WakeMed is looking for experienced nurses to join our talented team.

Our exceptional team of doctors, nurses and specialists represents the best minds and biggest hearts in the business. We believe that a dynamic work environment motivates our team to provide the highest quality of care, while allowing you to grow personally and professionally. Between our three hospitals, our ambulatory sites and growing network of physician practices, you're sure to find the right setting to further your career and display your passion for outstanding care.

Here at WakeMed, you are more than an employee – you are family. We understand that our responsibility to the community begins with our employees. It's simple: we care for our employees and our employees care for the community. We believe in doing everything we can to help you meet your personal and professional needs throughout employment. In doing this, we offer the following to support you:

- Shared-decision making structure
- Continuing education opportunities
- Tuition & specialty certification reimbursement
- Countless career advancement opportunities
- State-of-the-art technology
- Medical & dental insurance
- Paid vacation & sick leave
- Health and wellness education programs
- Fitness center
- Flexible shift options

NURSING SPECIALTY AREAS

WOMEN'S SERVICES
EMERGENCY SERVICES
PEDIATRICS
SURGERY
INTENSIVE CARE
GENERAL MEDICAL
CARDIOVASCULAR
AND MORE

MAGNET RECOGNIZED
AMERICAN NURSES CREDENTIALING CENTER

Innovation flourishes here, and we want your hard-earned experience and gained skills to advance further with our team. If you have a passion for providing exceptional patient care, we want to hear from you.

Learn more at www.wakemed.org/careers/nursing-careers

NOMINATION FORM FOR 2021 ELECTION

Although we just completed a successful Board of Nursing election, we are already getting ready for our next election. In 2021, the Board will have two openings: RN (At Large) and LPN. This form is for you to tear out and use. This nomination form must be completed on or before April 1, 2021. Read the nomination instructions and make sure the candidate(s) meet all the requirements.

Instructions

Nominations for both RN and LPN positions shall be made by submitting a completed petition signed by no fewer than 10 RNs (for an RN nominee) or 10 LPNs (for an LPN nominee) eligible to vote in the election. The minimum requirements for an RN or an LPN to seek election to the Board and to maintain membership on it are as follows:

1. Hold a current unencumbered license to practice in North Carolina
2. Be a resident of North Carolina.
3. Have a minimum of five years experience in nursing
4. Have been engaged continuously in a position that meets the criteria for the specified Board position, for at least three years immediately preceding the election.

Minimum ongoing-employment requirements for **both RNs and LPNs** shall include continuous employment equal to or greater than 50% of a full-time position that meets the criteria for the specified Board member position, except for the RN at-large position.

If you are interested in being a candidate for one of the positions, visit our website at www.ncbon.com for additional information, including a Board Member Job Description and other Board-related information. You also may contact Chandra Graves, Manager, Administration, at chandra@ncbon.com or (919) 782-3211, ext. 232. After careful review of the information packet, you must complete the nomination form and submit it to the Board office by April 1, 2021.

Guidelines for Nomination

1. RNs can petition only for RN nominations and LPNs can petition only for LPN nominations.
2. Only petitions submitted on the nomination form will be considered. Photocopies or faxes are not acceptable.
3. The certificate number of the nominee and each petitioner must be listed on the form.
4. Names and certificate numbers (for each petitioner) must be legible and accurate.
5. Each petition shall be verified with the records of the Board to validate that each nominee and petitioner holds appropriate North Carolina licensure.
6. If the license of the nominee is not current, the petition shall be declared invalid.
7. If the license of any petitioner listed on the nomination form is not current, and that finding decreases the number of petitioners to fewer than ten, the petition shall be declared invalid.
8. The envelope containing the petition must be postmarked on or before April 1, 2021, for the nominee to be considered for candidacy. Petitions received before the April 1, 2021, deadline will be processed on receipt.
9. Elections will be held July 1 through August 15, 2021. Those elected will begin their terms of office in January 2022.

Please complete and return nomination forms to 2021 Board Election, North Carolina Board of Nursing, P.O. Box 2129, Raleigh, NC 27602-2129.

Nomination of Candidate for Membership on the North Carolina Board of Nursing for 2021

We, the undersigned currently licensed nurses, do hereby petition for the name of _____, RN (At Large), LPN (circle one), whose Certificate Number is _____, to be placed in nomination as a Member of the N.C. Board of Nursing in the category of (check one):

☐ RN (At Large) ☐ LPN

Address of Nominee: _____

Telephone Number: (Home) _____ (Work) _____

E-mail Address: _____

PETITIONER - *(At least 10 petitioners per candidate required. Only RNs may petition for RN nominations).*

TO BE POSTMARKED ON OR BEFORE APRIL 1, 2021

NAME	SIGNATURE	CERTIFICATE NUMBER

Please complete and return nomination forms to 2021 Board Election, North Carolina Board of Nursing, P.O. Box 2129, Raleigh, NC 27602-2129.

CE Opportunities

PRACTICE CONSULTANT
AVAILABLE TO PRESENT VIA WEBINAR ONLY

An NCBON practice consultant is available to provide educational presentations upon request from agencies or organizations. To request an practice consultant to speak via webinar, please complete the Presentation Request Form online and submit it per form instructions. The NCBON will contact you to arrange a presentation. A minimum of 30 licensed nurses (APRN, RN, or LPN) are required for presentations.

Standard presentations offered are as follows:

- **Continuing Competence** (1 CH) – 1 hour – Presentation is for all nurses with an active license in NC and is an overview of continuing competency requirements.
- **Legal Scope of Practice** (2 CHs) – 2 hours – Defines and contrasts each scope, explains delegation and accountability of nurse with unlicensed assistive personnel, and provides examples of exceeding scope. Also available as webcast.
- **Delegation: Responsibility of the Nurse** (1 CH) – 1 hour Provides information about delegation that would enhance the nurse's knowledge, skills, and application of delegation principles to ensure the provision of safe competent nursing care.
- **Understanding the Scope of Practice and Role of the LPN** (1 CH) – 1 hour – Assists RNs, LPNs, and employers of nurses in understanding the LPN scope of practice. Also available as webcast.
- **Nursing Regulation in NC** (1 CH) – 1 hour – Describes Board authority, composition, vision, function, activities, strategic initiatives, and resources.
- **Introduction to Just Culture and NCBON Complaint Evaluation Tool** (1.5 CHs) – 1 hour and 30 minutes Provides information about Just Culture concepts, role of nursing regulation in practice errors, instructions in use of NCBON CET, consultation with NCBON about practice errors, and mandatory reporting. Suggested for audience NOT familiar with Just Culture.
- **Introduction to the NCBON Complaint Evaluation Tool** (1 CH) 1 hour – Provides brief information about Just Culture concepts and instructions for use of the NC Board of Nursing's Complaint Evaluation Tool, consultation with NCBON about practice errors, and mandatory reporting. Suggested for nurses in leadership positions already familiar with Just Culture.

To access online CE articles, session registration, and the presentation request form, go to www.ncbon.com - Education - Continuing Education

ONLINE BULLETIN ARTICLES

- Patient Care and Documentation: The Balancing Act (1 CH). No fee.
- Nursing Regulatory Agencies and Advocacy Organizations: What is the Difference? (1 CH). No fee.
- Implications for Use of Marijuana and Marijuana Containing Products Among Nurses (1 CH). No fee.
- Am I Within My Scope? (1 CH). No fee.
- Protect Your Nursing License: Safe Handling, Administration, and Documentation of Controlled Substances (1 CH). No fee.
- Continuing Competence Self-Assessment: Have You Met Your Professional Responsibility? (1 CH). No fee.
- Maintaining Professional Boundaries in Nursing (1 CH). No fee.
- Getting to Know Your Licensing Board: The North Carolina Board of Nursing at a Glance (1 CH). No fee.
- What Nurses Need to Know About Informatics, Social Media, and Security! (1.9 CH). No fee.
- Development of Sanctioning Guidelines for Public Discipline in Nursing Regulation: The North Carolina Board of Nursing Journey (1 CH). No fee.

More offerings on www.ncbon.com

ORIENTATION SESSION FOR ADMINISTRATORS OF NURSING SERVICES AND MID-LEVEL NURSE MANAGERS

Face-to-face workshop at NC Board of Nursing office. Learn about the functions of the Board of Nursing and how these functions impact the roles of the nurse administrator and the mid-level nurse manager in all types of nursing services. (4.5 CHs).

March 3, 2021 - canceled
April 22, 2021 - virtual
October 13, 2021
November 9, 2021

$40.00 fee (non-refundable)
(Note: You will be notified of any date or format changes)

Register online at www.ncbon.com. Registration at least two weeks in advance of a scheduled session is required. Seating is limited. If you are unable to attend and do not have a substitute to go in your place, please inform the NCBON so someone on the waiting list can attend.

The North Carolina Board of Nursing is approved as a provider of nursing continuing professional development by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

SUMMARY of ACTIVITIES

Administrative Matters:

Approved Amendments to the following Rule:

- 21 NCAC 36 .0809 Prescribing Authority

Education Matters:

Ratification of Full Approval Status:

- Sandhills Community College, Pinehurst – ADN

Ratification to Approve the Following Expansions in Enrollment:

- University of North Carolina-Wilmington, Wilmington – BSN, increase enrollment by 20 for a total program enrollment of 270 students beginning January 2021

Ratification of Approval of NA II Courses:

- Stanley Community College, Albemarle – Continuing Education Traditional Hybrid

FYI Accreditation Decisions by ACEN (Initial or Continuing Approval) – Next Visit):

- Fayetteville Technical Community College, Fayetteville – ADN – Remove Condition Status

NCLEX Quarterly Pass Rates

- 4th Quarter

Practice Matters:

Position Statement Revision:

- Joint Position Statement: Opioid Treatment Programs

NCBON 17th Annual Education Summit Virtual Event

SAVE THE DATE

April 16, 2021
8:30 am – 12:30 pm

ATTENTION NURSING PROGRAM DIRECTORS AND NURSING FACULTY

Please remember to share this information with your faculty

Event Fee: $50
Event Time: 8:30 am to 12:30 pm
Registration Information: www.ncbon.com under the *Education* section
Registration Ends: April 2, 2021

PRESENTERS:

Nancy Spector, PhD, RN, FAAN - NCSBN
- **Evidence-Based Nursing Education Program Approval Guidelines**

Jason Schwartz, MS - NCSBN
Director, Test Development, Examinations
- Next Generation NCLEX Update

Crystal Tillman, DNP, RN, CNP, FRE - NCBON
Chief Executive Officer
- **Clinical Judgement**

Please contact the Education and Practice Department with questions:
education@ncbon.com (919) 782-3211, ext. 238

NEWEST PUBLIC MEMBER, DR. AIMY STEELE, APPOINTED TO FOUR-YEAR TERM

Dr. Aimy Steele, Public Member

Dr. Aimy Steele, our newest public member, was appointed to a four-year term by North Carolina Governor, Roy Cooper.

Dr. Aimy Steele is an entrepreneur and owns Reach Consulting, LLC and Maleo Real Estate Inc. She brings an unparalleled passion to her work as Consultant and Broker. Most recently, she was the principal of Beverly Hills STEM Elementary School and has been a school administrator for 5 years and taught Spanish for 5 years as well. She attended UNC Chapel Hill and UNC Charlotte and holds a BA degree in K-12 Spanish, a Master's of School Administration, and a Ph.D. in Curriculum and Instruction with a focus on Urban Education. Dr. Steele is passionate about public school education and advocates tirelessly to ensure students have equal access to high-quality education.

we're growing w/you

Professional achievements and personal rewards go hand-in-hand for the nurses of Cone Health. We encourage your personal and professional growth through a collaborative environment of learning. You'll have access to training, innovation and continuing education to take your career as far as you'd like. Explore the opportunities at

conehealth.com/nursing

CONE HEALTH®

we're w/you

NC Board of Nursing
P.O. Box 2129
Raleigh, NC 27602-2129

Presorted Standard
U.S. Postage Paid
Little Rock, AR
Permit No. 1884

Pre-COVID-19 Photo of Duke staff. All providers, staff, patients, and visitors must wear face masks at all times when in our hospitals and clinics.

Opportunities for a Lifetime

Life as a Duke Nurse is an exciting one. Dedicated to transforming patient care and raising the standards of nursing excellence, Duke nurses are known for going above and beyond to deliver extraordinary care to our patients. Whether it's implementing nurse-led initiatives to improve patient outcomes or collaborating across disciplines to exceed patients' needs, excellence and innovation are ingrained across all nursing areas at Duke Health. Be part of excellence. Be a Duke Nurse.

For a full list of opportunities, please visit DukeNursing.org. Explore many openings from one of our three Magnet-designated hospitals, an extensive, geographically dispersed network of outpatient facilities, including primary care offices, urgent care centers, multi-specialty clinics and outpatient surgery centers, as well as home care & hospice. With so many options, you're sure to find Opportunities for a Lifetime.

DukeNursing.org

EQUAL OPPORTUNITY EMPLOYER

DukeHealth