

# The Bulletin

The Official Publication of the North Carolina Board of Nursing.



# NCBON

North Carolina Board of Nursing

**NCBON Rebrand:**  
A New Chapter in Our History

CE Article

**Accepting an Assignment** (1.0 CH)

**Equity. Integrity. Agility.**



# The Bulletin

The Bulletin is the official publication of the North Carolina Board of Nursing.

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

**Vision**  
Exemplary nursing care for all.

The Bulletin is published three times a year by the NCBON. In compliance with the Americans with Disabilities Act, this publication may be requested in alternate formats by contacting the Board's office.

## Table of Contents

Click or tap link below to jump to section.

### GOVERNANCE

- MESSAGE FROM THE CEO
- MESSAGE FROM THE CHAIR
- 2023 NCBON BOARD MEMBERS
- NOMINATION FORM FOR 2023 ELECTION
- NCBON REBRAND: A NEW CHAPTER IN OUR HISTORY
- UPCOMING EVENTS
- STRATEGIC INITIATIVES UPDATE
- NCBON ACTIONS

### CE ARTICLE

#### Accepting an Assignment (1.0 CH)

### DIVERSITY, EQUITY, AND INCLUSIVITY:

*THE JOURNEY OF ONE NURSING REGULATORY  
BODY: PART I*

### Q&A CORNER

- APRN  
*What are compliance audits for nurse practitioners?*
- COMPLIANCE  
*What is the alternative program for nurses in recovery?*
- EDUCATION  
*What resources are provided to pre-licensure nursing education programs?*
- INVESTIGATIONS  
*Can the NCBON open a complaint/investigation because of something I posted on social media?*
- LEGAL  
*What can I expect after an investigation has concluded?*
- LEGISLATIVE  
*In what ways does the NCBON interact with the North Carolina General Assembly?*
- LICENSURE  
*How can I be eligible to practice as a Nurse Practitioner in North Carolina?*
- PRACTICE  
*What is the role of an LPN in staff development?*





## message from the

# CEO

On January 25, 2023, the U.S. Department of Health and Human Services, Office of Inspector General, and law enforcement announced the results of a multi-state investigation titled "Operation Nightingale." The investigation focused on the alleged selling of fraudulent documents, transcripts, and nursing degrees. The [NCBON released a statement](#) to keep the public, employers, and nurses informed.

In each edition of *The Bulletin*, at least one continuing education offering is offered free for nurses. In this edition, the Director of Practice, Joyce Winstead focused the article on "Accepting an Assignment." This is a topic nurses often call NCBON staff to obtain clarification and to understand the law and rules surrounding accepting a patient assignment (page 15). If you are interested in submitting an article for consideration for this publication, contact Dr. Sara Griffith at [publications@ncbon.com](mailto:publications@ncbon.com). The article will be reviewed for inclusion in this publication and may be eligible for contact hours.

During the January 2023 Board Meeting, Dr. Sara Griffith, Chief Nursing Officer, provided an update to the Board on the 2022-2025 Strategic Plan. The [2022-2025 Strategic Plan](#) detailing the Board's Initiatives and Objectives can be located on the NCBON website. Targets are developed on an annual basis to focus on the Initiatives and Objectives approved by the Board. During Board Meetings held in January, May, and September an update is provided on the Strategic Plan.

I would like to welcome our newest Board Members Karen York, RN - Staff Nurse, and Dr. Anna Seaman, RN - ADN/Diploma Nurse Educator. Their terms are through December 2026. If you are interested in [serving on the NCBON as a Board Member](#), there are 3 positions open for the upcoming election from July 1-August 15, 2023. The Nomination Form is located on pages 8-9 or can be located on the [NCBON website](#).

Over this past year, a team of staff members embarked on a [journey of rebranding](#) which included changing the logo used as an identifier for the NCBON. The new logo is prominently displayed on the cover of this publication.

The goal for *The Bulletin* is to keep nurses and the public aware of matters impacting nursing regulation and practice. We hope you enjoy the content!

Regards,

Crystal L. Tillman, DNP, RN, CPNP, PMHNP-BC, FRE  
Chief Executive Officer



message from the

## Board Chair



As Chair of the North Carolina Board of Nursing (NCBON) for 2023, I would like to say THANK YOU to all nurses in the beautiful state of North Carolina! This is my fourth year serving on the NCBON and I am committed to upholding its mission and to supporting the vision. I value the opportunity to serve alongside my nursing peers and with public members who bring such insightful perspectives. Collaboratively, we strive to protect the public through nursing regulation via informed decisions and comprehensive amendments supported by North Carolina statutes, Administrative Code regulations, and the Nursing Practice Act.

Reflecting on my years of service at the NCBON, nursing has certainly endured a lot of impactful happenings irrespective to practice environments. Specifically, we have learned how to “live” with the COVID-19 pandemic in clinical and educational environments, in more ways than one, and we are still learning! In the midst of the pandemic, we continue with a nursing shortage, and now with an appalling intrusion on the nursing profession, better known as Operation Nightingale. I ask that you rest assured knowing that NCBON is committed to its mission to protect the public and will make certain to address all known violations associated with nursing regulation in North Carolina.

Finally, I would like to share a friendly reminder of how awesome it is to be a nurse, especially one practicing in North Carolina! Nursing is the absolute best profession, my opinion of course, though not necessarily the easiest to endure. As we continue to encounter the many blessings of our wonderful profession along with known and unforeseen challenges, I ask that you stay encouraged, remain mentally and physically healthy, and progress forward towards positivity. I hope to see you virtually at the 19th Annual Education Summit on April 21st. Register here: [Education Summit | North Carolina Board of Nursing \(ncbon.com\)](https://www.ncbon.com/education-summit)

Sincerely,

A handwritten signature in black ink that reads "Racquel Ingram". The signature is written over a faint, circular seal of the North Carolina Board of Nursing.

Racquel Ingram, PhD, RN  
NCBON Board Chair





**Racquel Ingram**  
*Board Chair*



**Andrea Jeppson**  
*Board Vice-Chair*

# 2023 Board Members



**Cheryl Wheeler**



**LaDonna Thomas**



**Edna Ennis**



**Anna Seaman**



**Aimy Steele**



**Shakira Henderson**



**Karen York**



**Frank DeMarco**



**Arlene Imes**



**Dianne Layden**



**Lora Bartlett**



**Tom Minowicz**

# 2023 Board Member Oath of Office



Rob Patchett, Attorney and  
Karen York, Board Member

**Karen York and Dr. Anna Seaman** were elected for terms starting in January 2023 by the Nurses of North Carolina.

Ms. York took the oath of office on January 26, 2023.

Dr. Seaman took the oath of office on February 21, 2023.



Rob Patchett, Attorney and  
Dr. Anna Seaman, Board Member

## Duties of a Board Member

The major duties and responsibilities of NCBON Board members are defined in the Nursing Practice Act (GS 90-171.23). A portion of the duties are listed below:

- Issue its interpretations of the Nursing Practice Act (i.e. position statements and decision trees). These can be found on the NCBON website ([www.ncbon.com](http://www.ncbon.com)).
- Adopt, amend, or repeal rules and regulations as necessary to carry out the provisions of the Nursing Practice Act (NPA).
- Establish qualifications of, employ, and set the compensation of an executive officer who shall be a registered nurse and who shall not be a member of the Board.
- Examine, license, and renew the licenses of duly qualified applicants for licensure.
- Investigate and take appropriate action for violations of the NPA.
- Establish standards and monitor nursing programs that lead to initial licensure.
- Implement and monitor continuing education of nurses.
- Appoint advisory committees.
- Appoint and maintain a subcommittee of the Board to work jointly with the subcommittee of the North Carolina Medical Board to develop rules and regulations to govern the performance of medical acts by registered nurses.
- Recommend and collect such fees for licensure, license, renewal, examinations, and reexaminations.
- Implement the interstate compact.
- Establish programs for aiding in the recovery and rehabilitation of nurses who experience chemical addiction or abuse or mental or physical disabilities and programs for monitoring such nurses for safe practice.
- Establish programs for aiding in the remediation of nurses who experience practice deficiencies.

Each elected or appointed Board member serves a 4-year term.



# NCBON Board Business Meeting

January 26, 2023 | Raleigh, NC

Board meetings are held each year in January, May, and September. Board meetings are open to the public and individuals are encouraged to attend either the full meeting or the Open Comment Period.

The purpose of the Open Comment Period is to provide members of the nursing community an opportunity to bring issues of concern to the Board. Individuals are encouraged to share their concerns, offer views, and present questions regarding issues that impact nursing and nursing regulation.



 **NCBON Board Meetings Channel on Youtube**

**Meeting Minutes**

*\*Meeting Minutes are transcribed for delivery to the State Archives. Historical accuracy of these minutes is paramount in this process. As such, official Meeting Minutes take longer to produce than recorded video.*

# NOMINATION FORM FOR 2023 ELECTION

Although we just completed a successful NC Board of Nursing election, we are already preparing for our next election. In 2023, the Board will have three openings: RN BSN/Higher Degree Nurse Educator, RN Nurse Administrator (Hospital/Hospital System), and LPN. The nomination form must be completed and received in the Board office **on or before April 1, 2023**. Read the nomination instructions and make sure the candidate(s) being nominated meets all the requirements.

## Instructions

Nominations for both RN and LPN positions shall be made by submitting a completed nomination form signed by at least 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 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 of experience in nursing; and,
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](http://www.ncbon.com) for additional information, including a Board Member Job Description and other Board-related information. You may also contact the Board at [election@ncbon.com](mailto:election@ncbon.com). After careful review of the information packet, you must complete the nomination form and submit it to the Board office by April 1, 2023.



## 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, 2023, for the nominee to be considered for candidacy.** Petitions received before April 1, 2023 deadline will be processed on receipt.
9. Elections will be held from July 1 through August 15, 2023. Those elected will begin their terms of office in January 2024.

Please submit completed nomination form to:

2023 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 2023

We, the undersigned currently licensed nurses, do hereby petition for the name of \_\_\_\_\_

**RN / LPN** (*circle one*), whose Certificate Number is \_\_\_\_\_, to be placed in nomination as a

Member of the NC Board of Nursing in the category of (*check one*):

**RN (BSN/Higher Degree Nurse Educator)**      **RN (Nurse Administrator - Hospital/Hospital System)**      **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. Only LPNs may petition for LPN nominations.*

**TO BE POSTMARKED ON OR BEFORE APRIL 1, 2023**

Name	Signature	Certificate Number

# NCBON Rebrand: A New Chapter in Our History

It has been nearly 20-years since the North Carolina Board of Nursing (NCBON) underwent rebranding. At that time, the use of our logo was limited to building signage and printed documents. With the ever-expanding reach of the internet and social media, NCBON leadership determined in early 2022 that it was time to renew our brand to be more reflective of our purpose instead of just our location.



NCBON Leadership, and Staff underwent thought exercises and brainstorming sessions throughout 2022 to generate ideas and mock-ups. After months of these exercises, we found a branding that spoke to us in a way that was inspiring and representative of our pursuits.

Our iconography, depicted by four overlapping leaves of four distinct colors, is representative of the four regions of North Carolina -- Mountain, Piedmont, Inner-Coastal Plain, and Outer-Coastal Plain. Rooted in our mission to protect the public by regulating the practice of nursing, our vision branches upward -- reaching towards exemplary nursing care for all.

We have internally referred to ourselves as NCBON as reflected in our website address and emails, but now we formally recognize it as a primary identifier.

Nurses, organizations, and members of the general public should expect to begin seeing this logo and its respective color scheme used in our communications as we work through this transition.

We are invigorated as we turn the page on this exciting chapter of NCBON's history and look forward to continuing our duty protecting the public by regulating the practice of nursing.



# Upcoming Events

Meetings may be held virtually. Please check [www.ncbon.com](http://www.ncbon.com).

## Board Business Meeting

May 18, 2023

## Administrative Hearings

May 17, 2023

## Hearing Committee

March 29, 2023

April 26, 2023

June 28, 2023

## Education & Practice Committee

March 15, 2023

## Nurse Leaders Regulatory Orientation

(Previously known as: Orientation Session for Administrators of Nursing Services and Mid-level Nurse Managers)

April 18, 2023 - in-person

May 16, 2023 - virtual

## Education Program Director Orientation (EPDO)

March 15, 2023 - virtual

## 19th Annual Education Summit

April 21, 2023 - virtual

Please visit [www.ncbon.com](http://www.ncbon.com) for updates to our calendar and call-in information to attend public meetings.

Following @NCNursingBoard on Social Media gives you access to up-to-date information between issues of The Bulletin - Practice Changes, Renewal Reminders, Rule Revisions, and so much more.

Click any of the icons below to find our pages.



The mission of the NCBON is to protect the public by regulating the practice of nursing.

Our vision is **exemplary nursing care for all**. In pursuit of our mission and vision, we focus on these core values:



## Strategic Initiatives

1

Enhance public protection through collaborative leadership

2

Advance best practices in nursing regulation

3

Cultivate an organization that supports diversity, equity, and inclusion

4

Foster mobility of licensed nurses and facilitate access to safe nursing care

**ACHIEVED**

In 2022, the Board achieved the following targets:

- Approved 8 Legal Dept and 1 Nursing Education Program Change Protocols
- FSU SANE Program Collaboration
- Expanded Options for Mutual Support Groups for Nurses in AP or DP
- IV Hydration Position Statement
- APRN Scope of Practice Position Statement
- Pre-Licensure Nursing Education Program Trends Report

For more information on the Strategic Plan, visit our website at [Strategic Plan | North Carolina Board of Nursing \(ncbon.com\)](https://ncbon.com)



# Board of Nursing Actions

## Education Matters

### Ratification of Full Approval Status

- Caldwell Community College and Technical Institute, Hudson – ADN
- Campbell University, Buies Creek – BSN
- Cape Fear Community College, Wilmington – ADN
- Durham Technical Community College, Durham – ADN/LPN
- Guilford Technical Community College, Jamestown – ADN/LPN
- Montgomery Community College, Troy – LPN
- Nash Community College, Rocky Mount – ADN/LPN

### Ratification of Approved Enrollment Expansion

- Cape Fear Community College, Wilmington – LPN, increase enrollment by 34 for a total program enrollment of 50 students beginning August 2023
- Carteret Community College, Morehead City – ADN, increase enrollment by 50 for a total program enrollment of 100 students beginning August 2022

### Notification of Alternate Scheduling Option

- Alamance Community College, Graham – ADN
- Belmont Abbey College, Belmont – BSN
- Chamberlain University, Charlotte – BSN
- Fayetteville State University, Fayetteville – BSN
- Roanoke-Chowan Community College, Ahoskie – ADN
- Wilson Community College, Wilson – ADN/LPN
- Wingate University, Wingate – BSN

### FYI Accreditation Decisions by ACEN for Initial or Continuing Approval & Next Visit Date

- Johnston Community College, Smithfield – ADN – Continuing – Approval Spring 2030

### FYI Accreditation Decisions by CNEA for Initial or Continuing Approval & Next Visit Date

- Craven Community College, New Bern – ADN/LPN – Initial Approval April 2028
- Elon University, Elon – BSN – Pre-accreditation October 2025
- Robeson Community College, Lumberton – ADN – Initial Approval March 2028

### NCLEX Quarterly Pass Rates

- 4th Quarter
- Approval of Status Changes Related to Annual NCLEX Pass Rate Results

## Practice Matters

### 2023 Education & Practice Committee Charge

- The Education and Practice Committee will review the Position Statement concerning telehealth/telenursing and related Law and Rules; and recommend needed revisions to the Board.



# Board of Nursing Actions, cont.

## Administrative Matters

- Approved amendments to Fiscal Policy
- Approved amendments to the following rules:
  - 21 NCAC 36 .0120 – Definitions
  - 21 NCAC 36 .0220 – Refresher Course
  - 21 NCAC 36 .0221 – License Required
  - 21 NCAC 36 .0228 – Clinical Nurse Specialist Practice
  - 21 NCAC 36 .0233 – Out of State Students
  - 21 NCAC 36 .0302 – Establishment of a Nursing Program – Initial Approval
  - 21 NCAC 36 .0303 – Existing Nursing Program
  - 21 NCAC 36 .0309 – Process for Closure of a Program
  - 21 NCAC 36 .0317 – Administration
  - 21 NCAC 36 .0318 – Faculty
  - 21 NCAC 36 .0320 – Students
  - 21 NCAC 36 .0321 – Curriculum
  - 21 NCAC 36 .0322 – Facilities
  - 21 NCAC 36 .0323 – Records and Reports
  - 21 NCAC 36 .0807 – Continuing Education (CE)
  - 21 NCAC 36 .0817 – COVID-19 Drug Preservation Rule (*repeal*)

For more information regarding the approved amendments, visit the Board's website at [Board of Nursing Proposed Rule Adoption and Amendments | North Carolina Board of Nursing \(ncbon.com\)](https://www.ncbon.com)

- Approved amendments to the following position statement:
  - Use of Standardized External Examinations
- Approved deletion of the following position statement:
  - Distance Education

## Licensure Application Process

We've produced a step-by-step video to help you through the application process!

Go to our website **NCBON.com**  
for more information!



# Accepting an Assignment

**Disclosure Statement** – The following disclosure applies to the NCBON continuing nursing education article entitled "Accepting an Assignment." Participants must read the CE article, online reference documents (if applicable), and the Reflective Questions in order to earn 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.

**Provider Statement** – The North Carolina Board of Nursing will offer 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.



**Learning Outcome:** Nurses that complete the article will gain an increase in knowledge of the nursing Administrative Code practice setting variables for accepting an assignment.

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## EARN CE CREDIT

### INSTRUCTIONS

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

### EARN CONTACT HOUR CERTIFICATE

Go to [www.ncbon.com](http://www.ncbon.com) and scroll over "Education"; under "Continuing Education," select "Board Sponsored Bulletin Offerings," scroll down to link, "Accepting an Assignment." 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](mailto:practice@ncbon.com). In the email, provide your full name and the title of the CE offering (Accepting an Assignment).

Registration deadline is July 1, 2024.



## **“What?!! I’m being floated to another unit! I have never worked on that unit!”**

Have you heard those words spoken at the beginning of a shift? Was it from a colleague? Have you experienced a similar situation?

The North Carolina Board of Nursing (NCBON) receives frequent inquiries from nurses on the topic of safe staffing particularly that of accepting a nursing assignment. Often the nurse’s concerns focus on the safety of accepting an assignment and whether the assignment would pose potential issues for the nurse’s licensure status.

During the COVID-19 pandemic nursing administrators, directors, and managers (nurse leaders) faced unprecedented nurse staffing needs. The need for nurses post-COVID-19 continues to grow causing many healthcare facilities and agencies to struggle to ensure adequate staffing (Rocheffort, et al., 2020). To meet the nursing care delivery needs during periods of understaffing, nurse leaders may need to reassign nursing staff to client care areas different from those of the usual assigned units and client population. Nursing staff reassignment to an area different from the customary assigned unit or client population is referred to as floating and serves as a type of resource sharing to meet nurse staffing needs.

Another method used to address nurse staffing needs for unit or facility coverage for nursing care delivery, is the approval of extended work hours such as overtime or extra shifts. Times of short staffing, working extended work hours, or assignments to float to different practice areas may cause nurses to feel they are placed in positions of accepting assignments that may be unsafe or may not be qualified to perform. This often causes the nurse to feel stressed and anxious. Nurses may perceive that such situations require them to

decide between declining the assignment and risk job repercussions, or practice in situations that may jeopardize their nursing license status.

To better equip nurses for determining whether they can safely perform an assignment, an awareness of the practice setting variables, strategies for negotiation, and how to decline an assignment is needed. During times of nurse staffing challenges, it is essential that nurses and nurse leaders work together to provide safe nursing care for all clients in a manner consistent with the North Carolina (NC) Nursing Practice Act (NPA) and NC Administrative Code-Rules Title 21, Chapter 36 (Rules). Nurses and nurse leaders share accountability and responsibility to ensure the provision of safe competent nursing care.

“...it is essential that nurses and nurse leaders work together to provide safe nursing care for all clients...”

### **Regulatory Requirements: NC NPA and NC Rules**

All nurses, registered nurses (RN) and licensed practical nurses (LPN), practicing in NC are accountable for the provision of safe nursing care and compliance with the regulations set forth in the NPA and Rules. The NPA authorizes the NCBON to regulate nursing practice in NC. The mission of the NCBON is to protect the public by regulating the practice of nursing (NCBON, 2022b). The regulation of nursing practice helps to assure minimum standards for nursing practice and safe competent nurses (Russell, 2017).

Nurses are required to know and adhere to the NPA and Rules, all federal and state laws and rules, and agency policies. The NPA and





Rules establish lawful assignments and provide nurses the right to accept or refuse an assignment. Nursing law and rules mandate that nurses accept only those assignments in which the nurse can safely and competently perform. The individual nurse is responsible for ensuring that they are safe and competent to accept the assignment and that the assignment aligns with their personal and professional values (NCBON, 2022a).

Components of Nursing Practice for the Registered Nurse (COP RN) (North Carolina Administrative Code [NCAC] Title 21 36.0224, 2019) section (a) and Components of Nursing Practice for the Licensed Practical Nurse (COP LPN) (NCAC Title 21 36.0225, 2019) section (a) provide practice setting variables for the nurse to consider when determining whether they can safely perform client care activities and accept an assignment. Pause for a moment to read section (a) for each of these Rules:

[NCAC Title 21 36.0224 \(a\)](#)

[NCAC Title 21 36.0225 \(a\)](#)

Nurse leaders are responsible for the management and administration of nursing services. These responsibilities include:

- maintaining continuous availability for direct participation in nursing care as indicated by the client status,
- assessing the capabilities and qualifications of licensed and unlicensed personnel,
- assigning nursing care functions to qualified licensed and unlicensed personnel,
- retaining accountability for assigned and delegated nursing care given by all personnel,
- planning the nursing care delivery system for the agency/facility,
- managing licensed and unlicensed personnel to ensure the appropriate

- allocation of human resources to promote safe and effective nursing care,
- developing and implementing policies and procedures for the delivery of safe and effective nursing care,
- providing educational opportunities related to the expected nursing performance, and
- defining levels of accountability for nursing services (NCAC Title 21 36.0224, 2019).



Staffing challenges may vary depending upon the practice setting. Several noted challenges encountered by nurses include short staffing, working extended hours, floating to unfamiliar units/areas, and concerns of abandonment. Decisions regarding these staffing challenges are based on complex variables that include the practice setting, client population, nursing care delivery model, geographic design of the facility, client acuity, and capabilities of nursing personnel. Section (a) of COP RN (NCAC Title 21 36.0224, 2019) and COP LPN (NCAC Title 21 36.0225, 2019) provide variables to guide the nurse in decision making for accepting an assignment. These variables also serve as a guide for making assignments to other nurses.

### **Accepting an Assignment**

The issuance of a nursing license by the NCBON requires the nurse to accept responsibilities and accountability for their



individual nursing actions and to practice nursing safely and competently in accordance with the level of licensure (NCAC Title 21 36.0224, 2019) (k) for RNs and (NCAC Title 21 36.0225, 2019) (i) for the LPN. Accepting an assignment is a formal agreement in which the nurse acknowledges and accepts responsibility for the care of the client or group of clients. The nurse's decision to accept the assignment is based on legal, ethical, and professional responsibility for individual nursing actions, competence, and behavior. Prior to the nurse accepting an assignment for client care, a type of handoff report should occur from one nurse to the next nurse. The handoff report serves as a transfer of client care information and responsibility. Once the nurse accepts responsibility and assumes the assignment for the client(s), the nurse has a regulatory and ethical responsibility to provide safe client care in accordance with the NPA, Rules, and other state and federal laws, rules, and regulations including the agency's policies and procedures.

At times, the nurse may consider an assignment to be unsafe due to lack of qualified staff, high client acuity, inadequate number of staff, or the nurse may not feel qualified or competent to perform the nursing care delivery needs of the client(s). The NPA and Rules permit the nurse the right to refuse an assignment that is not within the nurse's legal scope of practice. The NPA and Rules also permit the nurse the right to refuse an assignment in which the nurse cannot safely and competently perform the required client care activities. Although the nurse has the right to decline an assignment; declining an assignment may create conflict between the nurse and nurse leader. Depending upon the employer's policies, declining an assignment may result in employment consequences and actions. It is important to recognize that the

NCBON has authority over the nurse's licensure and practice. The NCBON does not have authority over employers, agencies, or facilities and cannot address matters related to employment consequences/actions. In situations of declining an assignment, the NCBON encourages the nurse and nurse leader to work collaboratively to negotiate an assignment that would provide safe competent nursing care.

### **Staffing Challenges and Strategies**

Although some nurses have not experienced situations involving concerns for an unsafe assignment or an assignment in which the care could not be safely performed, the NPA and Rules mandate that all nurses know and understand their legal scope of practice. It is required that nurses are cognizant of the practice setting variables provided in COP RN (NCAC Title 21 36.0224, 2019) and COP LPN (NCAC Title 21 36.0225, 2019) sections (a) for determining whether they can safely perform and accept the assignment. In addition, nurses need to gain an awareness of strategies that could be used when negotiating or declining an assignment.

Solutions for questions and concerns regarding staffing challenges related to floating to other units, short staffing, and working extended hours are often complex and do not have a one size fits all approach. To address the questions and concerns, it is crucial that the nursing staff and nurse leadership communicate effectively to assure client safety. As previously mentioned, when accepting an assignment, the nurse accepts accountability and responsibility for the provision of competent and safe nursing care. Nurses are accountable and responsible for their own actions and decisions (NCAC Title 21 36.0120, 2019). Rather than assume to know what the responsibilities are for the assignment,



it is prudent for the nurse to clarify the expectations of the assignment. The clarification includes utilizing the strategy of asking questions and seeking information about the assignment to assure the provision of safe care.

Each assignment situation requires the nurse to carefully consider the variables provided in section (a) of COP RN (NCAC Title 21 36.0224, 2019) and COP LPN (NCAC Title 21 36.0225, 2019). Section (a) variables are provided in the table below.

**Practice Setting Variables**

<b>Components of Nursing Practice for the Registered Nurse 21 NCAC 36.0224 (a)</b>	<b>Components of Nursing Practice for the Licensed Practical Nurse 21 NCAC 36.0225 (a)</b>
Nurse's education, knowledge, skills, and practice	Nurse's education, knowledge, skills, and practice
Complexity and frequency of nursing care needed	Degree of RN supervision
Proximity of clients to personnel	Stability of the client's clinical condition
Qualifications and number of staff	Complexity and frequency of nursing care needed
Accessible resources	Accessible resources
Established policies, procedures, practices, and channels of communication that support nursing services	Established policies, procedures, practices, and channels of communication that support nursing services

In reviewing one's own qualifications, the nurse should have a thorough understanding of their individual competencies and skills. A critical component of negotiations for an assignment is the ability to effectively communicate one's individual level of competencies or lack of competencies to nurse leaders. In alignment with competency, consideration should be given to the complexity and frequency of client nursing care needs rather than focusing solely on the number of assigned clients. The NCBON often receives questions about the requirements for nurse patient ratios. The NPA and Rules do not mandate or establish a nurse patient ratio. Nor does the NCBON have jurisdiction over employment and workplace issues (North Carolina Nursing Practice Act, 1981/2019). The number of clients for whom the nurse can provide safe, competent, and quality care is dependent upon multiple factors.

For each assignment, nurses should self-assess and evaluate whether the knowledge, skills, and experience they possess match the nursing care needs of the client. If a gap in knowledge and/or skills is identified, the nurse should seek additional training and education. Proximity of clients to personnel is another important variable to consider when accepting an assignment. The proximity of clients to nursing personnel and the ability to provide safe care includes careful consideration for situations in which the nurse may have client assignments on different units, floors, or buildings within the agency. For this reason, the nurse should be familiar with the geographical layout of the unit and agency.

The LPN scope of practice requires consideration of the degree of RN supervision available for the LPN implementation of the nursing care. The LPN scope of practice always requires supervision by an RN, physician, dentist, or other person authorized by State law



to provide the supervision. Another variable for consideration by the LPN is the stability of the client's condition. Stability refers to the predictability and rate of change of the client's condition. The less stable or more unpredictable the client's condition, the greater the requirement for close RN supervision of the LPN performance of client care tasks.

Complexity of nursing task is another variable for consideration for the LPN scope of practice. The performance of complex task by the LPN requires close supervision by the RN or other licensed person authorized by law to provide the supervision.

"Clear communications between the nurse and nurse leader are essential.."

After careful review of the variables in section (a) of COP RN (NCAC Title 21 36.0224, 2019) or COP LPN (NCAC Title 21 36.0225, 2019), the nurse may determine that they can safely and competently perform the nursing care needed and would proceed with accepting the assignment. Conversely, after considering the variables the nurse may have concerns about accepting the assignment. The nurse that has concerns about the assignment must notify the nurse leader or appropriate chain of command as indicated in agency's policies and clearly communicate the concerns. Clear communications between the nurse and nurse leader are essential. For clarity in expressing concerns for the assignment and client safety, it would be helpful for the nurse to use the framework of the variables in section (a) of COP RN (NCAC Title 21 36.0224, 2019) and COP LPN (NCAC Title 21 36.0225, 2019).

After careful consideration, if the nurse's decision is to decline the assignment, it would be helpful for the nurse to collaborate with the nurse leader regarding options for the provision

of safe client care. The NCBON encourages nurses and nurse leaders to engage in negotiations for appropriate assignments. Negotiations between the nurse and nurse leader is encouraged to be collaborative to explore solutions for assuring a safe assignment and to meet the nursing care needs of the client.

### **Challenging Staffing Situations: Negotiations and Strategies**

Staffing assignment concerns are often complex and do not have a single solution or response. While there may be similarities among various assignment concerns, there does not appear to be a simple solution. The information provided in this article serves as a guide for the nurse in determining whether they can safely perform the assignment and if not, strategies for negotiating a safe assignment. Provided in this section are three challenging staff assignment scenarios. As you read each of the staff assignment scenarios consider the decision-making process using the variables provided in section (a) of COP RN (NCAC Title 21 36.0224, 2019) or section (a) of COP LPN (NCAC Title 21 36.0255, 2019) to determine whether the nurse can safely perform the responsibilities and accept the assignment.

### **Floating or Reassignment**

Floating or reassignment to a work area different from the nurse's usual assignment or home unit may present opportunities and challenges for the nurse. The opportunities provided by floating may enable the nurse to acquire new skills, enhance existing skills, and gain additional experience. The challenges presented when floating to an unfamiliar unit or client population depend upon the nurse's qualifications and care needs of the clients. It is important to recognize that orientation and on-the-job training for nurses working in unfamiliar units or areas is essential to



promote the delivery of safe competent care (North Carolina Board of Nursing & North Carolina Division of Health Services Regulation, n.d.).

### Case Scenario #1: Floating or Reassignment to Unfamiliar Units

*Jesse RN works on a cardiac stepdown unit on the 11 pm – 7 am shift. Upon arrival to the unit to work his regularly scheduled shift, he was informed that he was being floated to a pediatric oncology unit. Jesse expressed his concerns about lack of experience with pediatrics and oncology clients to the nurse supervisor. The nurse supervisor advised that he would be performing general nursing care but did not provide specific information about the care responsibilities.*



#### What should Jesse do?

Jesse should first consider the practice setting variables in COP RN (NCAC Title 21 36.0224, 2019) (a) for accepting an assignment beginning with his own qualification, knowledge, skills, and experience. Recognizing one's own strengths and limitations is crucial in determining competence. When the nurse does not possess the knowledge, skills, and capability to safely provide care for the client(s), the nurse should clearly articulate their limitation to the nurse leader. If a discrepancy is identified between the nurse's abilities and the expectation for the provision of safe nursing care, the nurse may need to consider negotiating for different options for the assignment or declining the assignment. In situations in which the nurse may have a discrepancy between their knowledge and

skills to safely provide care, strategies in which the nurse may use for negotiating the assignment include a request for:

- additional education and training such as an on-the-job in-service or formal education session depending upon the identified gap in knowledge or skill,
- training for new or different equipment, technology, and modes of care delivery,
- a different assignment, or
- a modified work assignment in which the nurse would provide only certain aspects of the care for which they are competent to perform such as performing vital signs, assessments, medication administration, wound care, and other activities.

Other strategies to address concerns related to floating or reassignment to unfamiliar units may include:

- **Mentor:** Request a mentor or resource person.
- **Unit Tour:** Request a tour of the unit and the location of equipment and supplies. This better enables the nurse to be organized and focused on client care rather than spending unnecessary time trying to locate equipment and supplies.
- **Unit Policies:** Seek guidance on the location of the unit's policies and procedures along with an overview of key components.
- **Care Activities and Competencies:** Carefully identify the similarities between the type of care activities and competences the nurse performs in their home unit to those in the unfamiliar unit. Often there are similarities in core competencies such as inserting intravenous catheters, wound care, physical assessment, and other activities. This better enables the nurse to perform



the similar competencies and skills in the unfamiliar unit. Discuss the competencies with the charge nurse or team leader in the unfamiliar unit to assist with assigning an appropriate client level of nursing care to the float nurse.

- **Unit Routines:** Seek information about unit routines such as frequency of charting, assessments, and other activities.
- **Meet the Staff:** If time allows, meet the staff that are also working on the unit. This provides opportunity to establish a cohesive approach to the team.

Nursing assignments often include the administration of medications. Nurses are responsible for competently administering medications (NCAC Title 21 36.0221, 2019). It is prudent for the nurse to obtain information about unfamiliar medications prior to administration. The agency's medication reference documents and pharmacy services may be helpful resources for acquiring information about medication pharmacodynamics, pharmacokinetics, and administration. Although these steps may take longer for the administration of unfamiliar medications, safe medication administration is at the forefront of nursing care.

### Short Staffing

Short staffing occurs when the nurse comes on duty and finds there is not an adequate number of nurses, mix of nurses and unlicensed assistive personnel, or mix of experienced and inexperienced nurses to meet the nursing care needs of the clients. Short staffing poses challenges for both nurses and nurse leaders. During times of short staffing, nurses need an understanding of the practice setting variables provided in section (a) of COP RN (NCAC Title 21 36.0224, 2019) and section (a) of COP LPN (NCAC Title 21 36.0225, 2019) for determining whether they can safely accept

the assignment.

### Case Scenario #2: Short Staffing

*Kendra RN works on the neurological step-down unit at the local hospital. Upon reporting for duty, she discovers that two RNs scheduled for her shift called in sick for work. Replacement nurses were not obtained therefore leaving the unit shift short staffed. The usual client assignment per nurse is 6:1. Due to the shortage of two RNs, this placed the nurse client assignment at 10:1.*

#### What should Kendra do?



Kendra should review the practice setting variables provided in Component of Nursing Practice for the Registered Nurse (NCAC Title 21 36.0224, 2019) section (a) and the guidance previously discussed. In situations in which the nurse may think staffing to be inadequate to provide safe care, the nurse should notify the immediate nurse supervisor. This notification serves to inform the supervisor of the situation and to request assistance in planning for the nursing care needs based on the available resources. Potential options that Kendra RN could use for negotiation for assistance with short staffing include:

- obtain additional staff or a different mix of staff. Revision of the nursing care assignments may include the utilization of float nurses, LPNs, and/or additional nursing assistants as appropriate.
- request periodic or episodic assistance in performing specific care activities or during times of busy routine nursing care such as assessments, medication administration, or treatments. The nurse



supervisor or a nurse from a different unit of the agency that is familiar with the client population, treatments, medications, or care activities could assist with providing periodic nursing care.

During times of short staffing and limited resources, client care activities may need prioritization to assure the provision of crucial care activities during the shift. The nurse must implement the following care activities regardless of staffing levels are:

- medication administration;
- medical treatment regimens;
- monitoring and evaluating client response to treatments, interventions, and medications;
- communications of pertinent client healthcare information to appropriate providers and staff;
- accurate documentation of client assessment and care provided; and
- assuring client safety (NCBON, 2019).

### Working Extended Work Hours

Employers sometimes ask nurses to work overtime or extended shifts to provide nursing coverage for the unit, clients, or facility. Working extended work hours, whether mandatory or voluntary, may pose challenges for assuring client safety. At times, such request may place nurses in situations that create a conflict between the nurse's decision to accept the assignment and their own personal obligations. Nurses often express concern that refusing to work mandatory or requested overtime may result in employment actions such as poor performance evaluations or discipline.

The NPA and Rules do not specify a set number of hours a nurse can work during a shift or other period. Nor does the NCBON have authority over employer-employee actions.

For client safety, the nurse and nurse leader should carefully consider the number of hours worked and the utilization of extended work hours. Literature indicates that cumulatively working overtime hours may lead to nurse fatigue and sleep deprivation. Fatigue and sleep deprivation may in turn result in a higher incident of practice errors and impaired judgement and decision making (Bae & Fabry, 2014; Wheatly, 2017). Cumulative work hours may be a combination of extended work hours or multiple work commitments including the actual hours worked in addition to "on-call" assignments (NCBON, 2019). Based on existing evidence, the nurse and nurse leader should exercise caution whenever an assignment is expected to exceed 12 hours in a 24-hour period or 60 hours within a seven-day period (Geiger-Brown et al., 2011; Lobo et al., 2015; NCBON, 2019). This would include the nurse that may work more than one job. The nurse is responsible for careful self-evaluation of competence and the total number of hours worked.

### Case Scenario #3: Working Extended Work Hours

*Jackie LPN works in a long-term care skilled facility. Thirty minutes prior to the end of her shift, the assistant director of nursing (ADON) informed her that she will need to work the next shift because there is not a nurse to replace her. The oncoming nurse called in sick. Jackie LPN is concerned because this would place her in a position of working two eight-hour shifts within a 24-hour period.*

***What variables should Jackie consider before accepting the assignment?***

In addition to the variables in section (a) of COP LPN (NCAC 36.0225, 2019) and the guidance previously provided, Jackie LPN would need to give special consideration to her self-assessment of fitness for duty and level of



competence. Jackie LPN's self-assessment should include an evaluation of her level of fatigue and the impact her fatigue may have on her ability to provide safe competent nursing care. Every nurse has a duty to recognize when they are not competent or fit to accept an assignment due to physical, mental, and/or emotional fatigue or illness. It is important to recognize that nursing judgment and the provision of safe nursing care may be impaired due to illness, fatigue, or emotional/mental circumstances.

### **Case Scenario #3: Working Extended Work Hours Continued**

*Jackie LPN determines that she cannot safely accept the assignment to work the additional eight-hour shift. She recognizes that working the additional eight-hour shift not only places her in a position to work a total of 16 hours consecutively, but the schedule indicates that she is to report back for duty the next morning for the 7:00 am to 3:00 pm shift. She decides that it would not be safe for her to accept responsibility for the additional eight-hour shift. However, she makes the determination that there may be several options that could be negotiated to provide safe competent nursing care.*

### **What are some options that Jackie LPN could negotiate to assist with the delivery of safe nursing care?**

Jackie LPN should communicate her concerns to the nurse leader. The nurse leader is responsible for providing a nurse that would accept report and assume client care responsibilities from Jackie LPN (NCBON, 2019). Some potential options that may be negotiated to assist with the delivery of nursing care are:

- Jackie LPN offers to remain on duty for the first few hour(s) or partial shift. This would permit the ADON an opportunity to locate another nurse to work the

remainder of the shift.

- The ADON could request the nurse scheduled for 11:00 pm – 7:00 am shift to come to work early to assist with coverage of the 3:00 pm – 11:00 pm shift.
- Jackie LPN determines that she could competently and safely accept the assignment and would offer to work the additional eight-hour shift provided her schedule is revised to have off work the 7:00 am – 3:00 pm shift scheduled for the next day.

It is important to recognize that if a replacement nurse cannot be obtained, the nurse leader would be responsible for providing the nursing care coverage (NCBON, 2019).

### **Declining an Assignment and Abandonment**

Nursing law provides nurses the right to accept or refuse assignments. It is the individual nurse's responsibility to ensure that they are safe and competent to accept an assignment (NCBON, 2022a). After careful consideration of the variables in section (a) of COP RN (NCAC Title 21 36.0224, 2019) and COP LPN (NCAC Title 21 36.0225, 2019) along with the other guidance provided, the nurse that determines they cannot safely perform the nursing care should decline accepting the assignment. Refusing an assignment often creates anxiety for nurses and fear of employment actions such as discipline or termination. Employers may sometimes consider the refusal to accept an assignment as abandonment of client care and threaten to report the nurse to the NCBON. The focus of the NPA and Rules for abandonment is on the relationship and responsibility of the nurse to the client rather than to the employer or employment settings (NCBON, 2019). Once the nurse has accepted the assignment, they remain accountable and responsible for the care of the client until they provide handoff of the care responsibilities to another qualified





nurse or approved caregiver. Abandonment occurs once the nurse comes on duty and accepts the assignment for that shift but leaves or abandons the client in need of nursing care without arranging for the continuation of an equivalent level of care and prior to the completion of the agreed upon shift.

The NPA and Rules permit the nurse the right to refuse an assignment that is not within the legal scope of practice or cannot be safely and competently performed. Refusing to work an extra shift, partial shift, or overtime beyond the established and agreed upon schedule does not constitute client abandonment. Leaving at the end of the regular shift in which the nurse has appropriately notified their nursing leadership that they are leaving and provided handoff report on the client status and care to another nurse or authorized/approved caregiver, is not considered abandonment. It is not considered abandonment for the nurse to decline or refuse to accept an assignment. Nor is abandonment the refusal to work out a resignation notice or no call/no show for work

(NCBON, 2019).

## Conclusion and Safe Nursing Care

Clients require and need safe, competent, and quality nursing care. Safe competent nursing care must be the priority of all nurses. The delivery of safe competent nursing care is a shared accountability and responsibility for nurses and nurse leaders. There may be times in which nurses need to advocate for their clients and themselves to assure the provision of safe nursing care. Knowledge and understanding of the practice setting variables for accepting an assignment enables the nurse to make appropriate assignment decisions. Appropriate assignments for the provision of safe nursing care requires effective communication between the nurse and nurse leader.

### Additional Required Reading for this Article

- NCBON Position Statement: Accepting An Assignment
- NCBON Position Statement: Staffing and Patient/Client Safety
- NCBON Joint Statement on Nursing Work Environments

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# WORD SEARCH

R I J P A T I E N T C V G I R  
 N T A R O P E R A T I O N Q A  
 E E V E S N O L I D C G D N I  
 E M S S Q T Z O R E B L O O D  
 D P A P U X B C A R D I A C S  
 L E L I V T K W A R D F I B O  
 E R I R P U L S E O O X P D E  
 R A N A Z E H X R E D P R I A  
 T T E T R R B E D N R X E A N  
 Q U Q I P N N X I L B T S G K  
 C R K O F G Q M C D M A S N I  
 L E U N W Z Q E Z B N B U O O  
 R U O X Y G E N C Y R L R S P  
 H A N B V X - R A Y C E E I P  
 Y B I D S Q P X P O I T E S E

- OPERATION
- NEEDLE
- WARD
- BLOOD
- PATIENT
- PRESSURE
- TABLET
- RESPIRATION
- CARDIAC
- X-RAY
- OXYGEN
- SALINE
- BED
- TEMPERATURE
- PULSE
- DIAGNOSIS



# You Make The Call...

In 2022, the NCBON changed phone systems to improve call quality. Doing so made us recognize the caller experience also needed to be updated. Now using Interactive Voice Response, we are allowing callers to "choose their path" to get their question answered. Extensions and "Dial-By" Directory are no longer supported. Regardless of your choices, we will get you in contact with an NCBON Staff member to answer your questions.

## 1 Applications for Nursing Licenses

For questions about examinations, endorsing a license into NC, renewing or reinstating your license, APRN Applications, or the criminal background process.

## 2 Practice

A resource for the public, nurses, employers, and others about nursing practice and clarification of law or rules.

## 3 Pre-Licensure Nursing Programs

Information regarding pre-licensure nursing education programs in NC.

## 4 Complaints

This process is **required to be submitted electronically**, if you have questions about submitting a complaint you may speak to our complaints intake specialist.

## 5 Consent Order Compliance

If you have questions about a signed consent order or reinstating a suspended license, you may speak with the Compliance department.

## 6 Media Relations

Any media-related inquiries or questions related to our publications.

## 7 NAI

For questions concerning Nurse Aide II listings.

## 8 Unassigned

No call routes at this time.

## 9 Repeat the Menu

Listen to the menu options again to see which selection most meets your needs.

## NAI Listing

The NAI Listing is managed by DHHS and can be contacted at  
**(919) 855-3969**

## 0 Operator

If your question is unrelated to any of these options or you are unsure whom to contact, speak with our receptionist to get you routed to the appropriate party.

## Staff Directory

If you know the person you are trying to reach directly, you can ask for them via the operator, or check NCBON.com for their direct telephone number.



# Diversity, Equity, and Inclusivity:

## The Journey of One Nursing Regulatory Body: Part I

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The words of Dr. Martin Luther King Jr. appropriately provide context related to the inception of the North Carolina Board of Nursing's (NCBON) journey to incorporate diversity, equity, and inclusivity (DEI) into the culture of the organization. The NCBON regulates more than 176,000 nurses in North Carolina (NC), including licensed practical nurses (LPNs), registered nurses (RNs), and advanced practice registered nurses (APRNs). The mission of the NCBON is to protect the public by regulating the practice of nursing. The NCBON vision is exemplary nursing care for all. The organizational values of equity, integrity, and agility support the NCBON in its work towards the mission and vision. As the regulatory agency for the largest healthcare workforce in NC, the NCBON acknowledged the need to critically examine its role and approach in addressing issues of racism, social injustice, intolerance, and inequality from an organizational and regulatory perspective (National Council of State Boards of Nursing [NCSBN], 2020). Incorporation of DEI has the potential to create lasting positive effects in the NCBON's work as a nursing regulatory body (NRB). The purpose of this two-part article is to describe the initial steps of the NCBON's journey to determine how to incorporate DEI concepts into the organization's culture and processes. Part I will focus on the DEI issue presented and steps leading to the formation of a DEI committee to explore solutions for the organization. Part II will focus on the initial work of the committee and next steps for the NCBON.

*"All labor that uplifts humanity has dignity and importance and should be undertaken with painstaking excellence."*

**-Dr. Martin Luther King, Jr.**

### Part I: Issue Presented

Children of color comprised almost half of NCs under 18 population in 2019. More than half of all Americans are projected to belong to a minority group by 2044 and nearly one in five of the nation's total population is projected to be foreign born by 2060 (North Carolina Office of State Budget and Management, 2021). The rapid racial diversity occurring in the general population is not reflected in the demographics of licensed nurses in NC. It is important to acknowledge this discrepancy and remain mindful of implications this may have on the delivery of safe, culturally competent nursing services. Additionally, heightened social unrest in recent years has brought DEI conversations to the forefront in organizations, communities, and the nation. These events and related conversations were a catalyst for the NCBON to increase its focus on being an employer, and an NRB, that appropriately promotes DEI.

The American Nurses Association publication, *Nursing: Scope and Standards of Practice* (4th edition) acknowledges the existence of inequity within the environments in which nurses work by stating:



*As systems of care, institutions, and policies have evolved, persons and entities in power positions set the specifics of care and the tone of care delivery. Such systems, whether purposefully or inadvertently, have created situations that respect some persons and disregard others (Monroe, 2005, as cited in American Nurses Association, 2021, p. 21).*

Initiatives to address DEI in nursing, including nursing regulation, are imperative to promote evolution in the profession that will allow nursing to meet the challenges noted in the 2021 report, *The Future of Nursing 2020–2030: Charting a Path to Achieve Health Equity*. One of the reports desired outcomes is that nurses providing care throughout the nation reflect the people and communities they serve to ensure healthcare services are culturally competent and equitable (National Academies of Science, Engineering, and Medicine, 2021).

As part of the movement for a more diverse and inclusive society, the nursing community (including educational institutions, professional nursing organizations, and NRBs) released statements and resources to address DEI (Pitts et al., 2020). For example, *The National Commission to Address Racism in Nursing* (2021) created the following definition of racism: “assaults on the human spirit in the form of biases, prejudices, and an ideology of superiority that persistently cause moral suffering and perpetuate injustices and inequities” (Alexander, 2021, p.1). The NCSBN *Statement on Diversity and Equity in America* (2020) included the following assertion:

*At this pivotal moment, as an organization committed to public safety, we recognize how vital it is to listen and respond to those calling for an end to systemic racism and not allow those who seek destruction and violence to overshadow the importance of*

*purposely moving toward a new era of diversity, inclusiveness and change. This cannot be done in isolation. NCSBN stands ready to work with nursing colleagues and the rest of the healthcare community to effect long-lasting change. To this end, we will begin by critically examining regulatory processes for bias and develop additional learning resources to support equitable treatment for all.*

After reflecting on this information and receiving communication from NCSBN, the NCBON recognized the need for strategic incorporation of DEI to strengthen the culture of the organization for the future.

### **Strategy Development**

In mid-2020, the NCBSN contacted the NCBON to inquire whether the NCBON had a published statement on DEI. At the time, the answer was, “no.” However, this inquiry generated further discussion among the organization’s leadership team, resulting in a call to action championed by the Chief Executive Officer (CEO). What should a DEI statement for the organization include? What role should the NCBON play in DEI efforts from a regulatory perspective? The NCBON leadership team had additional conversations regarding how implementation of a DEI program should be explored given that the organization consists of 54 staff members and regulates more than 176000 licensed nurses. The diverse backgrounds, cultures, and experiences of every licensed nurse, student, and stakeholder are important for conversations about incorporating DEI within an NRB.

### **Board Member Input**

The 2020 NCBON election brought the most diverse group of board members in NCBON history. One male and five African American females were elected to join the 14-member board. Additionally, one male



member from the public was appointed by the NC Senate, and one African American female was appointed by the NC Governor. At the most basic level, the individuals who serve on an NRB impact the functions and decisions of the organization. With increased diversity, the NCBON can better achieve its mission by drawing on the perspectives and talents of a broader range of individuals where the diversity of viewpoints which come from different life experiences and cultural backgrounds strengthen deliberations and decision making. When asked to reflect on the diversity at the NCBON, one board member reflected, “diversity at the NCBON is evidenced by the broad representation of race, gender, age, and other socio-economic factors in persons in key roles throughout the organization” (L. Howard, personal communication, March 29, 2022). Furthermore, “having a diverse group of board members increases innovation, engagement, and productivity; all have the opportunity to have their perspectives heard and considered.” This same board member offered the following insight regarding the benefits of serving on a diverse board: “The most rewarding aspect of serving on a diverse board is a feeling of belonging and acceptance regardless of race, gender, and any other socio-economic factors by which people are often judged.” Leveraging the diverse perspectives of the board members during strategic planning discussions proved valuable for envisioning the path for the organization’s DEI journey.

### **Committee Formation**

As essential as it is to have a top-down approach for implementing any new initiative, buy-in throughout the organization is necessary for implementation to be successful (Society for Human Resource Management [SHRM], 2017). Top-level support and long-term commitment are the foundations of change. The potential for organizational change is

unleashed when individuals have a common vision of the future (Fernandez and Rainey, 2017).

Prompted by a heightened societal awareness of DEI issues and the inquiry from NCSBN, the NCBON CEO, board members, and staff leadership team agreed staff would be tasked to begin data collection for information on how best to incorporate DEI into the organization’s current practices and into future planning for the organization. The CEO issued a call to all staff members to solicit volunteers to work on the DEI initiative. Staff who expressed interest in being a part of this process volunteered to form a DEI committee. At the initial committee meeting, staff engaged in meaningful discussion about how the NCBON should embody and promote DEI both as an employer and as an NRB. After this meeting, the committee was divided into two subcommittees to address distinct needs of the NCBON to embrace DEI as an organization. One subcommittee began focusing on the NCBON’s response as an employer and immediately worked on a position statement (Figure 1) and written policy. The other subcommittee focused on the work to begin incorporating DEI into NCBON’s future through the strategic planning process. Due to the nature of these issues in the workplace, the Chief Human Resources Officer worked with both groups throughout the planning process. Both subcommittees conducted literature reviews regarding how other organizations, particularly those with a nexus to healthcare and regulation, addressed DEI.

Part I of this two-part article summarized the initial steps leading to the creation of a NCBON DEI committee. Part II will present information related to the initial work of the committee and next steps identified for ongoing work of the NCBON related to DEI.



## NCBON Diversity, Equity, and Inclusion Position Statement

Our mission at the North Carolina Board of Nursing is to protect the public through regulating the practice of nursing.

To support this mission, the Board is committed to providing an inclusive, innovative workplace for all employees reflective of the diverse cultures and backgrounds of the public.



**Figure 1**  
NC Board of Nursing Diversity Equity and Inclusion Logo

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# Diversity, Equity, and Inclusivity:

## The Journey of One Nursing Regulatory Body: Part I

Authored By



**Catherine Moore**  
PhD, MSN, RN  
Chief Quality and Legislative  
Liaison



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Chief Executive Officer

### CONSUMER ALERT



**Be skeptical of professional  
licensing scams**



Attorney General  
**Josh Stein**

If you have any questions about the authenticity of a call regarding an investigation, contact the NC BON directly.

**(919) 782-3211**  
Press 0





# APRN



**Melanie Mabrey**

DNP, ACNP-BC, BC-ADM,  
FAANP  
APRN Consultant

## What are compliance audits for nurse practitioners?

NCBON is resuming regular random audits for compliance with documentation requirements for Nurse Practitioners. On December 31, 2022 the COVID-19 legislative waivers for Quality Improvement Plan (QIP) meetings/documentation and collaborative practice agreement (CPA) reviews for nurse practitioners (NPs) who were practicing prior to February 1, 2020 expired. NPs need to resume QIP meetings and complete their CPA review.

As a reminder for all NPs, you must maintain records for 5 years at your practice site(s) for the following:

- QIP meetings every month for the first six months of any new supervising physician for NP approval to practice. This includes NPs not changing positions but having a new physician for supervision.
- QIP meetings every 6 months after the first 6 monthly meetings.
- Collaborative Practice Agreements reviewed and signed by both the NP, supervising physician, and any back-up supervising physicians.
- Evidence of meeting the annual NP continuing education (CE) requirements:
  - 50 hours of CE annually,
  - 20 of the above must be in the advanced practice nursing population focus of the NP role, and
  - If you prescribe controlled substances, you must take at least 1 hour of CE designed specifically to address controlled substance prescribing practices and controlled substance prescribing for chronic pain management. The CE must include recognizing signs of the abuse or misuse of controlled substances, or non-opioid treatment options.

Samples of QIP documentation and CPA along with more details of requirements may be found in the Administrative Code for NPs at under Nurse Practitioner Laws & Rules and in the NP Survival Guide at NCBON.com.

Questions may be directed to [APRNpractice@ncbon.com](mailto:APRNpractice@ncbon.com).



# Compliance



**Jessica Tracey**  
Compliance Case  
Analyst

## What is the alternative program for nurses in recovery?

Pursuant to the Nursing Practice Act (NPA), NCGS 90-171.23, the North Carolina Board of Nursing (NCBON) is granted authority to establish programs to monitor the treatment, recovery, and safe practice of nurses with substance use disorders. In 1995, the NCBON established the Alternative Program for Nurses in Recovery (AP) - a non-published alternative to traditional discipline action for nurses whose practice may be impaired because of a substance use disorder. The objectives of the AP include protecting the public by monitoring nurses experiencing substance use disorder and providing a structured monitoring program to return the recovering nurse to safe practice.

Enrollment in the AP requires entry into a Non-Disciplinary Consent Order (NDCO) acknowledging a substance use disorder and violation of the NPA including, but not limited to, diversion, impairment on duty, fraudulently obtaining prescriptions, or multiple convictions for driving while impaired.

Upon entry into the AP, the participant is contacted by the designated NCBON Compliance Case Analyst (CCA) whose responsibility is to monitor the participant's compliance with the NDCO. Key tenets of the AP include:

- minimum of three months abeyance (temporary license inactivity);
- treatment at a level prescribed by the qualified substance abuse treatment facility followed by 52 weeks of weekly aftercare;
- total abstinence from alcohol, non-prescribed medications, and illicit substances;
- attendance at a minimum of three approved mutual support group meetings per week;
- random, observed drug screening following chain of custody protocol;
- requirement to report relapse within 24 hours; and,
- evaluation by an NCBON-participating addictionologist prior to returning to restricted nursing practice.

Following approval to return to restricted practice, all nursing positions are approved by the CCA. Employers verify awareness of AP participation, ability to support conditions, and agree to:

- submit quarterly evaluations to confirm quality of practice and minimum hours worked and
- remove the participant from duty following submission of a failed drug screen or refusal to drug screen when requested by the employer.

AP participants are subject to the NDCO conditions for a minimum of three years of satisfactory employment in an approved licensed nursing position or a minimum of five continuous years of random drug screening while satisfying all other conditions.

*Continued on next page*



As of December 31, 2022, the NCBON monitored 71 participants in the AP.

If the NDCO is terminated due to non-compliance, the license is suspended for a minimum of 12 months resulting in published discipline. Prior to requesting reinstatement into the Discipline Program for Nurses in Recovery (DP), the participant must submit evidence of six months of continuous sobriety as defined by the NCBON's Sobriety Notebook.

Link to AP Information: Drug Monitoring Programs | North Carolina Board of Nursing (ncbon.com)

*The NCBON has the authority to intervene when there is evidence that a nurse "is unable to practice nursing with reasonable skill and safety to patients by reason of illness, excessive use of alcohol, drugs, chemicals, or any other type of material" [NCGS 90-171.37(a)(3)].*

### 2021 AP Admitted Nurse Data/Demographics:

- **Number of Participants at end of 2021: 82**
- **Female RN, 11 years of experience in NC**
- **43 years old**
- **Substance of Choice: Alcohol and Opiates**
- **NPA violations: diversion and impairment**



## You've got... too much mail?

We are working to get you the information you want and need instead of casting a large net and causing email fatigue.

We are adapting our unsubscribe preferences to allow you to opt out of certain email communications.

If you haven't received an email from us in a while and want to make sure you're still on our list, please contact **publications@ncbon.com**



# Education



**Tonya Body**  
MAED  
Education Coordinator

## What resources are provided to pre-licensure nursing education programs?

The North Carolina Board of Nursing (NCBON) establishes standards that guide pre-licensure nursing education programs within North Carolina. The nursing programs are provided with vital resources that aid in adhering to standards leading to excellence in nursing education. The NCBON Education Department provides the following resources at designated times throughout the year:

- NCLEX-RN and NCLEX-PN
  - First-Time Testing Pass Rates
  - Three-Year Average of Pass Rates
- NC Trends in Nursing Education
- Education Summit
- Program Approval List
  - Program Approval Status
  - Assigned Education Consultant
- Quarterly Communication to Program Directors
  - Education Communique
  - Email Blasts – including items such as trending topics and NCBON updates

The Education Department can be reached at **(984) 238-7702** or [education@ncbon.com](mailto:education@ncbon.com).

## Register Now!

**19th Annual NCBON Education Summit**  
**April 21, 2023**  
**Virtual Event**



# Investigations



**Kristina  
Deaver**  
MSN, RN  
Investigator

## Can the NCBON open a complaint/investigation because of something I post on social media?



**Tammy  
Horne**  
BS, CI  
Complaints  
Intake  
Specialist

Yes. If the NCBON receives a complaint against a nurse for an inappropriate post on social media, it will be reviewed to determine if there is a potential violation of the Nursing Practice Act. North Carolina General Statute §90-171.37 (6A) of the NPA gives the Board the authority to take disciplinary action for “unprofessional conduct that is nonconforming to the standards of acceptable and prevailing nursing practice or the ethics of the nursing profession, even if a patient is not injured.” Additionally, 21 NCAC 36 .0217 (17) gives the Board the authority to take disciplinary action for “obtaining, accessing, or revealing healthcare information from a client record or other source, except as required by professional duties or authorized by law”.

If your post violates patient privacy or alludes to any identifiable patient information, it could lead to an investigation by the Board. This goes beyond pictures of patients or their names but could include sharing the facility and/or unit where an event took place, or other information which may identify the patient.

Nurses must consider factors other than simply omitting a patient’s face or name in their posts. Nurses should carefully reflect how their post may be perceived and how it portrays them. Some examples of inappropriate social media posts include posts about taking shortcuts or cutting corners at work to get through their shift, negative comments about patients or their family members, not following protocols, discussing specifics about a patient’s condition even without disclosing the name of the patient.

Nurses should exercise caution even with a seemingly harmless positive or kind post about a patient which could potentially violate the patient’s privacy. Even posting pictures from the workplace portraying nursing as a positive and rewarding career could be problematic if any patient information or images are included, whether intentional or not.

*Continued on next page*



Additional Considerations:

- Are you violating patient privacy?
- Are you violating your employer's social media policies?
- Could your post give the perception you are unprofessional?
- Could your post give the perception your patients are not being properly cared for?
- Be cautious of posting information or opinions which could be viewed as rendering medical advice.
- Posts intended to be private may not necessarily remain private.
- Deleted posts may be recoverable.
- Be cautious of friending patients and their family members. This can result in crossing professional boundaries which may also be a violation of the NPA.
- Your posts could be seen by your employer, potential employers, colleagues, patients, patient family members, and community members.
- If in doubt about whether a post would be appropriate, consider not posting.

More information on this topic can be found on the National Council of State Boards of Nursing website.

**NEW OFFERING!**

## Overview of Nursing Practice Act (NPA) Violations and Investigations

This offering provides information regarding the five common NPA violations reported to the Board of Nursing and the five common pieces of evidence gathered during an investigation. It offers 1.5 contact hours.

To request a speaker, send us an email!



[practice@ncbon.com](mailto:practice@ncbon.com)



# Legal



**Meredith Parris**

JD  
Director, Legal

## What can I expect after an investigation has concluded?

When an investigation is concluded, there are four scenarios in which the matter may be resolved.

**No Further Action (NFA).** When an investigation does not result in evidence of a violation of the Nursing Practice Act (NPA), Board staff will resolve the case by sending out an NFA letter. This means the information reviewed during the course of the investigation was either non-existent or inconclusive.

**Letter of Concern (LOC).** A LOC is issued when there is evidence of a violation of the NPA; however, there may be significant mitigating factors which indicate the licensee should be cautioned about their practice. Recommended courses may be referenced for the licensee's convenience to address the conduct giving rise to the violation, but these courses are not required. This action is non-disciplinary; however, should a later investigation reveal a similar violation, the LOC may factor into the resolution of the following case. When a nurse is issued a LOC following an investigation, it remains a part of the licensee's file at the Board and is not subject to a public record request.

**Non-Disciplinary Consent Order (NDCO).** An NDCO is an offer of resolution sent to the licensee where there is evidence of one or more violations of the NPA which are best addressed through remediation. This offer will be presented as a Consent Order, which contains findings of fact, specified violations, and additional requirements the licensee shall complete. The NCBON's Alternative Program for Recovering Nurses and Intervention Program are also presented in the form of an NDCO. So long as the licensee completes the required terms of the NDCO, this Order is not available to the public and is not considered disciplinary action on the license.

**Published Consent Order (PCO).** Another offer presented to the licensee following an investigation is a PCO. The PCO will detail findings of facts and specified violations of the NPA found during the investigation. The licensee may be required to complete courses, be subject to a probationary licensee where their practice is monitored for a period of time, or the license may be suspended. These offers are based on the severity of the violation, whether the license has had previous discipline, and other aggravating factors. The NCBON's Discipline Program for Recovering Nurses is presented in the form of a PCO. A PCO is considered discipline on the license and will be published on the NCBON's website and reported to NURSYS.

Should you receive a Consent Order, whether in the form of an NDCO or PCO, contact the mentioned NCBON Staff member in your documents if you have further questions.



# Legislative



**Catherine Moore**

PhD, RN  
Chief Legislative &  
Quality Officer

## In what ways does the NCBON interact with the North Carolina General Assembly?

The mission of the North Carolina Board of Nursing (NCBON) is to protect the public by regulating the practice of nursing. NCBON's involvement in legislative activities is focused on those that uphold the NCBON's mission of public protection. NCBON is an occupational licensing board, not an advocacy organization. However, members of the public, and sometimes nurses, do not understand the difference between nursing regulatory bodies and advocacy organizations. For detailed information on the differences, NCBON offers one contact hour for the article, "Nursing Regulatory Agencies and Advocacy Organizations: What is the Difference?"

North Carolina law prohibits occupational licensing boards from using funds for lobbying. The law specifically states, "occupational licensing boards shall not use any funds to promote or oppose in any manner the passage by the General Assembly of any legislation" (Use of Funds for Lobbying Prohibited, 1973). NCBON's legislative liaisons maintain an active presence at the North Carolina General Assembly (NCGA) to share the expertise of the NCBON when required on matters that relate to the regulation of nursing. NCBON serves as a resource to legislators, providing education on the nursing population and regulation of nurses in NC, in addition to responding to inquiries from the NCGA on matters related to nursing practice and regulation. NCBON legislative liaisons monitor the content and progress of bills each legislative session for their potential to impact the work of the NCBON and the practice of nursing. As necessary, the NCBON submits written comments regarding proposed legislation or testifies at legislative hearings to provide legislators with the information necessary for them to make informed decisions about legislation that may impact the regulation of nursing, practice of nursing, or the health and safety of the public.

A recent example of an interaction between NCBON and the NCGA is the testimony provided at an NC Senate Health Care Committee meeting on February 2, 2023. The NCGA asked NCBON to provide data regarding the impact of the COVID-19 temporary legislative waivers for nurse practitioners that were in place from May 2020 through December 2022. Specifically, the NCGA wanted to know if the NCBON saw an increase in nurse practitioner disciplinary cases during the time for which the waivers were in place. The answer question is "no." Testimony provided by NCBON during the committee meeting included data on nurse practitioner complaints and disciplinary cases for a 5-year period to educate legislators on the disciplinary trends of NC nurse practitioners before, during, and at the conclusion of the time for which the waivers were in place.

*Continued on next page*





In the 2022 NCBON communications survey, respondents requested legislative updates from NCBON in future publications. The 2023 legislative long session began in January. Stay tuned for a legislative update in the next issue of The Bulletin which will include an update on nursing-related bills filed and the progress of those bills.

### References

Use of Funds for Lobbying Prohibited, NC Stat. § 93B-6 (1973).

[https://ncleg.gov/EnactedLegislation/Statutes/PDF/BySection/Chapter\\_93B/GS\\_93B-6.pdf](https://ncleg.gov/EnactedLegislation/Statutes/PDF/BySection/Chapter_93B/GS_93B-6.pdf)



# Here you are!

## We've missed you!

### Have you changed jobs recently?

### Maybe moved to a new address?

Be sure to update your contact information in the NCBON Nurse Portal.

It's the **rules**\*!

*\*21 NCAC 36 .0208 CHANGE OF NAME AND CONTACT (a) and (b)*

[NCBON Nurse Portal](#)

Receive email alerts for changes in your license and expiration dates.

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Sign up for Nursys e-Notify.



# Licensure



**Dacia Williams**  
Licensure Specialist –  
Advanced Practice  
Registered Nurse

## How can I be eligible to practice as a Nurse Practitioner in North Carolina?

The Nurses Practitioner (NP) process for North Carolina (NC) consists of NP Registration and NP Initial Approval to Practice.

Before you can practice as an NP in NC, you must hold a Registered Nurse license valid for practice in NC, become registered as an NP in NC, and apply/obtain Initial Approval to Practice with a supervising physician licensed by the North Carolina Medical Board. The application is available for submission in your Nurse Portal.

The NP Registration is a one-time application process that started in 2004. As part of the NP registration process, you will be required to submit documents to determine eligibility. Some of the required documents may include official transcripts, primary source verification of national certification, and verifications from other states where you have held an NP license/approval. The NP Registration Certificate (once issued) is unable to be verified on our website because it is not a license or approval to practice. The NP Registration Certificate alone does not allow you to practice as an NP in NC.

Once you have identified a physician licensed by the North Carolina Medical Board who will serve as your supervising physician, you may submit the Initial Approval to Practice application providing your supervising physician's information and practice location. You cannot practice as an NP in NC until this application has been submitted, reviewed, and processed. This process generally takes about 3-5 business days once all required documents are received.

The NP Registration and Initial Approval to Practice applications can also be completed as one application if a supervising physician has been identified prior to registering.

The status of your pending application (including outstanding application items and instructions for electronic document submission) is available via your Nurse Gateway Portal.

### References

- 21 NCAC 36 .0803 NURSE PRACTITIONER REGISTRATION
- 21 NCAC 36 .0804 PROCESS FOR APPROVAL TO PRACTICE
- 21 NCAC 36 .0805 EDUCATION AND CERTIFICATION REQUIREMENTS FOR REGISTRATION AND APPROVAL AS A NURSE PRACTITIONER



# Practice



**Stacey Thompson**

MSN, RN, NE-BC

Practice Consultant

## What is the role of an LPN in staff development?

The North Carolina Board of Nursing (NCBON) receives frequent questions related to the scope of practice for licensed nurses in North Carolina (NC). In 2020, the Education & Practice Committee completed the NCBON charge to explore the Licensed Practical Nurse (LPN) scope of practice. It was concluded that ongoing clarification of the LPN scope of practice is needed. The LPN has historically been employed in long-term care and office practice settings. As the pandemic continues to impact nursing resources and practice, the role of the LPN is being integrated into different practice settings as valuable members of the health care team. The Nursing Practice Act [G.S.90-17120 (7) (8)] and NC Administrative Codes [21 NCAC 36.0224 (k) and 36.0225 (i)] mandate nurses to be knowledgeable of the scope of practice for the Registered Nurse (RN) and LPN. In a time where more RNs will work with LPNs in practice, the NCBON provides guidance related to the role of the LPN in Staff Development.

Nursing law and rules define RN nursing practice as “independent” in that the RN does not require assignment or supervision of nursing activities. Law and rules define LPN nursing practice as “dependent” requiring the assignment and supervision by the RN or physician or other duly authorized person. LPNs may participate in the orientation of new personnel to agency-specific nursing procedures as assigned by the RN. Participation in the LPN scope of practice is *limited* to:

1. demonstrating specific nursing tasks or techniques according to the agency's established procedures;
2. observing an individual's return demonstration of specific tasks or techniques in comparison to the agency's established step-by-step procedures. Such observation is limited to nursing activities that may be assigned by the LPN to other LPNs, or delegated by the LPN to unlicensed assistive personnel (UAP); and
3. providing evaluative data regarding the individual's performance of the nursing tasks or techniques to the RN accountable for nursing orientation/staff development/in-service education or to the RN Supervisor/Manager.

It is beyond the LPN scope of practice to validate or “sign off” the competency of nursing personnel (RN, LPN, and UAP). The RN is accountable to decide when, and if, the individual is qualified and competent to perform nursing activities according to nursing law and as defined within that agency's policies and procedures.

Teaching nursing care activities to health care personnel is beyond the scope of practice of the LPN. It would not be within the LPN scope of practice to precept another LPN.

*Continued on next page*



The NCBON provides the following Position Statement resources related to the LPN scope of practice in the area of Staff Development.

- LPN Scope of Practice - Clarification
- RN and LPN Scope of Practice Comparison Chart
- Staff Development
- Competency Validation

Contact the NCBON at [practice@ncbon.com](mailto:practice@ncbon.com)  
if you have any questions or would like further clarification.



FREE LIVE WEBINAR

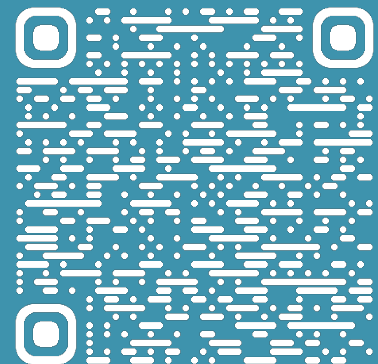
# Continuing Competence

June 7, 2023

12:00pm-1:15pm

Virtual

*Contact hours offered.*



Register below to learn about the Continuing Competence requirements including implementation of the approved learning plan.

Scan QR Code with phone  
or register at  
<https://tinyurl.com/33zxt6m3>

# CE Opportunities

TO ACCESS ONLINE CE ARTICLES, SESSION REGISTRATION, AND THE PRESENTATION REQUEST FORM, GO TO [WWW.NCBON.COM](http://WWW.NCBON.COM) AND LOOK FOR CONTINUING EDUCATION OFFERINGS.

QUESTIONS? EMAIL [PRACTICE@NCBON.COM](mailto:PRACTICE@NCBON.COM)

## Online Bulletin Articles

- Accepting an Assignment (1.0 CH)
- North Carolina Trends in Nursing Education and the Nursing Workforce (1.0 CH)
- The Role of Leadership in Prevention of Horizontal Violence (1.0 CH)

For more free CE articles, go to [www.ncbon.com](http://www.ncbon.com).

## Nurse Leader Regulatory Orientation

(previously known as: Orientation Session for Administrators of Nursing Services and Mid-Level Nurse Managers)

Learn about the functions of the Board of Nursing and how these functions impact the roles and responsibilities of the nurse leader (administrator, director, manager, clinical leader, supervisor, and others) and aspiring leaders in all types of nursing services and practice settings. The orientation offers 4.5 contact hours.

Registration is open to active NC or compact state RNs in the leadership and aspiring leadership roles.

### The 2023 sessions are listed below as follows:

April 18 - in-person    May 16 - virtual    September 7 - in-person    October 11 - virtual  
\$40.00 fee (non-refundable) (Note: You will be notified of any date or format changes.)

Register online at [www.ncbon.com](http://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 provide this information via email to [practice@ncbon.com](mailto:practice@ncbon.com) so someone on the waiting list can attend.

## Available Online

### Legal Scope of Practice Online Course (1.5 CHs)

The purpose of this offering is to provide information and clarification of the components of the legal scope of practice for licensed nurses (RN and LPN) practicing in North Carolina.

### Just Culture in Nursing Regulation Booklet (1.0 CH)

The booklet provides an introduction to the basic principles of Just Culture and the use of these concepts in evaluating the reportability of untoward events to the Board using the NCBON Complaint Evaluation Tool (CET).



# NCBON Practice Consultant Presentation

NCBON Practice Consultants are available upon request to provide continuing education presentations regarding nursing practice. To request a Practice Consultant, 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 25 - 30 licensed nurses (APRN, RN or LPN) are required for presentations.

## Standard Presentation Offerings

**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 component of the RN and LPN scope of practice including nursing accountability for delegation of tasks to unlicensed assistive personnel. Potential violations are discussed.

**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. Discussion includes the role and responsibilities of the nurse for delegation to unlicensed assistive personnel.

**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.

**Nursing Regulation in NC (1 CH) - 1 hour** – Describes an overview of the NC Board of Nursing authority, composition, vision, function, activities, strategic initiatives, and resources.

**Introduction to Just Culture and NCBON Complaint Evaluation Tool (1.5 CHs) - 1.5 hours** – 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 audience is nursing leadership: director, administrator, manager, supervisor, etc.

**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 the NCBON, consultation with NCBON about practice errors and mandatory reporting. Suggested for leadership familiar and unfamiliar with Just Culture.

**Overview of Nursing Practice Act (NPA) Violations and Investigations - (1.5 CHs) - 1.5 hours** – Provides information regarding the five common NPA violations reported to the Board of Nursing and the five common pieces of evidence gathered during an investigation.

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*Participants must attend the entire offering and submit a completed evaluation to earn contact hours. Verification of participation will be noted by signature on evaluation.*

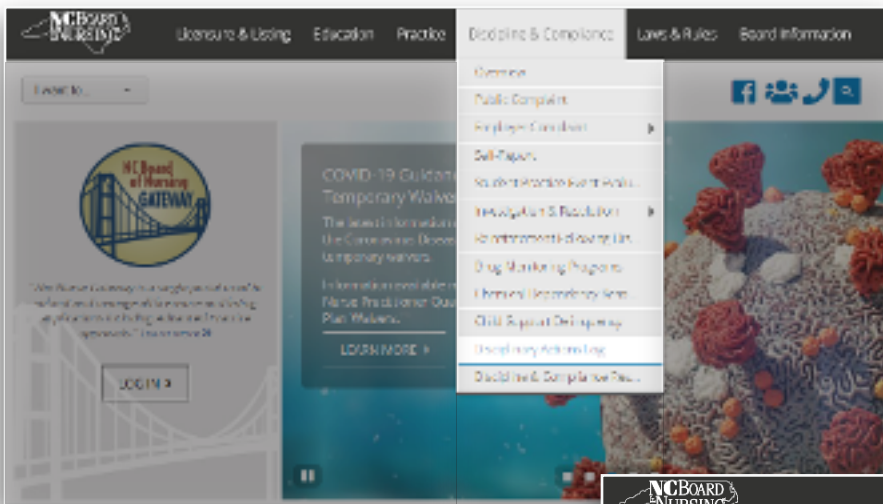
*The North Carolina Board of Nursing is approved as a provider of nursing continuing professional development by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.*



# Accessing Disciplinary Actions

The mission of the NCBON is to protect the public by regulating the practice of nursing. When the NCBON takes disciplinary action, the information is readily accessible on the NCBON website. In addition, the NCBON reports disciplinary actions to [NURSYS®](#), [National Practitioner Data Bank \(NPDB\)](#), and Office of the Inspector General (OIG).

The NCBON's electronic database serves as the primary source for licensure verification for Registered Nurses, Licensed Practical Nurses, Advanced Practice Registered Nurses, and Nurse Aide IIs in NC.



To conduct a license verification, click [here](#).

To review the continuously updated list of nurses who have received disciplinary action, go to [www.ncbon.com](http://www.ncbon.com), click on "Discipline and Compliance," and then "Discipline Actions Log" (click red box).

The Discipline Action Log will automatically list the last 100 disciplinary actions.

If there is a specific nurse or time frame you would like to search, enter the information in the search section at the top of the webpage. The publicly available documents associated with a nurse who has had disciplinary action are uploaded to the website.

Disciplinary Action Search

Action Date From:

Action Date To:

First Name:

Last Name:

License Number:

License Type:

DISCLAIMER: The Discipline Action Log cannot display Actions against Advanced Practice Licensees prior to 7/2017. Please send an email to [acarver@ncbon.com](mailto:acarver@ncbon.com) for more details.

Disciplinary Actions - Last 100

Name	License Number	License Type	City/State	Action Type	Action Date
		License			



The next issue of



The  
**Bulletin**

will be released in **June 2023**

What to expect...

- Information regarding 2023 Board Member Election
- New CE Opportunities

**"As a nurse we have the opportunity to heal the mind, soul, heart, and body of our patients. They may forget your name but they will never forget how you made them feel."**

**~Maya Angelou**