

**NORTH CAROLINA BOARD OF NURSING
REGULAR BOARD MEETING**

**May 20, 2016
MINUTES**

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| Time and Place of Meeting | A regular meeting of the North Carolina Board of Nursing was held at the North Carolina Board of Nursing office in Raleigh, North Carolina on May 20, 2016. Meeting convened at 9:00 a.m. |
| Presiding | Martha Ann Harrell, Public Member |
| Members Present | Pat Campbell, Public Member Frank DeMarco, RN Deborah Herring, RN Yolanda Hyde, RN Mary Jones, LPN Jennifer Kaylor, RN Sharon Moore, RN Bob Newsom, LPN Peggy Walters, RN Christina Weaver, RN Carol Wilson, LPN |
| Members Absent | Maggie Conklin, Public Member |
| Staff Present | Julia George, RN, Executive Director Anna Choi, General Counsel Linda Burhans, Associate Executive Director – Education/Practice Gayle Bellamy, Director of Finance Angela Ellis, Manager, Executive Office |
| Ethics Awareness and Conflict of Interest | Ethics Awareness and Conflict of Interest Statement was read. No conflicts were identified |
| Consent Agenda | The Consent Agenda be approved as presented. MOTION: That the Consent Agenda be approved as presented. Wilson/Passed. |
| Consent Agenda | The following items were accepted/approved by the adoption of the Consent Agenda: <ul style="list-style-type: none">• Minutes of September 25, 2015 (Board Meeting)• Minutes of September 24, 2015 (Administrative Hearing)• Minutes of December 3, 2015 (Administrative Hearing)• Minutes of February 25, 2016 (Administrative Hearing)• Board Governance Committee<ul style="list-style-type: none">(a) Summary of Activities (December and April 2016)(b) 2015 Board Assessment Action Plan Final Report (FYI) |

- (c) BOES Update (FYI)
- (d) Results of Semi-Annual Debriefing (FYI)
- Executive Director
 - (a) 2014-2017 Strategic Plan (FYI)
 - (b) 2015 Strategic Plan Roadmap Year End Report (FYI)
 - (c) Ratification of Mail Referendum for Education Programs and Appointment to Midwifery Committee
 - (d) Ratification of Mail Referendum for adoption of 21 NCAC 36 .0815 Reporting Criteria
- Education and Practice Committee
 - (a) Education Program Activity (Attachment A)
 - (b) 13th Annual Education Summit (FYI)
- Licensure Review Panels
 - (a) Licensure Review Panel Report (Attachment B)
- Hearing Committee
 - (a) Settlement Cases (Attachment C)
- Report on Non-Hearing Discipline, Investigation/Monitoring, Practice Matters (Attachment D)
 - (a) Administrative Actions on Non-Hearing Disciplinary Activities
 - (b) Administrative Actions on Non-Hearing Compliance Matters
 - (c) Administrative Actions on Non-Hearing Practice Matters
- Drug Monitoring Programs
 - (a) Program Statistics
- Joint Sub Committee
 - (a) NP Compliance Review
- Meetings/Conferences/Liaison Activities

Meeting Agenda The Meeting Agenda be adopted as presented.
MOTION: That the Meeting Agenda be adopted as presented.
 Jones/Passed.

Open Comment Period **Susan Delaney, ND, North Carolina Association of Naturopathic Physicians:** Requested the Board consider entering into an Operating Agreement with the North Carolina Association of Naturopathic Physicians to assist with professional registration (Attachment E).

Education & Practice

- Received and reviewed summary of activities from the Education and Practice Committee to include proposed revisions to Rules and Position Statements to be presented to the Board for approval.
- Received and reviewed proposed revisions to Education Rules as follows (Attachment F):
 - 21 NCAC 36 .0120 Definitions
MOTION: That the Board approve proposed revisions to 21 NCAC 36 .0120 Definitions as presented. Further, direct staff to proceed with the rulemaking process.
 Committee Recommendation/Passed.

- 21 NCAC 36 .0302 Establishment of a Nursing Program – Initial Approval
MOTION: That the Board approve proposed revisions to 21 NCAC 36 .0302 Establishment of a Nursing Program – Initial Approval as presented. Further, direct staff to proceed with the rulemaking process.
Committee Recommendation/Passed.
- 21 NCAC 36 .0303 Existing Nursing Program
MOTION: That the Board approve proposed revisions to 21 NCAC 36 .0303 Existing Nursing Program as presented. Further, direct staff to proceed with the rulemaking process.
Committee Recommendation/Passed.
- 21 NCAC 36 .0309 Process for Closure of a Program
MOTION: That the Board approve proposed revisions to 21 NCAC 36 .0309 Process for Closure of a Program as presented. Further, direct staff to proceed with the rulemaking process.
Committee Recommendation/Passed.
- 21 NCAC 36 .0317 Administration
MOTION: That the Board approve proposed revisions to 21 NCAC 36 .0317 Administration as presented. Further, direct staff to proceed with the rulemaking process.
Committee Recommendation/Passed.
- 21 NCAC 36 .0318 Faculty
MOTION: That the Board approve proposed revisions to 21 NCAC 36 .0318 Faculty as presented. Further, direct staff to proceed with the rulemaking process.
Committee Recommendation/Passed.
- 21 NCAC 36 .0320 Students
MOTION: That the Board approve proposed revisions to 21 NCAC 36 .0320 Students as presented. Further, direct staff to proceed with the rulemaking process.
Committee Recommendation/Passed.
- 21 NCAC 36 .0321 Curriculum
MOTION: That the Board approve proposed revisions to 21 NCAC 36 .0321 Curriculum as presented. Further, direct staff to proceed with the rulemaking process.
Committee Recommendation/Passed.
- 21 NCAC 36 .0322 Facilities
MOTION: That the Board approve proposed revisions to 21 NCAC 36 .0322 Facilities as presented. Further, direct staff to proceed with the rulemaking process.
Committee Recommendation/Passed.
- 21 NCAC 36 .0323 Records and Reports
MOTION: That the Board approve proposed revisions to 21 NCAC 36 .0323 Records and Reports as presented. Further, direct staff to proceed with the rulemaking process.
Committee Recommendation/Passed.

- Received and reviewed proposed revisions to Position Statement on Distance Education (Attachment G).
MOTION: That the Board approve the Distance Education Position Statement as presented.
Committee Recommendation/Passed.
- Received and reviewed proposed revisions to Position Statement on Use of External Standardized Examinations in Nursing Education Programs which was revised in conjunction with proposed revisions to 21 NCAC 36 .0321(p) above. Legal Counsel advised the Board to delay approval of the revised Position Statement until rulemaking for 21 NCAC 36 .0321 is complete. After discussion, the Education/Practice Committee Chair withdrew the motion to approve revisions to the Position Statement at this time.
- Received and reviewed proposed new Position Statement on Telehealth/Telenursing (Attachment H).
MOTION: That the Board approve new Position Statement on Telehealth/Telenursing as presented
Weaver/Passed.
- Received and reviewed proposed revisions to Position Statement on Complementary Therapies (Attachment I).
MOTION: That the Board approved revised Position Statement on Complementary Therapies as presented
Moore/Passed.
- Received and reviewed proposed revisions to Position Statement on Staffing and Patient/Client Safety (Attachment J).
MOTION: That the Board approve revisions to Position Statement on Staffing and Patient/Client Safety as presented.
Kaylor/Passed.
- Received and reviewed Education Consultant's report regarding initial approval for Accelerated Bachelor of Science in Nursing Program for Northeastern University. Nancy Hanrahan, PhD, RN, FAAN, Dean & Professor, School of Nursing and Associate Dean, Bouve College of Health Sciences was in attendance.
MOTION: That the Board grant Northeastern University initial approval for an Accelerated Bachelor of Science in Nursing program and approval for a maximum total enrollment for 192 students beginning August 2016.
- Received and reviewed Education Consultant's report regarding AAS program approval status for ECPI University – Charlotte. Monica Pfeiffer, RN, MSN, Program Director was in attendance.
MOTION: That the Board find the AAS program at ECPI University – Charlotte in compliance with Law and Rules, removed from Initial Approval Status, assigned Full Approval Status and be resurveyed in eight years.
Walters/Passed.
- Received and reviewed 1st Quarter NCLEX Pass Rates (Attachment K).
- Received and reviewed Education Trend Report (Attachment L).

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- Executive Director Received updates as follows:
- Provided update on House and Senate Bills for modernization of the Nursing Practice Act. Enhanced Nurse Licensure Compact will be introduced as separate legislation in 2017.
 - Provided update on candidates in the 2016 Election of Nurse Members.
 - Provided update on National Council State Board of Nursing's environmental scan specifically related to shortage of nurses in geographic regions.
 - Received and reviewed 2016 Strategic Plan Roadmap (Attachment M).
MOTION: That the Board approve the 2016 Strategic Plan Roadmap as presented.
Wilson/Passed.
 - Received and reviewed Performance Measures Scorecard outlining trend data for the calendar year 2015.
 - Provided update from the NC Department of Health and Human Services Prescription Drug Abuse Advisory Committee.
- Board Governance Committee
- Received and reviewed proposed Board Assessment Action Plan for 2016 (Attachment N).
MOTION: That the Board approved the Board Assessment Action Plan for 2016 as presented.
Committee Recommendation/Passed.
 - Received and reviewed proposed revisions to Policy B2 Officers of the Board (Attachment O).
MOTION: That the Board approve revisions to Policy B2 Officers of the Board as presented.
Committee Recommendation/Passed.
 - Received and reviewed proposed revisions to Policy B6 Conference Attendance (Attachment P).
MOTION: That the Board approve revisions to Policy B6 Conference Attendance as presented
Committee Recommendation/Passed.
 - Received and reviewed proposed revisions to Candidate Biographical Questions (Attachment Q).
MOTION: That the Board approve revisions to the Candidate Biographical Questions as presented.
Committee Recommendation/Passed.
 - Received and reviewed proposed revisions to the Board Assessment Tool (Attachment R).
MOTION: That the Board approve revisions to the Board Assessment Tool as presented
Committee Recommendation/Passed.
- Drug Monitoring Programs
- Received and reviewed proposal related to pre-employment drug screens. The proposal modifies the Board's response to positive, failed pre-employment drug screens.

- **MOTION:** That the Board approve exclusion of licensees identified through positive, failed pre-employment drug screens for enrollment in the Board's Intervention Program.
DeMarco/Passed.

Election of
Nominating
Committee

Conducted election for the Nominating Committee.

- MOTION:** That the following Board members be elected to the Nominating Committee: Yolanda Hyde, RN; Bob Newsom, LPN; and, Christina Weaver, RN.
Jones/Passed.

Finance Committee

- Received and reviewed Summary of Activities to include 1st and 3rd Quarter Financials and review of investments as presented by Joe Bryan with Wells Fargo Advisors
- Received and reviewed Audit Report for year ending June 30, 2015 as presented by Jennilee M. Richardson, CPA Manager, Bernard Robinson & Company, LLP. The result of the audit was an unqualified ("clean") opinion as to the fairness, in all material respects, of the reporting of the financial position of the Board of Nursing in conformity with accounting principles generally accepted in the USA. There were no management letter comments from the auditors.

MOTION: That the Board accept the Audit report as presented.
Committee Recommendation/Passed

- Received and reviewed fiscal planning and budget for FY 16/17. The budget reflects continuation of current activities.
MOTION: That the Board approve the proposed budget for the fiscal year July 1, 2016 through June 30, 2017.
Committee Recommendation/Passed.
- Received and reviewed request for designation of funds for Legal Defense, Educational Assistance and Fixed Asset Replacement (Building Reserve).
MOTION: That the Board approve designation of \$576,692 of unrestricted net assets for Legal Defense, Educational Assistance and Fixed Asset Replacement (Building Reserve)
Committee Recommendation/Passed.
- Received and reviewed proposed revisions to Policy F7 Cash Management (Attachment S).
MOTION: That the Board approve revisions to Policy F7 Cash Management as presented.
Committee Recommendation/Passed.

Other Business

- Education/Practice Committee Charge for 2016:
Received request for consideration of Committee charge for Education/Practice for 2016. Members discussed the growing concern of workplace violence related to both nurses and patients. Requested Education/Practice Committee explore workplace violence as it relates to patient safety, the Board's mission and

appropriate steps to identify/improve and possibly decrease potential violence for both patients and nurses.

MOTION: That the Board approve charge for Education/Practice Committee for 2016 as outlined above.
Walters/Passed.

- Amendment to 21 NCAC 36 .0303 Existing Nursing Program:
Staff requested the Board amend its previous approval of 21 NCAC 36 .0303 Existing Nursing Program to include revisions to (3) as outlined below:

(3) If the Board finds the program is not in compliance with the rules in this Section by the date specified in Part (c)(1)(B) of this Rule, ~~the Board shall withdraw approval constituting closure consistent with 21 NCAC 36 .0309.~~ the program shall remain on Warning Status:

(A) a review by the Board shall be conducted during that time;

(B) following review, the Board may continue the program on Warning Status; or

(C) the Board may withdraw approval constituting closure consistent with 21NCAC 36 .0309.

MOTION: That the Board approve additional revision to 21 NCAC 36 .0303 Existing Nursing Program as presented and direct staff to proceed with the rulemaking process.

Walters/Passed.

Legal Matters

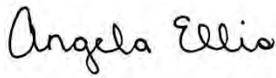
Received and discussed pending legislation related to Occupational Licensing Boards, continuing education for controlled substance abuse and sales and use tax exemption. In addition, discussed Federation of Associations of Regulatory Boards Model for Identifying and Addressing Antitrust Issues as well as HB2.

Adjournment

MOTION: 2:35 pm Meeting be adjourned.
Moore/Passed.

Minutes respectfully submitted by:

5/23/2016
Date Submitted



Angela Ellis, Manager, Executive Office

9/23/16
Date Approved



Julia L. George, RN, MSN, FRE
Executive Director

ATTACHMENT A

**EDUCATION PROGRAM ACTIVITY
May 2016**

Ratification of Full Approval Status:

- Gardner Webb, Boiling Springs – BSN
- Mitchell Community College, Statesville – ADN

Ratification to Approve the Following Expansion in Enrollment

- Asheville-Buncombe Technical Community College – ADN, increase of 47 for a total 280 beginning August 1, 2016
- Fayetteville State University, Fayetteville – BSN, increase of 20 for a total of 120 beginning August 1, 2016
- ECPI, Greensboro – PN, increase of 20 for a total of 140 beginning June 6, 2016

ACEN Notification of Commission Action – Fall 2015 Cycle

Continuing Accreditation:

- Gardner-Webb University (Master's) Boiling Springs, NC
- Mitchell Community College, Statesville – AND

Continuing Accreditation – Remove Conditions Status:

- Davidson County Community College, Lexington – AND

Affirm Continuing Accreditation:

- Wingate University, Wingate – BSN

Substantive Change Actions:

- Catawba Valley Community College, Hickory – ADN

ATTACHMENT B**The Licensure Review Panel met on December 10, 2015 and submits the following report regarding actions taken:**

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| Reviewed five (2) candidates for reinstatement | <ul style="list-style-type: none">• Wayne Kempton, LPN# 67603: Reinstate license with probation for twelve (12) months. ACCEPTED• Evongela Daniels, LPN# 73157: Reinstate license with probation and drug screening twelve (12) months ACCEPTED |
| Reviewed one (1) candidate requesting extension for completion of probationary conditions | <ul style="list-style-type: none">• Margaret Banks-Moore, RN# 111889: Extension for abeyance has been granted; in addition was referred for a fitness for duty evaluation to evaluate cognitive functioning and mental health. ACCEPTED |
| Reviewed one (1) candidate for endorsement | <ul style="list-style-type: none">• Elida Brown-Towne, RN: Endorse, same conditions as NH Settlement Agreement w/ course ACCEPTED |

The Licensure Review Panel met on January 14, 2016 and submits the following report regarding actions taken:

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| Reviewed five (5) candidates for reinstatement | <ul style="list-style-type: none">• Rhys Ziegler, RN# 226504: Licensee denied reinstatement at this time; licensee shall obtain an evaluation regarding fitness to practice nursing from a Board approved neuropsychologist. If found to be fit to practice nursing by neuropsychologist, a probationary license will be issued for twelve (12) months. ACCEPTED• Catherine Simmons Norman, RN# 140964: Licensee required to complete Refresher Course and to then enter Chemical Dependency Discipline Program. ACCEPTED• Lynne McGee Ingle, RN# 82773: License will be reinstated and issued a probationary license for twelve (12) months ACCEPTED• Jimi Deaver Howard, RN# 130755: Licensee required to enter the Chemical Dependency Discipline Program. ACCEPTED• Jewell Faye Irick, RN# 245302: License will be reinstated and issued a probationary license for twelve (12) months. Required to successfully complete and show evidence of successful completion of a Board approved "Ethics of Nursing Practice" course. ACCEPTED |
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The Licensure Review Panel met on February 11, 2016 and submits the following report regarding actions taken:

Reviewed two (2) candidates for reinstatement

- Barbara Jewel Cannon (Brown), RN# 127277: License reinstated with conditions for twelve (12) months - drug screening.
ACCEPTED
- Suzann Brown Spry, RN# 117212: Licensee shall successfully complete a Board approved RN Refresher Course. Additionally, licensee shall continue to drug screen, remain abstinent from alcohol and drugs that are not prescribed to her and follow all recommendations of the Addictionologist evaluation. After successful completion of the RN Refresher Course, license will be reinstated with conditions for twelve (12) months.
DECLINED

Reviewed one (2) candidates for initial licensure

- Tracey Burnette- Edwards, LPN Endorsement Applicant: Applicant required to submit a copy of the Certificate of Completion for the online course: "Righting a Wrong: Ethics and Professionalism in Nursing"; upon completion of course and Board's application process for reinstatement, Applicant will be issued a license without conditions
ACCEPTED
- Briana K Hardin, LPN NCLEX Applicant: Issuance of an unencumbered license

ATTACHMENT C

The Hearing Committee met on October 29, 2015 and reviewed two (2) Settlement Cases. No disciplinary actions were taken.

The Hearing Committee met on January 20, 2016 and reviewed six (6) Settlement Cases. Disciplinary action was taken on three (3) licensees as follows:

- Victoria Bennett, LPN – [failure to maintain accurate records] Licensee offered probationary license for twelve (12) months and must successfully complete two remedial courses - ACCEPTED
- Donna Ellis, RN - [positive urine drug screen] License suspended for twelve months - ACCEPTED
- Larissa Reaves, RN – [impaired on duty/diversion of cs] Licensee offered probationary license w/drug screening for twelve (12) months- DECLINED

ATTACHMENT D

TOOK THE FOLLOWING ACTIONS REGARDING NON-HEARING ACTIVITIES
BY THE ADOPTION OF THE CONSENT AGENDARatified Absolutions as follows:

Aneta Sewastianowicz, RN (Cary)

Karen Ullman, RN (Cary)

Ratified Issuance of Reprimands as follows:

Theresa Smith Alt, RN (Indian Trail) – action in another jurisdiction

Robert Brian Avery, RN (Robersonville) – action in another jurisdiction

Tuajuana Annette Durbin, RN (Winston Salem) – theft; patient property

Natasha Renee Evans, LPN (Durham) – court conviction; criminal charges-convictions

Grace Michelle Gobourne, RN (El Dorado Hills, CA) – fraud; falsification of application seeking licensure

Kathleen Sue Keating, RN (Schenectady, NY) – action in another jurisdiction

Stacie Varnell Reason, RN (Farmville) – documentation errors; failure to maintain an accurate medical record

Kimberly Taylor Sherrill, RN (Taylorsville) – court conviction; criminal charges-convictions-Nolo Contendere Plea

Timothy Quay Steele, RN (Cameron) – fraud; falsification of application seeking licensure

Ratified Issuance of Reprimand with conditions as follows:

Gwenn Johnston Adams, LPN (Millers Creek) – unsafe practice; medication/treatment/care errors

Misty Renea Cheesman, RN (Winston Salem) – action in another jurisdiction

Kimberly Gillis Creed, LPN (Lexington) – documentation errors; falsification of medical records

Jeanine B. Fogarty, RN (Clayton) – failure to maintain licensure; practicing without a license

Karl Ashley Hardee, RN (Greenville) – neglect; sleeping on duty

Lauren Elizabeth Isgett, RN (Durham) – breach of patient confidentiality

Valerie F. Jordan, LPN (Charlotte) – neglect; failure to initiate CPR

Kathryn Louise Lowe, LPN (Lexington) – inappropriate interaction with client (abuse); physical

Nolita Jones Lundy, LPN (Roanoke Rapids) – documentation errors; falsification of medical records

Melinda Lee Marsh, RN (Rutherfordton) – documentation errors; falsification of medical records

Wendy Ganey Miller, LPN (Delco) – failure to maintain licensure; practicing without a license

Clarice Yvonne Moore, LPN (Dunn) – withholding crucial health care information

Amanda Kier Nichols, RN (Charlotte) – failure to maintain licensure; practicing without a license

Suzanne Marie Norris, LPN (Jacksonville) – action in another jurisdiction

Michael Ostuni, RN (Elmont, NY) – action in another jurisdiction

Kimberly Queen, Compact RN VA (Mount Holly) – fraud; falsification of medical records

Buzz Eugene Richards, RN (High Point) – neglect; failure to make home visits

Elva Denise Silvers, RN (Marion) – impaired on duty; drugs

Corinna Lynn Walker, RN (Knightdale) – documentation errors; falsification of medical records

Ratified Issuance of Probation with conditions as follows:

Victoria Liane Freeman, LPN (Oxford) – documentation errors; failure to maintain an accurate medical record

Ratified Probation with Drug Screening:

Matthew John Fairclough, RN (Hendersonville) – documentation errors; failure to maintain an accurate medical record

Alisyn Marie Karwoski, RN (Hampstead) – documentation errors; failure to maintain an accurate medical record

Rebekah Nichole Murray, RN (Kenly) – impaired on duty; drugs

Ratified Suspension of Probationary License as follows:CDDP:

Karen B. Allen, RN (Myrtle Beach, SC) – requested to withdraw
Karen Marie Ambrose, RN (Bassett, VA) – requested to withdraw
Anissa Aycock, LPN (Rocky Mount) – positive drug screen
Laurie Ann Bathurst, RN (Latta, SC) – failed to begin treatment
Christine Carver Davis, RN (Leland) – failed to comply with drug screening and treatment requirements
Billeena Michele Floyd, RN (Canton) – positive drug screen
Donna Greene, RN (Charlotte) – failed to screen
Madie Morgan Harris, LPN (Havelock) – failed to submit treatment information
Debra Jo Bowling Krozser, RN (Supply) – positive drug screen
Stacy Mowery, RN (Hampstead) – failed to complete withdrawal
Vincent John Szwarc, RN (Winston Salem) – failed to comply with drug screening requirements
Adam Tadlock, RN (Roxboro) – positive drug screen
Kelly Weed Thomas, RN (Winston Salem) – positive drug screen
Christina Tomlinson, RN (Kenly) failed to comply with drug screening requirements
William Shane Ward, RN (Thomasville) – positive drug screen

Illicit Drug and Alcohol/Intervention Program:

Cassidy Ann Clauson, RN (New Bern) – failed to comply with drug screening requirements
Sarah Melissa Hersey, RN (Wadesboro) – failed to comply with drug screening requirements
Barbara Jean Singletary, RN (Clinton) – positive screen
Deborah Kathleen Caskey Slamon, RN (Winston Salem) – positive drug screen

Probationary License – Drug Screening:

Kimberly Asby, LPN (Fountain) – failed to begin drug screening
Jeremy Francis Gomes, RN (Charlotte) – failure to report criminal charges
Jessica Diane Royals-Giles, RN (Fuquay-Varina) – requested to withdraw
Staci Daughrity Vaughan, LPN (Roxboro) – requested to withdraw

Ratified acceptance of Voluntary Surrender for failure to comply with Alternative Program as follows:

Sara Prout Alain, RN (Morrisville) – positive drug screen, failure to report relapse
Lynda Johnson Barham, RN (Wilmington) – failed to comply with drug screening requirements
Richard Bazik, RN (Goldsboro) – requested to withdraw
Jennifer Dianne Harvell, RN (Linden) – failed to maintain abstinence and comply with drug screening requirements
Laura Collins Inman, LPN (Raleigh) – requested to withdraw
Kimberly Dawn Kenney, RN (Winston Salem) – worked outside of the 1 year employment conditions
Mona Lisa Kronner, RN (Littleton) – failure to report relapse, positive drug screen
Christen Lauryl McCurrach, RN (Concord) – failure to enter treatment as required
Meaghan Lara Salz, RN (Apex) – failure to report relapse, positive drug screen
Carrie Annette Spicer, RN (Candler) – failure to report relapse, submission of forged RX ID forms
Kimberly Larson Turnage, RN (Durham) – failed to maintain abstinence and report relapse as required

Ratified Suspension as follows:

Barbara Frady Allen, RN (Waynesville) – documentation errors; failure to maintain accurate medical record
Margaret Grace Annand, RN (Hendersonville) – diversion of drugs; controlled substances
Suzanne Patricia Bauer, RN (Stallings) – diversion of drugs; controlled substances
Ricardo Damian Bell, RN (Raleigh) – court conviction; criminal charges
Karen Elaine Caulfield, LPN (Pawcatuck, CT) – impaired on duty; alcohol
Sandra Gruver Corbett, RN (Leland) – action in another jurisdiction
Jennifer Crossen, RN (Newport) – documentation errors; failure to maintain an accurate medical record
Marie Claudette Joseph, LPN (Raleigh) – violating conditions imposed by the Board

Melissa Ann Miller, LPN (Murphy) – action in another jurisdiction
Kierra Sharae Roberson, LPN (Bethel) – violating conditions imposed by the Board
Heather Sander, RN (Sneads Ferry) – action in another jurisdiction
Brittany Elise Sechriest, RN (Thomasville) – diversion of drugs; controlled substances
Teresa Towery Smith, RN (Morganton) – neglect; failure to make home visits
Terica Cagle Stone, Compact RN (Pamplico, SC) – diversion of drugs; controlled substances
Karen Gerese Yorione, LPN (Fayetteville) – child support noncompliance

Ratified Suspension with Conditions as follows:

Susan Pearl Akers, RN (Hendersonville) – neglect; failure to administer prescribed medications
June Patricia Sellitti, LPN (Washington) – neglect; failure to assess/evaluate

Ratified Completion of Probation as follows:

Rita Marie Askew, RN (Greensboro)
Margaret Williams Bensinger, RN (Wilson)
Teresa Bostic, LPN (Aberdeen)
Judy Bullis, RN (Gastonia)
Berrie Bunn, LPN (Rocky Mount)
Omar Daniel, RN (Candler)
Martha Endicott, RN (Raleigh)
Amanda Marie Herring, RN (Raleigh)
Amber Leigh Jackson, RN (Jonesville)
Teresa McSwain, RN (Shelby)
Theresa Ann Must, RN (Cary)
John Andrew O'Dell, RN (Raleigh)
Danielle Pennell, RN (Taylorsville)
Norma Pigford, RN (Raleigh)
Shelly R. Smith, RN (Charlotte)
Tina Williams, LPN (Roanoke Rapids)
Heather Tye, RN (Charlotte)

ATTACHMENT E

Naturopathic Registration with the NC Board of Nursing

My name is Dr. Susan DeLaney and I am a Naturopathic Doctor practicing in Carrboro, North Carolina for 29 years. Prior to my education and training as a Naturopathic doctor, I studied nursing at the UNC School of Nursing, graduating with the class of 1975. I worked for 8 years in various clinical setting including the UNC Bum Unit, Intensive care and various medical units in several states.

I have included a handout with more in depth information about our profession, but I want to describe briefly who we are and what we do. In one sentence we are "primary care doctors whom specialize in natural therapies." We are trained in one of the 5 accredited schools in the country or of the 2 in Canada. We are graduates of four-year in-residence naturopathic medical schools which are nationally and regionally accredited by the U.S. Department of Education, the Council for Naturopathic Medical Education and the Council for Higher Education Accreditation* and upon graduation we are awarded the degree Doctor of Naturopathic Medicine.

Our 4 years of didactic and clinical training include similar curriculum to that of conventional medical schools studying anatomy, physiology, pathology, immunology, etc. But our therapeutic focus emphasizes clinical nutrition, homeopathic therapeutics, botanical medicine, psychology, physical medicine and counseling. A comparison of the curriculum to UNC Medical School to Bastyr University shows that our educational courses are similar and comparable in hours. Our clinical training hours are similar as well. Naturopathic doctors focus on prevention and optimizing wellness in each individual. Education and engagement of each person in the healing process is essential to their success.

What does a family doctor do who practices natural medicine? Our practices look very much like that of a family medical doctor or a nurse practitioner. We see patients of all ages who present with a wide variety of health concerns...headaches, anxiety, depression, colitis, diabetes, cardiovascular disease, cancer, the common gamut of what walks in the door of each of these providers. They come seeking care often because the standard medical approach has not met their needs or because they simply prefer natural therapies over pharmaceutical therapies. Patients come to us for many reasons. It is absolutely essential that the people of North Carolina have this option in their healthcare and that it is a safe option provided by Naturopathic doctors with adequate medical training and board certification.

So why am I here?

I have come here to start a conversation with the North Carolina Board of Nursing about the possibility of becoming registered as a profession under your Board. I know it is a novel idea and one that is out of the usual realm of thinking for most of us in this room. But here is a bit of background. We have been working in the legislature for the last 16 years in an attempt to become licensed healthcare providers in North Carolina. There are currently 17 states, the District of Columbia and 2 U.S. territories where naturopathic doctors are licensed or registered to practice. We made good progress last year with SB118 and HB913. We have solid support among

lawmakers. However, our problem is that there is currently a strong trend in the legislature to not allow any new licensing boards in North Carolina and to even eliminate some of the current ones, including the podiatrists and acupuncturists.

We feel that regulation of our profession in North Carolina is important due to the fact that there are an estimated 90-100 people in our state that only have taken on-line courses for 6-12 months and have no clinical training, yet they practice using the title Naturopathic doctor. In the past they have registered with the Secretary of State and have claimed to be a legitimate licensing Board for the state. There have been 2 deaths that we know of, one a 9-year-old child with Type 1 diabetes who was taken off of her insulin by this untrained ND. The Medical Board and Medical Society are aware of this situation in the state but refuse to allow regulation to move forward in the legislature. In another case, the family who filed a formal complaint to the NC Medical Board due to the death of a 45-year-old family member under the care of an individual claiming to be a Naturopathic Doctor was told that they had no ability to prosecute this case or even investigate it. Let me be clear, neither of the individuals involved in these deaths would be eligible for licensure or registration in any state or territory that regulates the practice of naturopathic medicine. However, they get away with doing harm in our state because Naturopathic Medicine is unregulated. For us this is an issue of public safety where the general public is being deceived that these people are trained doctors. Setting up educational standards, requiring licensure in another state and providing continuing education will all be requirements to become registered in North Carolina.

Our goal in our current legislative session is to amend our bill wording to shift our focus from licensure to registration, and a committee substitute is currently being drafted from our proposed SB118 amendments. You have a copy of that in your packet of information.

Our hope is that this shift will finally allow 16 years of hard work to come to fruition, allowing North Carolinians a wider variety of choices in safe, effective healthcare and improving public safety. To do this, we need your help. As a registered profession, we need to fall under an established board of health care. We are seeking out the Board of Nursing for our registration due to your excellent reputation in the state. We also feel that we share many similarities with the Family Nurse Practitioners and Advanced Registered Nurse Practitioners who do primary care and family medicine. In our communities we have found that they, like Naturopathic doctors also serve as the front line health care providers for people seeking medical care, but who want a more patient-centered, natural and complementary approach. Indeed, we already have very good referral relationships with many of your Nurse Practitioners. We know that we work well together.

Our goal is not to make the Board of Nursing as our permanent home but for us to find a place where we can begin to establish ourselves in the state, to begin the process of regulation in North Carolina and develop a set of skills that will serve us well if we are able to become an independent board or perhaps fall under a new combined Board after the licensing board issues are worked out in the state. You might call it getting our "training wheels" to launch in a professional manner. Ultimately within the next five years, we hope to become part of a larger Board known as the Complementary Board of Health Care. There are several models for this around the country. Maine has such a board which regulates the midwives, naturopathic doctors and acupuncturists. We envision helping to create such a board in North Carolina which will bring these providers together under one roof, reducing costs and providing a more cohesive and powerful voice for health care in our state.

It is not such a totally new model as I understand that the Board of Nursing currently has an Operating Agreement with the Mid-wifery Joint Committee and provides assistance in regulation and organization for that group of providers. In addition, the Physical Therapists purchases services from your Board that assists them in regulation of their own providers. It seems that the Nursing Board has much to offer in the health care field.

If we were to enter into an agreement for registration under your Board we would be recognized by the state of North Carolina with new legislation with statutes that would regulate and legally establish our profession in the state. The legislation would include a Council, similar to a board, which would work in collaboration with your board to register and regulate approximately 50 Naturopathic Doctors currently practicing in North Carolina. Like the Mid-wifery Joint Committee we would enter into an operating agreement with your Board and pay a percentage of our licensing fees for your assistance in this endeavor.

This opportunity to work together with this board may create an expanded vision for what health care might become in the years to come. We are a growing profession and the medical marketplace is changing rapidly. People are seeking more options for the health care treatment. Integrative Medicine brings multiple disciplines together for the benefit of the patient and public health. It is the future of medicine. Together we can be leaders in that future. I can tell you from personal experience that in practice, I frequently collaborate with specialists, family nurse practitioners, and physical therapists. People love it when that happens, as they feel when we talk to one another that they become more important than any one approach to medicine.

We see this collaboration as so important that in our bill we have established an Advisory Committee to our Registration Board that will consist of 6 members, 2 MD's, 2ND's, a pharmacist and one advanced practice nurse to help us start the conversation among our professions, to help create a better understanding of each other and to find ways to improve health care across our state.

Naturopathic doctors also have much to share with nurses and nurse practitioners helping to expand your knowledge of natural health care. Imagine a future where together we help to shift our healthcare system to prioritize prevention of chronic disease and utilization of low-cost minimally invasive natural therapies. Imagine a future where we all work together across all disciplines for the common good. That future is standing before you.

In closing I do hope you will give this proposal serious consideration. Please review the documents that you have before you. Please feel free to contact me if you need any further information or have more questions. And please remember that time is of the essence. In this short session we would benefit greatly from being able to tell our bill sponsors and the Senate and House leadership ASAP that the Nursing Board is open to our proposal. Our greatest benefit would come from being able to define the "Board" as the North Carolina Board of Nursing in our amended committee substitute for SB118. Our goal is to achieve passage of SB118 and HB913 this session.

Thank you very much for your time and consideration.
Susan R. DeLaney, ND

ATTACHMENT F

21 NCAC 36 .0120 DEFINITIONS

The following definitions apply throughout this chapter unless the context indicates otherwise:

- (1) "Academic term" means one semester of a school year.
- (2) "Accountability/Responsibility" means being answerable for action or inaction of self, and of others in the context of delegation or assignment.
- (3) "Accredited institution" means an institution accredited by a United States Department of Education approved institutional accrediting body.
- (4) "Active Practice" means activities that are performed, either for compensation or without compensation, consistent with the scope of practice for each level of licensee as defined in G.S. 90-171.20(4), (7) and (8).
- (5) "Advanced Practice Registered Nurse (APRN)" means a nurse practitioner, nurse anesthetist, nurse-midwife or clinical nurse specialist.
- (6) "Assigning" means designating responsibility for implementation of a specific activity or set of activities to a person licensed and competent to perform such activities.
- (7) "Clinical experience" means application of nursing knowledge in demonstrating clinical ~~judgment.~~
judgment in a current or evolving practice setting where the student provides care to clients under the guidance of an instructor or preceptor.
- (8) "Clinical judgment" means the application of the nursing student's knowledge, skills, abilities and experience in making decisions about client care.
- (9) "Competent" means having the knowledge, skills and ability to safely perform an activity or role.
- (10) "Continuing Competence" means the on-going acquisition and application of knowledge and the decision-making, psychomotor, and interpersonal skills expected of the licensed nurse resulting in nursing care that contributes to the health and welfare of clients served.
- (11) "Contact Hour" means 60 minutes of an organized learning experience.
- (12) "Continuing Education Activity" means a planned, organized learning experience that is related to the practice of nursing or contributes to the competency of the nurse as defined in 21 NCAC 36 .0223 Subparagraph (a)(2).
- (13) "Controlling institution" means the degree-granting organization or hospital under which the nursing education program is operating.
- (14) "Curriculum" means an organized system of teaching and learning activities directed toward the achievement of specified learning objectives/outcomes.
- (15) "Delegation" means transferring to a competent individual the authority to perform a selected nursing activity in a selected situation. The nurse retains accountability for the delegation.
- (16) "Debriefing" means an activity that follows a clinical or simulated experience and is led by a trained faculty facilitator. Students' reflective thinking is encouraged, and feedback is provided regarding the students' performance while various aspects of the completed experiences are discussed.

- ~~(16)~~(17) "Dimensions of Practice" means those aspects of nursing practice that include professional responsibility, knowledge-based practice, legal/ethical practice and collaborating with others, consistent with G.S. 90-171.20(4), (7) and (8).
- ~~(17)~~(18) "Distance education" means the teaching and learning strategies used to meet the learning needs of students, when the students and faculty are separate from each other.
- (19) "External standardized examinations" means a commercially available standardized predictive test that provides individual student scores that are linked to a probability of passing the NCLEX™ examination.
- ~~(18)~~(20) "Faculty directed clinical practice" means the responsibility of nursing program faculty in overseeing student clinical learning including the utilization of preceptors.
- ~~(19)~~(21) "Focused client care experience" means a clinical experience that ~~simulates~~ emulates an entry-level work experience. The intent is to assist the student to transition to an entry-level practice. There is no specific setting requirement. Supervision may be by faculty and preceptor dyad or direct faculty supervision.
- ~~(20)~~(22) "Interdisciplinary faculty" means faculty from professions other than nursing.
- ~~(24)~~(23) "Interdisciplinary team" means all individuals involved in providing a client's care who cooperate, collaborate, communicate and integrate care to ensure that care is continuous and reliable.
- (24) "Learning resources" means a variety of instrumental materials that faculty use to assist students to meet the expectations for learning defined by the curriculum.
- ~~(22)~~(25) "Level of Licensure" means practice of nursing by either a Licensed Practice Nurse or a Registered Nurse as defined in G.S. 90-171.20(7) and (8).
- ~~(23)~~(26) "Level of student" means the point in the program to which the student has progressed.
- ~~(24)~~(27) "Maximum enrollment" means the total number of pre-licensure students that can be enrolled in the nursing program at any one time. The number reflects the capacity of the nursing program based on demonstrated resources sufficient to implement the curriculum.
- ~~(25)~~(28) "Methods of Instruction" means the planned process through which teacher and student interact with selected environment and content so that the response of the student gives evidence that learning has taken place. It is based upon stated course objectives and outcomes for learning experiences in classroom, ~~laboratory~~ laboratory, simulation and clinical settings.
- ~~(26)~~(29) "National Credentialing Body" means a credentialing body that offers certification or re-certification in the licensed nurse's or Advanced Practice Registered Nurse's specialty area of practice.
- ~~(27)~~(30) "NCLEX-PN™" means the National Council Licensure Examinations for Practical Nurses.
- ~~(28)~~(31) "NCLEX-RN™" means the National Council Licensure Examinations for Registered Nurses.
- ~~(29)~~(32) "Nursing Accreditation body" means a national nursing accrediting body, recognized by the United States Department of Education.
- ~~(30)~~(33) "Nursing program faculty" means individuals employed full or part time by academic institution responsible for developing, implementing, evaluation and updating nursing curricula.
- ~~(31)~~(34) "Nursing project" means a project or research study of a topic related to nursing practice that includes a problem statement, objectives, methodology and summary of findings.

~~(32)~~(35) "Participating in" means to have a part in or contribute to the elements of the nursing process.

~~(33)~~(36) "Pattern of noncompliance" means episodes of recurring non-compliance with one or more Rules in Section .0300.

~~(34)~~(37) "Preceptor" means a registered nurse at or above the level of licensure that an assigned student is seeking, who may serve as a teacher, mentor, role model and supervisor for a faculty directed clinical experience.

~~(35)~~(38) "Prescribing Authority" means the legal permission granted by the Board of Nursing and Medical Board for the nurse practitioner and nurse midwife to procure and prescribe legend and controlled pharmacological agents and devices to a client in compliance with Board of Nursing rules and other applicable federal and state law and regulations.

~~(36)~~(39) "Program Closure" means to cease operation of a nursing program.

~~(37)~~(40) "Program Type" means a course of study that prepares an individual to function as an entry-level practitioner of nursing. The three program types are:

- (a) BSN - Curriculum components for Bachelor of Science in Nursing provides for the attainment of knowledge and skill sets in the current practice in nursing, nursing theory, nursing research, community and public health, health care policy, health care delivery and finance, communications, therapeutic interventions and current trends in health care. For this program type, the client is the individual, family, group, and community.
- (b) Associate Degree in Nursing (ADN)/Diploma in Registered Nursing - Curriculum components for the ADN/Diploma in Registered Nursing provides for the attainment of knowledge and skill sets in the current practice in nursing, community concepts, health care delivery, communications, therapeutic interventions and current trends in health care. For this program type, client is the individual, group of individuals, and family.
- (c) Practical Nurse Diploma - Curriculum prepares for functioning in a dependent role in providing direct nursing care under the direction of a registered nurse or other health care provider as defined by the Nursing Practice Act. Curriculum components provide for the attainment of knowledge and skill sets in the current practice of practical nursing, communications, therapeutic interventions, including pharmacology, growth and development and current trends in health care. For this program type client is the individual, or group of individuals.

~~(38)~~(41) "Review" means collecting and analyzing information to assess compliance with Section .0300 of this Chapter. Information may be collected by multiple methods including review of written reports and materials, on-site observations and review of documents or in person or telephone interview(s) and conference(s).

~~(39)~~(42) "Rescind Approval" means a Board action that removes the approval status previously granted.

~~(40)~~(43) "Self Assessment" means the process whereby the individual reviews her or his own nursing practice and identifies the knowledge and skills possessed, as well as those skills to be strengthened.

~~(44)~~ "Simulation" means a technique, not a technology, to replace or amplify clinical experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner.

~~(44)~~(45) "Specialty" means a broad, population-based focus of study encompassing the common health-related problems of that group of patients and the likely co-morbidities, interventions and responses to those problems.

~~(42)~~(46) "Supervision" means the provision of guidance or direction, evaluation and follow-up by the licensed nurse for accomplishment of an assigned or delegated nursing activity or set of activities.

~~(43)~~(47) "Survey" means an on-site visit for the purpose of gathering data in relation to reviewing nursing programs compliance with Section .0300 of this Chapter.

History Note: Authority G.S. 90-171.23; 90-171.38;

Eff. April 1, 2003;

Amended Eff. November 1, 2016; July 1, 2012; November 1, 2008; May 1, 2006; December 1, 2005; August 1, 2005.

21 NCAC 36 .0302 ESTABLISHMENT OF A NURSING PROGRAM - INITIAL APPROVAL

(a) At least six months prior to the proposed enrollment of students in a nursing program, an institution seeking approval to operate a nursing program shall employ a program director qualified pursuant to 21 NCAC 36 .0317(c) to develop the application documenting the following:

- (1) a narrative description of the organizational structure of the program and its relationship to the controlling institution, including accreditation status. The controlling institution must be an accredited institution;
- (2) a general overview of the proposed total curriculum that includes:
 - (A) program philosophy, purposes, and objectives;
 - (B) master plan of the curriculum, indicating the sequence for both nursing and non-nursing courses, as well as prerequisites and corequisites;
 - (C) course descriptions and course objectives for all courses; and
 - (D) course syllabi pursuant to 21 NCAC 36.0321(i) for all first-year nursing courses;
- (3) proposed student population;
- (4) projected student enrollment;
- (5) evidence of learning resources and clinical experiences available to implement and maintain the program;
- (6) financial resources adequate to begin and maintain program;
- (7) physical facilities adequate to house the program;
- (8) support services available to the program from the institution;
- (9) approval of the program by the governing body of the parent institution; and
- (10) a plan with a specified time frame for:
 - (A) availability of qualified faculty as specified in 21 NCAC 36 .0318;
 - (B) course syllabi as specified in 21 NCAC 36. 0321(h) of this Section for all nursing courses;
 - (C) student policies pursuant to 21 NCAC 36 .0320 of this Section for admission, progression, and graduation of students; and

- (D) total program evaluation pursuant to 21 NCAC 36 ~~.0317(e)~~.0317(d).
- (b) The application to establish a nursing program must be on a Board form, contain current and accurate information, be complete, and be signed by the program director and the chief executive officer of the controlling institution.
- (c) The completed application shall be received by the Board not less than ~~90~~ 120 days prior to a regular meeting of the Board to be considered for placement on the agenda of that meeting.
- (d) The Board shall conduct an on-site survey of the proposed program ~~and agencies~~ after the application meets all rule requirements and afford the petitioning institution an opportunity to respond to the survey.
- (e) The Board shall consider all evidence, including the application, the survey report, and ~~any testimony~~ comments from representatives of the petitioning ~~institution~~ institution, public comments, and the status of other nursing programs at the institution in determining approval status.
- (f) If the Board finds, from the evidence presented, that the resources and plans meet all ~~rules~~ rule requirements for establishing a new nursing program, the Board shall grant Initial Approval including a maximum enrollment and implementation date.
- (g) If the Board determines that a proposed program does not comply with all rules, initial approval shall be denied.
- (h) Failure of the controlling institution to submit documentation consistent with the time specified in the plan of Subparagraph (a)(10) of this Rule shall result in Initial Approval being rescinded.
- (i) Following the Initial Approval, if the first class of students are not enrolled in the program within one year, the approval shall be rescinded.
- (j) For 12 months following rescinded approval, the controlling institution shall not submit an application for establishing a nursing program.
- (k) A program may retain Initial Approval Status for the time necessary for full implementation of the curriculum.
- (l) Programs with Initial Approval shall be surveyed:
- (1) during the final term of curriculum implementation of the program; and
 - (2) when there is information that the program may not be complying with Section .0300.
- (m) If at any time it comes to the attention of the Board that a program on initial approval is not complying with Section .0300 of this Chapter, the program, upon written notification, shall:
- (1) correct the area of noncompliance and submit written evidence of correction to the Board; or
 - (2) submit and implement a plan for correction to the Board.
- (n) If the Board determines that the program does not comply with Paragraph (m) of this Rule, Initial Approval shall be rescinded.
- (o) If, following the survey during the final term for curriculum implementation, the Board finds that the program is complying with Section .0300 of this Chapter, the Board shall place the program on Full Approval status.
- (p) If, following the survey during the final term for curriculum implementation the Board finds that the program does not comply with the Section .0300 of this Chapter, the Board shall rescind Initial Approval and provide the program with written notice of the Board's decision.
- (q) Upon written request from the program submitted within 10 business days of the Board's written notice, the Board shall schedule a hearing within 30 business days from the date on which the request was received.

(r) Following the hearing and consideration of all evidence provided, the Board shall assign the program Full Approval status or shall enter an Order rescinding the Initial Approval status, which shall constitute closure of the program pursuant to 21 NCAC 36 .0309.

*History Note: Authority G.S. 90-171.23(b)(8); 90-171.38;
Eff. February 1, 1976;
Amended Eff. June 1, 1992; January 1, 1989; November 1, 1984; May 1, 1982;
Temporary Amendment Eff. October 11, 2001;
Amended Eff. November 1, 2016; January 1, 2009; December 1, 2005; August 1, 2002.*

21 NCAC 36 .0303 EXISTING NURSING PROGRAM

(a) All nursing programs under the authority of the Board may obtain national program accreditation by a nursing accreditation body as defined in 21 NCAC 36 .0120(29).

(b) Full Approval

- (1) The Board shall review approved programs at least every eight years as specified in G.S. 90-171.40. Reviews of individual programs shall be conducted at shorter intervals upon request from the individual institution or as considered necessary by the Board. National accreditation self study reports shall provide basis for review for accredited programs.
- (2) The Board shall send a written report of the review no more than 20 business days following the completion of the review process. Responses from a nursing education program regarding a review report or Board Warning Status as referenced in Paragraph (c) of this Rule shall be received in the Board office by the deadline date specified in the letter accompanying the report or notification of Warning Status. If no materials or documents are received by the specified deadline date, the Board shall act upon the findings in the review report and testimony of the Board staff.
- (3) If the Board determines that a program has complied with the rules in this Section, the program shall be continued on Full Approval status.
- (4) If the Board determines a pattern of noncompliance with one or more rules in this Section, a review shall be conducted. The program shall submit to the Board a plan of compliance to correct the identified pattern. Failure to comply with the correction plan shall result in withdrawal of approval, constituting closure, consistent with 21 NCAC 36 .0309.

(c) Warning Status

- (1) If the Board determines that a program is not complying with the rules in this Section, the Board shall assign the program Warning Status, and shall give written notice by certified mail to the program specifying:
 - (A) the areas in which there is noncompliance;
 - (B) the date of notice by which the program must comply. The maximum timeframe for compliance is two years; and
 - (C) the opportunity to schedule a hearing.

- (2) On or before the required date of compliance identified in this Paragraph, if the Board determines that the program is complying with the rules in this Section, the Board shall assign the program Full Approval Status.
- (3) If the Board finds the program is not in compliance with the rules in this Section by the date specified in Part (c)(1)(B) of this Rule, ~~the Board shall withdraw approval constituting closure consistent with 21 NCAC 36 .0309.~~ the program shall remain on Warning Status:
- (A) a review by the Board shall be conducted during that time;
- (B) following review, the Board may continue the program on Warning Status; or
- (C) the Board may withdraw approval constituting closure consistent with 21 NCAC 36 .0309.
- (4) Upon written request from the program, submitted within 10 business days of the Board's written notice of Warning Status, the Board shall schedule a hearing within 30 business days from the date on which the request was received.
- (5) When a hearing is held at the request of the program and the Board determines ~~that:~~
- (A) ~~the program is in compliance with the rules in this Section, the Board shall assign the program Full Approval status; or~~ Status.
- (B)(6) When a hearing is held at the request of the program and the Board determines that the program is not in compliance with the rules in this Section, the program shall remain on Warning Status. Status:
- (A) a review by the Board shall be conducted during that time.
- (B) following review, the Board may continue the program on Warning Status; or
- (C) the Board may withdraw approval constituting closure consistent with 21 NCAC 36 .0309.

NOTE: The Board recommends but does not require that all nursing programs under the authority of the Board pursue and maintain national nursing accreditation.

History Note: Authority G.S. 90-171.23(b); 90-171.38; 90-171.39; 90-171.40;
Eff. February 1, 1976;
Amended Eff. November 1, 2016; August 1, 2011; July 3, 2008; March 1, 2006; January 1, 2004; June 1, 1992; January 1, 1989.

21 NCAC 36 .0309 PROCESS FOR CLOSURE OF A PROGRAM

- (a) When the controlling institution makes the decision to close a nursing program, the Administration of the institution shall submit a written plan for the discontinuation of the program to the ~~Board.~~ Board and include reasons(s) for the closing of the program, date of intended closure, and a plan for students to complete this or another approved program.
- (b) When the Board closes a nursing program, the program director ~~shall develop and submit to the Board a plan, for discontinuation of the program including the transfer of students to approved programs. Closure shall take place after the transfer of students to approved programs.~~ shall, within 30 days, develop and submit a plan for discontinuation of the program for Board approval. The plan shall address transfer of students to approved programs
- (c) The controlling institution shall notify the Board of the arrangement for secure storage of permanent records. ~~and access to academic records and transcripts.~~

*History Note: Authority G.S. 90-171.38; 90-171.39; 90-171.40;
Eff. June 1, 1992;
Amended Eff. November 1, 2016; December 1, 2005.*

21 NCAC 36 .0317 ADMINISTRATION

- (a) The controlling institution of a nursing program shall provide those human, physical, technical, and financial resources and services essential to support program processes, outcomes, and maintain compliance with Section .0300 of this Chapter.
- (b) A full time registered nurse qualified pursuant to Paragraph (c) of this Rule shall have the authority for the direction of the nursing program. This authority shall encompass responsibilities for maintaining compliance with rules and other legal requirements in all areas of the program. The program director shall have non-teaching time sufficient to allow for program organization, administration, continuous review, planning, and development.
- (c) Program director in a program preparing for initial nurse licensure shall satisfy the following requirements:
- (1) hold a current ~~unrestricted~~ unrestricted license or multistate licensure privilege to practice as a registered nurse in North Carolina;
 - (2) have two years of full-time experience as a faculty member in a board approved nursing program;
 - (3) be experientially qualified to lead the program to accomplish the mission, goals, and expected program outcomes;
 - (4) hold either a baccalaureate in nursing or a graduate degree in nursing from an accredited institution. If newly employed on or after January 1, 2016, hold a graduate degree from an accredited institution. If newly employed on or after January 1, 2021, hold a graduate degree in nursing from an accredited institution;
 - (5) prior to or within the first three years of employment, have preparation in teaching and learning principles for adult education, including curriculum development, implementation, and evaluation, appropriate to assignment. This preparation may be demonstrated by one of the following:
 - (A) completion of 45 contact hours of Board approved continuing education courses;
 - (B) completion of a certificate program in nursing education;
 - (C) nine semester hours of graduate course work;
 - (D) national certification in nursing education; or
 - (E) documentation of successful completion of structured, individualized development activities of at least 45 contact hours approved by the Board. Criteria for approval include content in the faculty role within the curriculum implementation, objectives to be met and evaluated, review of strategies for identified student population and expectations of student and faculty performance;
 - (6) maintain competence in the areas of assigned responsibility; and
 - (7) have current knowledge of nursing practice for the registered nurse and the licensed practical nurse.

(d) The nursing education program shall implement, for quality improvement, a comprehensive program evaluation that shall include the following:

- (1) students' achievement of program outcomes;
- (2) evidence of program resources including fiscal, physical, human, clinical, and technical learning resources; student support services, and the availability of clinical sites and the viability of those sites adequate to meet the objectives of the program;
- (3) measures of program outcomes for graduates;
- (4) evidence that accurate program information for consumers is available;
- (5) evidence that the head of the academic institution and the administration support program outcomes;
- (6) evidence that program director and program faculty meet board qualifications and are sufficient in number to achieve program outcomes;
- (7) evidence that the academic institution assures security of student information;
- (8) evidence that collected evaluative data is utilized in implementing quality improvement activities; and
- (9) evidence of student participation in program planning, implementation, evaluation, and continuous improvement.

(e) The controlling institution and the nursing education program shall communicate information describing the nursing education program that is accurate, complete, consistent across mediums, and accessible by the public. The following shall be accessible to all applicants and students:

- (1) admission policies and practices;
- (2) policy on advanced placement, transfer of credits;
- (3) number of credits required for completion of the program;
- (4) tuition, fees, and other program costs;
- (5) policies and procedures for withdrawal, including refund of tuition or fees;
- (6) grievance procedure;
- (7) criteria for successful progression in the program including graduation requirements; and
- (8) policies for clinical performance.

History Note: Authority G.S. 90-171.23(b)(8); 90-171.38;

Eff. June 1, 1992;

Amended Eff. November 1, 2016; January 1, 2015; April 1, 2008; March 1, 2006.

21 NCAC 36 .0318 FACULTY

(a) Nursing program faculty shall include full-time and part-time faculty members. Part-time faculty shall participate in curriculum implementation and evaluation.

(b) Policies for nursing program faculty members shall be consistent with those for other faculty of the institution. Variations in these policies may be necessary due to the nature of the nursing curriculum.

(c) Fifty percent or more of the nursing faculty shall hold a graduate degree.

(d) As of January 1, 2021, at least 80 percent of the full time faculty shall hold a graduate degree in nursing.

- (e) As of January 1, 2021, at least 50 percent of the part time faculty shall hold a graduate degree in nursing.
- (f) Hold a current unrestricted license or multistate licensure privilege to practice as a registered nurse in North Carolina.
- (g) Full-time and part-time nurse faculty who teach in a program leading to initial licensure as a nurse shall:
- (1) hold either a baccalaureate in nursing or a graduate degree in nursing from an accredited institution;
 - (2) have two calendar years or the equivalent of full time clinical experience as a registered nurse;
 - (3) if newly employed in a full time faculty position on or after January 1, 2016, hold a graduate degree from an accredited institution, or obtain a graduate degree in nursing from an accredited institution within five years of initial full time employment;
 - (4) prior to or within the first three years of employment, have preparation in teaching and learning principles for adult education, including curriculum development, implementation, and evaluation, appropriate to assignment. This preparation may be demonstrated by one of the following:
 - (A) completion of 45 contact hours of Board approved continuing education courses;
 - (B) completion of a certificate program in nursing education;
 - (C) nine semester hours of graduate course work;
 - (D) national certification in nursing education; or
 - (E) documentation of successful completion of structured, individualized development activities of at least 45 contact hours approved by the Board. Criteria for approval include content in the faculty role within the curriculum implementation, objectives to be met and evaluated, review of strategies for identified student population and expectations of student and faculty performance;
 - (5) maintain competence in the areas of assigned responsibility; and
 - (6) have current knowledge of nursing practice for the registered nurse and the licensed practical nurse.
- (h) Interdisciplinary faculty who teach in nursing program courses shall have academic preparation in the content area they are teaching.
- (i) Clinical preceptors shall have competencies, assessed by the nursing program, related to the area of assigned clinical teaching responsibilities and serve as role models to the student. Clinical preceptors may be used to enhance faculty-directed clinical learning experiences after a student has received basic instruction for that specific learning experience. Clinical preceptors shall hold a current, unrestricted license to practice as a registered nurse in North Carolina.
- (j) Nurse faculty members shall have the authority and responsibility for:
- (1) student admission, progression, and graduation requirements; and
 - (2) the development, implementation, and evaluation of the curriculum.
- (k) Nurse faculty members shall be academically qualified and sufficient in number to implement the curriculum as demanded by the course objectives, the levels of the students, the nature of the learning environment, and to provide for teaching, supervision and evaluation.
- (l) The faculty-student ratio for faculty directed preceptor clinical experiences shall be no larger than 1:15. The faculty-student ratio for all other clinical experiences shall be no larger than 1:10.

*History Note: Authority G.S. 90-171.23(b)(8); 90-171.38; 90-171.83;
Eff. February 1, 1976;*

Amended Eff. November 1, 2016; January 1, 2015; August 1, 2011; November 1, 2008; July 1, 2006; July 1, 2000; January 1, 1996; June 1, 1992; January 1, 1989; January 1, 1984.

21 NCAC 36 .0320 STUDENTS

(a) Students in nursing programs shall meet requirements established by the controlling institution. Additional requirements may be stipulated by the nursing program for students because of the nature and legal responsibilities of nursing education and nursing practice.

(b) Admission requirements and practices shall be stated and published in the controlling institution's publications and shall include assessment of:

- (1) record of high school graduation, high-school equivalent, or earned credits from a post-secondary institution;
- (2) achievement potential through the use of previous academic records and pre-entrance examination cut-off scores that are consistent with curriculum demands and scholastic expectations; and
- (3) physical and emotional health that would provide evidence that is indicative of the applicant's ability to provide safe nursing care to the public.

(c) The number of students enrolled in nursing courses shall not exceed the maximum number approved by the Board as defined in 21 NCAC 36 .0302(f) and 21 NCAC 36 .0321(k) by more than 10 students.

(d) The nursing program shall publish policies in nursing student handbook and college catalog that provide for identification and dismissal of students who:

- (1) present physical or emotional problems which conflict with safety essential to nursing practice and do not respond to treatment or counseling within a timeframe that enables meeting program ~~objectives~~ objectives;
- (2) demonstrate behavior which conflicts with safety essential to nursing ~~practice~~ practice; or
- (3) fail to demonstrate professional behavior, including honesty, integrity, and appropriate use of social media while in the nursing program of study.

(e) The nursing program shall maintain a three year average at or above 95 percent of the national pass rate for licensure level pass rate on first writing of the licensure examination for calendar years ending December 31.

(f) The controlling institution shall publish policies in nursing student handbook and college catalog for transfer of credits or for admission to advanced placement and the nursing program shall determine the total number of nursing courses or credits awarded for advanced placement.

History Note: Authority G.S. 90-171.23(b)(8); 90-171.38; 90-171.43;

Eff. February 1, 1976;

Amended Eff. November 1, 2016; January 1, 2006; August 1, 1998; January 1, 1996; June 1, 1992; January 1, 1989; January 1, 1984.

21 NCAC 36 .0321 CURRICULUM

(a) Nursing program curriculum shall:

- (1) be planned by nursing program faculty;
- (2) reflect the stated program philosophy, purposes, and objectives pursuant to 21 NCAC 36 .0302(a)(2);
- (3) be consistent with the Statutes and Rules governing the practice of nursing;
- (4) define the level of performance required to pass each course in the curriculum;
- (5) enable the student to develop the nursing knowledge, skills and ~~competencies~~ abilities necessary for ~~the level, scope and competent practice consistent with the level of licensure and scope in~~ all applicable Rules as defined in 21 NCAC 36 .0221, .0224, .0225, and ~~.0231 consistent with the level of licensure; and .0231;~~
- (6) include content in the biological, physical, social and behavioral sciences to provide a foundation for safe and effective nursing ~~practice.~~ practice;
- (7) provide students the opportunity to acquire and demonstrate, through theory and clinical experience under faculty supervision, the knowledge, skills, and abilities required for safe, effective, competent nursing practice across the lifespan; and
- (8) be revised as necessary to maintain a program that reflects changes and advances in health care and its delivery.

(b) Didactic content and supervised clinical experience across the lifespan appropriate to program type shall include:

- (1) Implementing safety principles and practices, minimizing risk of harm to clients and providers through both system effectiveness and individual performance;
- ~~(2)~~(2) Using informatics to communicate, manage knowledge, mitigate error and support decision ~~making,~~ making;
- ~~(2)~~(3) Employing evidence-based practice to integrate best research with clinical expertise and client values for optimal care, including skills to identify and apply best practices to nursing ~~care by:~~ care;
- ~~(A)~~(4) ~~providing~~ Providing client-centered, culturally competent ~~care;~~ care by:
 - ~~(B)~~(A) respecting client differences, values, preferences and expressed needs;
 - ~~(C)~~(B) involving clients in decision-making and care management;
 - ~~(D)~~(C) coordinating and managing continuous client care consistent with the level of licensure. This includes demonstration of the ability to supervise others and provide leadership of the profession appropriate for program type; and
 - ~~(E)~~(D) promoting healthy lifestyles for clients and populations.
- ~~(3)~~(5) Working in interdisciplinary teams to cooperate, collaborate, communicate and integrate client care and health promotion.
- ~~(4)~~(6) Participating in quality improvement processes to measure client outcomes, identify hazards and errors, and develop changes in processes of client care.

(c) Clinical experience shall be comprised of sufficient hours to accomplish the curriculum, shall be supervised by qualified faculty pursuant to 21 NCAC 36 .0318 and shall ensure students' ability to practice at an entry level.

(d) All student clinical experiences, including those with preceptors, shall be directed by nursing faculty.

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- (e) ~~By January 1, 2008, a~~ A focused client care experience with a minimum of 120 hours shall be provided in the final year of curriculum implementation for programs preparing registered nurses.
- (f) ~~Beginning January 1, 2008, a~~ A focused client care experience with a minimum of 90 hours shall be provided in the final semester of curriculum implementation for programs preparing practical nurses.
- (g) Learning experiences and methods of instruction, including distance education methods, shall be consistent with the written curriculum plan and demonstrate logical progression.
- (h) Objectives for each course shall indicate the ~~knowledge and~~ knowledge, skills, and abilities expected ~~of the students.~~ for competent student performance. These objectives shall be stated to:
- (1) indicate the relationship between the classroom learning and the application of this learning in the clinical ~~laboratory~~ experience;
 - (2) serve as criteria for the selection of the types of and settings for learning experiences; and
 - (3) serve as the basis for evaluating student performance.
- (i) Student course syllabi shall include a description and outline of content, learning environments and activities, course placement, allocation of ~~time,~~ time for theory, clinical experience, laboratory, simulation and methods of evaluation of student performance, including didactic and clinical evaluation tools.
- (j) Each course shall be implemented and evaluated in accordance with the student course syllabus.
- (k) Requests for approval of changes in, or expansion of, the program accompanied by all required documentation shall be submitted ~~on the form~~ in the format provided by the Board at least 30 days prior to implementation for approval by the Board. Criteria for approval include the availability of classrooms, laboratories, clinical placements, equipment and supplies and faculty sufficient to implement the curriculum to an increased number of students. Approval is required: for any increase in enrollment that exceeds, by more than 10 students, the maximum number approved by the Board. Requests for expansion are considered only for programs with Full Approval status that demonstrate at least a three-year average ~~student retention~~ licensure examination pass rate equal to or ~~higher~~ greater than the ~~state~~ NC three-year average retention pass rate for program type.
- (l) The nursing education program shall notify the Board of:
- (1) alternative or additional program schedules; and
 - (2) planned decrease in the Board-approved student enrollment number to accurately reflect program capacity.
- (m) For all programs using simulation experiences substituted for clinical experience time, the nursing education program shall:
- (1) demonstrate that simulation faculty have been formally educated, and maintain competencies in simulation and debriefing theory; and
 - (2) provide a simulation environment with adequate faculty, space, equipment, and supplies to simulate realistic clinical experiences to meet the curriculum and course objectives.
- (n) Programs not holding national nursing accreditation shall limit simulation experiences to no more than 25% in any course, including the focused client care experience.
- (o) Programs holding national nursing accreditation shall limit simulation experiences to:
- (1) no more than 25% in the focused client care experience, and

(2) no more than 50% of clinical experience time in any other course.

(p) External standardized examinations shall not be used as a determinant of a student's progression or graduation in a prelicensure nursing education program.

History Note: Authority G.S. 90-171.23(b)(8); 90-171.38;
Eff. February 1, 1976;
Amended Eff. November 1, 2016; June 1, 1992; January 1, 1989; January 1, 1984;
Temporary Amendment Eff. October 11, 2001;
Amended Eff. December 1, 2005; August 1, 2002.

21 NCAC 36 .0322 FACILITIES

- (a) Campus facilities shall be appropriate in type, number, and accessibility for the total needs of the program.
- (b) Classrooms, ~~laboratories~~, laboratory/simulation space, and conference rooms shall be sufficient in size, number, and types for the number of students and purposes for which the rooms are to be used. Lighting, ventilation, location, and equipment must be suitable for the number of students and purposes for which the rooms are to be used.
- (c) Office and conference space for nursing program faculty members shall be appropriate and available for uninterrupted work and privacy including conferences with students.
- (d) Learning resources, including clinical experiences, shall be comprehensive, current, developed with nursing faculty input, accessible to students and faculty and support the implementation of the curriculum.

History Note: Authority G.S. 90-171.23(b)(8); 90-171.38;
Eff. February 1, 1976;
Amended Eff. November 1, 2016; January 1, 1996; June 1, 1992; January 1, 1989; May 1, 1988;
Temporary Amendment Eff. October 11, 2001;
Amended Eff. April 1, 2006; August 1, 2002.

21 NCAC 36 .0323 RECORDS AND REPORTS

- (a) The controlling institution's publications describing the nursing program shall be accurate.
- (b) There shall be a system for maintaining official records. Current and permanent student records shall be stored in a secure manner that prevents physical damage and unauthorized access.
- (c) Both permanent and current records shall be available for review by Board staff.
- (d) The official permanent record for each graduate shall include documentation of graduation from the program and a transcript of the individual's achievement in the program.
- (e) The record for each currently enrolled student shall contain up-to-date and complete information, including the following:
 - (1) documentation of admission criteria met by the student;

- (2) high school graduation, high school equivalent, or earned credits from post-secondary institution approved pursuant to G.S. 90-171.38(a); and
 - (3) transcript of credit hours achieved in the classroom, laboratory, and clinical instruction for each course that reflects progression consistent with program policies.
- (f) The nursing program shall file with the Board records, data, and reports in order to furnish information concerning operation of the program as prescribed in the rules in this Section including:
- (1) an Annual Report to be filed with the Board by November 1 of each year;
 - (2) a Program Description Report for non-accredited programs filed with the Board at least 30 days prior to a scheduled review; and
 - (3) notification by institution administration of any change of the registered nurse responsible for the nursing program. This notification shall include a vitae for the new individual and shall be submitted within 20 10 business days of the effective date of the change.
- (g) All communications relevant to accreditation shall be submitted to the North Carolina Board of Nursing at the same time the communications are submitted to the accrediting body.
- (h) The Board may require additional records and reports for review at any time to provide evidence and substantiate compliance with the rules in this Section by a program and its associated agencies.
- (i) The part of the application for licensure by examination to be submitted by the nursing program shall include a statement verifying satisfactory completion of all requirements for graduation and the date of completion. The nursing program director shall submit the online verification form to the Board within ~~one month~~ 10 business days following ~~completion of the~~ graduation from a Board approved nursing program.

History Note: Authority G.S. 90-171.23(b)(8); 90-171.38;

Eff. February 1, 1976;

Amended Eff. November 1, 2016; January 1, 2015; December 1, 2005; January 1, 2004; June 1, 1992; January 1, 1989; January 1, 1984.

Martha Ann Harrell, Public Member
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Distance Education Position Statement

Issue

The North Carolina Board of Nursing (BON) approves prelicensure nursing education programs as part of its mission of public protection. The use of distance education technology in nursing education programs located within and outside of NC has proliferated. This statement provides guidance for nurses in both the education and practice communities.

Definitions

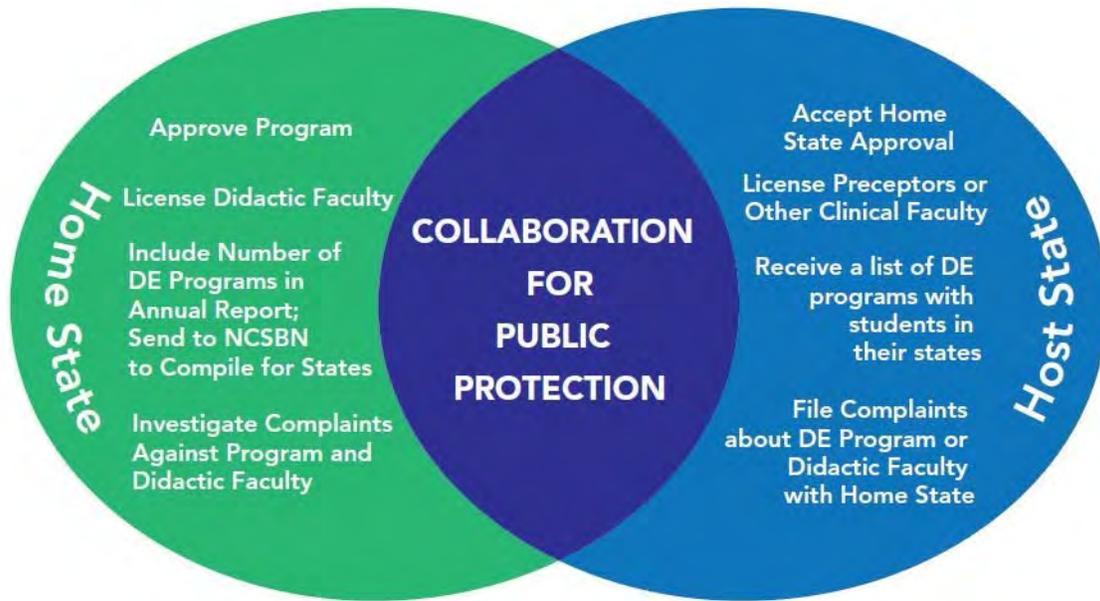
1. *Distance education (DE)* – Instruction offered by any means where the student and faculty member are in separate physical locations.
2. *Home state* – Where the pre-licensure nursing education program has legal domicile.
3. *Host state* – State/jurisdiction outside the home state where prelicensure nursing students participate in clinical experiences and/or didactic courses.

Guidelines for DE in Prelicensure Nursing Programs

1. DE prelicensure nursing education programs shall meet the same BON approval requirements as any other prelicensure nursing education program in the home state.
2. The home state/jurisdiction BON approves all prelicensure nursing education programs with legal domicile in that state, including distance education programs.
3. Prelicensure nursing education programs approved in the home state provide oversight over the students in the distant host states and are responsible for the students' supervision.
4. Faculty
 - a. Faculty who teach and supervise clinical experiences for a prelicensure nursing program by means of distance education shall hold a current, active, and unencumbered Registered Nurse (RN) NC license or multistate privilege to practice, and meet licensure and scope of practice requirements in the state/jurisdiction where the patient is located.
 - b. Faculty who only teach didactic content for prelicensure nursing education programs by means of distance education shall hold a current, active, and unencumbered RN NC nursing license or multistate privilege to practice, and meet licensure requirements in the home state where the program is BON-approved. These didactic faculty must maintain knowledge of host-state scope of practice differences.

- c. Note: Through the prelicensure nursing program annual report process, the NCBON will collect and report data about NC-approved prelicensure nursing education programs that have students enrolled in clinical experiences in distant host states.

Model for DE in prelicensure nursing programs



References

[G.S. 90-171.20 \(5\), \(7\) & \(8\) – Nursing Practice Act](#)
[G.S. 90-171.38. Standards for Nursing Programs](#)
[G.S. 90-171.39. Approval](#)
[G.S. 90-171.40. Ongoing Approval.](#)
[21 NCAC 36 .0233 Out of State Students](#)

Origin: TBD

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ATTACHMENT H

Telehealth/Telenursing NEW - Position Statement for RN and LPN Practice

Issue:

Licensed nurses (RN and LPN) may practice nursing using telehealth/telenursing modalities, provided required criteria are met.

The NC BON has determined that nursing practice occurs at the location of the client at the time services are being provided.

Licensed nurses practicing and providing client care via telehealth/telenursing modalities are required to be licensed or hold the privilege to practice in the state(s) where the client(s) is located. Licensed nurses must practice in compliance with the laws, rules, and standards of practice of the state(s) where the client(s) is/are located.

Definition:

Telehealth/telenursing (alternatively termed telemedicine) is the practice of healthcare within a professionally designated scope of practice using electronic communication, information technology, or other means between a licensee in one location and a client in another location with or without an intervening healthcare provider.

RN Role:

Telehealth/telenursing includes assessing (including triaging) clients; planning, implementing, and evaluating client care; teaching and counseling clients; managing and supervising the delivery of care; teaching nursing personnel/students; administering nursing services; collaborating; and consulting.

LPN Role:

Must be supervised by an RN, physician, nurse practitioner, physician assistant, or other person authorized by state law to provide the supervision.

Telehealth/telenursing by the LPN includes participating in assessing, planning, and evaluating client care, implementing client care according to an established health care plan, and collaborating with other healthcare providers in compliance with nursing law and rules (G.S. 90-171.20 (8) and 21 NCAC 36.0225). LPN supervision of others is limited by state laws and rules. It is beyond the scope of LPN practice to perform complex, independent decision-making, such as that potentially required to triage client care needs via telehealth/telenursing modalities,.

Both RN and LPN Role:

1. Report and record nursing care provided.
 2. Accept responsibility and accountability for client care via telehealth/telenursing modalities only if possess the documented education and validated competence necessary to deliver nursing services safely.
-

3. Accept orders for medical interventions via telehealth/telenursing from Physicians, Nurse Practitioners, Certified Nurse Midwives, and Physician Assistants authorized to make medical diagnoses and prescribe medical regimens.
4. Standing orders and protocols for care must meet requirements as stated in the NC BON Standing Orders Position Statement for RN and LPN Practice available at www.ncbon.com.
5. Employing agency's policies and procedures address telehealth/telenursing services and are available in the facility.

References:

G.S. 90-171.20 (7) & (8) – Nursing Practice Act

21 NCAC 36.0224 - RN Rules

21 NCAC 36.0225 - LPN Rules

NC BON Standing Orders Position Statement for RN and LPN Practice

RN Scope of Practice – Clarification Position Statement for RN Practice

LPN Scope of Practice – Clarification Position Statement for LPN Practice

ATTACHMENT I

COMPLEMENTARY THERAPIES

Position Statement for RN and LPN Practice

Issue: Complementary therapies refer to a broad range of modalities such as, but not limited to, massage therapy, therapeutic touch, biofeedback, magnet therapy, reflexology, imagery, hypnosis, aromatherapy, and acupressure. Some of these therapies are inherent in basic nursing practice while others require additional education/training prior to performing them. Complementary therapies are intended to be used in conjunction with the existing treatment plan, not to replace it.

Both RN & LPN Roles:

A. It is within scope of practice to perform complementary therapies provided licensee has:

1. Documented knowledge, skill, and competency necessary to carry out the therapy in a safe manner,
2. Employing agency's policies and procedures support nurse's use of complementary therapies.

B. When complementary therapy is used as a nursing intervention, this should be:

1. Reflected in the patient's plan of care, and
2. Documented in the patient's medical record consistent with requirements for reporting and recording

Notes:

1. **Any state or local laws, which require licensure to perform the complementary therapy, must be followed.** For example, massage may be utilized as a nursing care intervention ~~in a health care setting~~ but a massage license is required to offer, provide, or practice massage in a broader context. ~~as an independent business.~~

2. **Acupuncture can only be performed if the individual is licensed to perform this modality in North Carolina consistent with NC GENERAL STATUTES 90, Article 30 (Practice of Acupuncture).**

3. Licensed nurses are held responsible and accountable for practicing at all times within the scope associated with their highest level of active licensure. Refer to "Practicing at Level Other Than Highest Licensure/Approval/Recognition Position Statement for RN, LPN, and APRN Practice" available at www.ncbon.com for more detail.

References:

G.S. 90-171.20 (7) (b & h) and (8) (b & f) – Nursing Practice Act
21 NCAC 36.0224 (d) and (f) - RN Rule
21 NCAC 36.0225 (d) and (f) - LPN Rule

ATTACHMENT J

STAFFING and PATIENT/CLIENT SAFETY Position Statement for RN and LPN Practice

Introduction:

Licensed nurses (RN or LPN) and RN managers/administrators are accountable for the provision of safe nursing care to their clients. Nursing law and rules mandate that licensed nurses accept only those assignments that the nurse is safe and competent to perform. Nursing law and rules also mandate that RN managers/administrators remain available for direct participation in nursing care; delegate responsibility or assign nursing care functions to qualified personnel; and retain accountability for nursing care given by all personnel to whom that care is assigned and delegated. During periods of under-staffing or limited numbers of well-qualified staff, it is essential that RN managers/administrators and nursing staff work together to provide safe care to all clients in a manner consistent with nursing law and rules. Clear communication is essential to arrive at solutions that best focus on client care needs without compromising either patient safety or a nurse's license. Short Staffing and Extended Work Hours pose considerable challenges for licensed nurses and managers/administrators. In addition, Concerns about client Abandonment and Neglect are often related to these challenges and to situations of Emergency Preparedness and Workplace Violence.

Issue: EXTENDED WORK HOURS

The Board receives frequent inquiries concerning the number of hours a licensed nurse (RN or LPN) may work during a 24-hour period and still maintain client safety. Although the Board regulates only the practice of the individual ~~licensee~~ licensed nurses and has no jurisdiction over employer/employee issues such as work hours, it is appropriate that the Board provide guidance to ~~licensees~~ licensed nurses in addressing this concern through the following interpretation of nursing law and rules.

RN & LPN Role:

1. Inherent in the mandate to accept only those assignments that the licensed nurse is safe and competent to perform is the expectation that the ~~licensee~~ licensed nurse will not accept any assignment for which she/he may be unsafe due to lack of sleep, fatigue, or prolonged work hours.
2. Nursing law and rules mandate that the RN ~~nurse~~ manager/administrator is accountable for assessing the capabilities of personnel in relation to client need and plan of nursing care, prior to assigning nursing activities, to assure personnel are qualified to assume such responsibilities and to perform such functions.
3. It is imperative that licensed nurses and RN ~~nurse~~ managers/administrators give thoughtful consideration to the ~~implication~~ evidence that extended work hours may adversely impact client safety and carefully consider safety to practice prior to giving or accepting an assignment.
4. Cumulative work hours resulting from multiple work commitments or from scheduled work hours in combination with actual hours worked while fulfilling "on-call" assignments must be considered carefully by licensed nurses and RN managers/administrators.
5. Based on existing evidence, caution should be exercised whenever an assignment is expected to exceed 12 hours in a 24 hour time period or 60 hours in a 7-day time period.

Note: The NC Board of Nursing and the Division of Health Service Regulation have issued a Joint Position Statement on Nursing Work Environments that may provide additional guidance.

Issue: SHORT STAFFING

When a licensed nurse (RN or LPN) comes on duty to find that the mix or number of staff is not adequate to meet the nursing care needs of the clients, the nurse should contact the immediate supervisor before accepting the assignment to report the unsafe situation and ask for assistance in planning care based on the available resources within the agency. Such assistance may include, but is not limited to:

- a. acquiring ~~more~~ additional or a different mix of staff;
- b. negotiating “periodic” assistance from the immediate supervisor or another staff member for delivery of specific client care activities;
- c. prioritizing the client care activities that will be delivered during that shift or tour of duty; and/or,
- d. notifying other health care providers regarding the limitations in providing optimal care during periods of understaffing.

RN & LPN Role:

1. The RN manager/administrator is responsible and accountable to assure adequate nursing care resources are available.
2. The licensed nurse is accountable for the care that he/she provides to the client, as well as all nursing care delegated or assigned to other staff members.
3. Although it may be impossible to deliver the type of nursing care that would be provided with a full complement and and appropriate mix of staff, there are certain activities that must be carried out regardless of staffing. These activities include:
 - a. accurately administering medications and implementing critical medical treatment regimens;
 - b. protecting clients at risk from harming themselves;
 - c. monitoring clients’ responses to medical and nursing interventions consistent with each client’s health care problem(s);
 - d. notifying the physician, NP, PA, or other responsible healthcare provider of deteriorating or unexpected changes in a client’s status; and,
 - e. accurately documenting the care delivered to the clients.

Issue: RN MANAGER/ADMINISTRATOR ROLE IN EXTENDED WORK HOURS AND SHORT STAFFING

During periods of understaffing, the RN manager/administrator may have to reassign staff to different client care areas as well as approve extended tours of duty (e.g., double shifts) for licensed nurses (RN or LPN) who volunteer or agree to work extra hours/shifts.

1. If a nurse has agreed to extend his/her hours of duty due to short staffing, but has informed the RN manager/administrator of a limit to the extra hours they will work, the RN manager/administrator is responsible to provide a nurse who can accept the report and responsibility for the clients from the over-time nurse at the agreed-upon time.
 2. If a replacement nurse cannot be found, the RN manager/administrator is responsible for providing the coverage.
 3. Failure of the RN manager/administrator to respond to calls from the nurse on duty does not alleviate her/him of responsibility for providing coverage or of the accountability for the care of the clients.
 4. Nursing laws and rules require that the RN manager/administrator assess the capabilities and competence of any nurse before assigning client care responsibilities to her/him. When the RN manager/administrator has or should have reason to believe that the licensed nurse is impaired due to physical (including illness, fatigue, and sleep deprivation) or psychological conditions, the assignment of extended tours of duty, mandated overtime, or scheduled work hours in combination with actual hours worked while fulfilling “on-call” assignments is not appropriate.
- ~~4. Nurse managers should not make an assignment of extended tours of duty or mandate overtime when the manager has reason to believe that the licensee is sleep deprived or otherwise impaired. If a nurse~~
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manager has knowledge that a licensed nurse may be impaired due to illness or fatigue, and they assign client care responsibilities to this nurse, the nurse manager may be subject to disciplinary action by the Board. For example, the staff nurse who accepts a “double shift” and then must return for the next regularly scheduled shift with only a few hours off duty may be significantly sleep deprived, and thereby, not competent to provide safe care. The RN manager must carefully assess the capabilities of this nurse before assigning nursing care activities/responsibilities to him/her.

5. It is important for RN managers to remember that they could be liable for disciplinary action by the Board for assigning responsibilities to a staff nurse when the manager knows or has reason to know that the competency of the staff nurse is impaired by physical or psychological conditions. Physical impairment may include but not be limited to fatigue or sleep deprivation.

Issue: ABANDONMENT

Abandonment can only occur after the licensed nurse (RN or LPN) has come on duty for the shift, received a report including status/needs of assigned clients and other assigned responsibilities, and accepted his/her client care assignment. There is no routine answer to the question, “When does the nurse’s duty to a client begin?” The focus in nursing law and rules is on the relationship and responsibility of the nurse to the client, not to the employer or employment setting. If the nurse does not accept the assignment, then the nurse’s relationship and responsibility to and for the client is not established.

RN & LPN Role:

1. If the licensed nurse leaves the area of assignment during his/her tour of duty prior to the completion of the shift and without adequate notification to the immediate supervisor, it is possible that the Board would take disciplinary action.
 1. Once the licensed nurse has accepted an assignment, she/he remains responsible and accountable for client care and safety until another qualified licensed nurse or other qualified person has accepted responsibility for that client.
 - a. This transfer of responsibility includes a report of client status and may vary based on work setting and client care needs including, but not limited to: at the end of a scheduled acute care or skilled nursing shift; when a nurse leaves a work area for a limited purpose (e.g., to transport another client or take a break); or when a home care nurse is not making a scheduled visit.
 - b. In home care settings, this transfer of responsibility may include release to client self-care or transfer of care to an authorized/approved/trained caregiver as provided for in the client plan of care.
 2. Disciplinary action by the Board A violation of nursing law and rules may result from abandoning or neglecting a client who is in need of nursing care, without making reasonable arrangements for the continuation of care and providing adequate notification to the immediate supervisor.
 3. However, when a nurse refuses to remain on duty for an extra shift or partial shift beyond his/her established schedule, it is not considered abandonment when the nurse leaves at the end of the regular shift, providing she/he has appropriately reported off client status to another nurse or authorized/approved/trained caregiver and has given management notice that the nurse is leaving.
 4. On-call assignments require availability and response of the nurse within agency guidelines. Failure of a nurse to respond and report for on-call client care responsibilities without adequate notification to the immediate supervisor, or failure of an on-call RN supervisor/manager/administrator to respond to a call from client care staff, may result in a violation of nursing law and rules for abandonment.
 4. If a nurse is “no call, no show” this is not considered abandonment under Board of Nursing regulations.
 5. It is not considered abandonment under Board of Nursing regulations if a nurse is “no call, no show”; resigns without fulfilling a previously posted work schedule; or reports for work but then declines an assignment.
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Issue: NEGLECT

Neglect occurs when a licensed nurse (RN or LPN) fails to provide client care as ordered and/or as indicated by client status. Neglect may include, but is not limited to, failure to assess/evaluate clients; failure to maintain standards of care; failure to administer ordered medication or treatments; failure to perform cardio-respiratory resuscitation (CPR) unless a do not resuscitate order is in place; failure to make scheduled home care visits; and, sleeping on duty.

RN & LPN Role:

1. Once the licensed nurse has accepted an assignment, she/he remains responsible and accountable for comprehensive (RN) or focused (LPN) client care and safety based on nursing scope of practice; standards of nursing care and practice; physician, nurse practitioner, or physician's assistant orders; and agency policies and procedures.
2. A violation of nursing law and rules may result from neglecting a client who is in need of nursing care.

Issue: EMERGENCY PREPAREDNESS AND WORKPLACE VIOLENCE

Licensed nurses (RN and LPN) have a duty to care for clients and have a professional responsibility to not abandon or neglect them. It is possible, however, that a nurse may have to choose between the duty to provide safe client care and the responsibility to protect the nurse's own life during an emergency, including but not limited to, disasters, infectious disease outbreaks, bioterrorism events, and workplace violence. Workplace violence includes a broad spectrum of behaviors that include violent acts by strangers, clients, visitors, and/or coworkers that result in a concern for personal and client safety. Standards of nursing practice, nursing ethical guidelines, and agency policies and procedures approved by nursing management/administration should provide guidance for appropriate actions in such situations.

References:

G.S. 90-171.20 (7) & (8) – Nursing Practice Act
21 NCAC 36.0224 (a) (i) & (j) - RN Rule
21 NCAC 36.0225 (a) - LPN Rule
21 NCAC 36.0217 (c) (5) & (9) - Revocation, Suspension, or Denial of License Rule
NCBON Position Statement – Accepting an Assignment - www.ncbon.com
NCBON/NC DHHS Joint Statement on Nursing Work Environments – www.ncbon.com - Practice –
Position Statements
ANA Code of Ethics for Nurses (2015)
ANA Position Statement on “Risk and Responsibility in Providing Nursing Care” (June 2015)

ATTACHMENT K

PERFORMANCE RESULTS FOR NCLEX-PN CANDIDATES TESTED IN NC AND OTHER JURISDICTIONS FOR YEAR 2016 AS OF 01/01/2016 TO 03/31/2016

| Program Name | City | All Tested | 1st Time Tested | Repeat Tested | Passed | | | | | | Failed | | | | | |
|--|---------------|------------|-----------------|---------------|------------|------------|------------|------------|-----------|------------|-----------|------------|-----------|------------|-----------|------------|
| | | | | | Passed | | | Failed | | | Passed | | | Failed | | |
| | | | | | All | 1st Time | Repeat | All | All % | 1st Time | % | Repeat | Repeat % | Failed All | % | 1st Time |
| Asheville-Buncombe Technical Community College | ASHEVILLE | 7 | 5 | 2 | 4 | 57% | 4 | 80% | 0 | 0% | 3 | 43% | 1 | 20% | 2 | 100% |
| Beaufort County Community College | WASHINGTON | 2 | 1 | 1 | 2 | 100% | 1 | 100% | 1 | 100% | 0 | 0% | 0 | 0% | 0 | 0% |
| Bladen Community College | DUBLIN | 1 | 0 | 1 | 1 | 100% | 0 | 0% | 1 | 100% | 0 | 0% | 0 | 0% | 0 | 0% |
| Central Carolina Community College | SANFORD | 18 | 13 | 5 | 14 | 78% | 10 | 77% | 4 | 80% | 4 | 22% | 3 | 23% | 1 | 20% |
| Davidson County Community College | MOCKSVILLE | 2 | 1 | 1 | 2 | 100% | 1 | 100% | 1 | 100% | 0 | 0% | 0 | 0% | 0 | 0% |
| Durham Technical Community College | DURHAM | 7 | 7 | 0 | 7 | 100% | 7 | 100% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| ECPI University | GREENSBORO | 23 | 20 | 3 | 19 | 83% | 19 | 95% | 0 | 0% | 4 | 17% | 1 | 5% | 3 | 100% |
| ECPI University | CHARLOTTE | 18 | 13 | 5 | 14 | 78% | 11 | 85% | 3 | 60% | 4 | 22% | 2 | 15% | 2 | 40% |
| ECPI University | RALEIGH | 23 | 18 | 5 | 14 | 61% | 13 | 72% | 1 | 20% | 9 | 39% | 5 | 28% | 4 | 80% |
| Edgecombe Community College | Rocky Mount | 2 | 2 | 0 | 2 | 100% | 2 | 100% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| Fayetteville Technical Community College | FAYETTEVILLE | 1 | 0 | 1 | 1 | 100% | 0 | 0% | 1 | 100% | 0 | 0% | 0 | 0% | 0 | 0% |
| Forsyth Technical Community College | WINSTON SALEM | 2 | 1 | 1 | 1 | 50% | 1 | 100% | 0 | 0% | 1 | 50% | 0 | 0% | 1 | 100% |
| Guilford Technical Community College | JAMESTOWN | 2 | 1 | 1 | 1 | 50% | 1 | 100% | 0 | 0% | 1 | 50% | 0 | 0% | 1 | 100% |
| Halifax Community College | WELDON | 1 | 0 | 1 | 0 | 0% | 0 | 0% | 0 | 0% | 1 | 100% | 0 | 0% | 1 | 100% |
| Isothermal Community College | SPINDALE | 1 | 0 | 1 | 0 | 0% | 0 | 0% | 0 | 0% | 1 | 100% | 0 | 0% | 1 | 100% |
| James Sprunt Community College | KENANSVILLE | 1 | 1 | 0 | 1 | 100% | 1 | 100% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| Lenoir Community College | KINSTON | 1 | 1 | 0 | 1 | 100% | 1 | 100% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| McDowell Technical Community College | MARION | 2 | 1 | 1 | 2 | 100% | 1 | 100% | 1 | 100% | 0 | 0% | 0 | 0% | 0 | 0% |
| Montgomery Community College | TROY | 4 | 1 | 3 | 4 | 100% | 1 | 100% | 3 | 100% | 0 | 0% | 0 | 0% | 0 | 0% |
| Nash Community College | ROCKY MOUNT | 3 | 1 | 2 | 2 | 67% | 0 | 0% | 2 | 100% | 1 | 33% | 1 | 100% | 0 | 0% |
| Rn Fail-Taking Lpn | | 3 | 3 | 0 | 3 | 100% | 3 | 100% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| Rockingham Community College | WENTWORTH | 2 | 0 | 2 | 1 | 50% | 0 | 0% | 1 | 50% | 1 | 50% | 0 | 0% | 1 | 50% |
| Southeastern Community College | WHITEVILLE | 22 | 22 | 0 | 22 | 100% | 22 | 100% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| Surry Community College | DOBSON | 9 | 9 | 0 | 9 | 100% | 9 | 100% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| SUB-TOTALS | | 157 | 121 | 36 | 127 | 81% | 108 | 89% | 19 | 53% | 30 | 19% | 13 | 11% | 17 | 47% |
| Out of US Candidates | | 1 | 1 | 0 | 1 | 100% | 1 | 100% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| Out of State Candidates | | 19 | 12 | 7 | 8 | 42% | 6 | 50% | 2 | 29% | 11 | 58% | 6 | 50% | 5 | 71% |
| TOTALS | | 177 | 134 | 43 | 136 | 77% | 115 | 86% | 21 | 49% | 41 | 23% | 19 | 14% | 22 | 51% |

ATTACHMENT K

PERFORMANCE RESULTS FOR NCLEX-RN CANDIDATES TESTED IN NC AND OTHER JURISDICTIONS FOR YEAR 2016 AS OF 01/01/2016 TO 03/31/2016

| Program Name | City | All Tested | 1st Time Tested | Repeat Tested | Passed | | | | | | Failed | | | | | | |
|--|---------|---------------|-----------------|---------------|--------|--------|----------|------------|--------|--------|--------|--------|----------|------------|--------|---|------|
| | | | | | Passed | Passed | Passed | Passed | Failed | Failed | Failed | Failed | | | | | |
| | | | | | All | All % | 1st Time | 1st Time % | Repeat | % | All | All % | 1st Time | 1st Time % | Repeat | % | |
| Alamance Community College | ADN | GRAHAM | 1 | 0 | 1 | 0 | 0% | 0 | 0% | 0 | 0% | 1 | 100% | 0 | 0% | 1 | 100% |
| Asheville-Buncombe Technical Community College | ADN | ASHEVILLE | 2 | 0 | 2 | 0 | 0% | 0 | 0% | 0 | 0% | 2 | 100% | 0 | 0% | 2 | 100% |
| Barton College | BSN | WILSON | 3 | 0 | 3 | 0 | 0% | 0 | 0% | 0 | 0% | 3 | 100% | 0 | 0% | 3 | 100% |
| Beaufort County Community College | ADN | WASHINGTON | 2 | 0 | 2 | 2 | 100% | 0 | 0% | 2 | 100% | 0 | 0% | 0 | 0% | 0 | 0% |
| Cabarrus College Of Health Sciences | ADN | CONCORD | 45 | 42 | 3 | 41 | 91% | 39 | 93% | 2 | 67% | 4 | 9% | 3 | 7% | 1 | 33% |
| Carolinas College Of Health Sciences | ADN | CHARLOTTE | 62 | 58 | 4 | 55 | 89% | 53 | 91% | 2 | 50% | 7 | 11% | 5 | 9% | 2 | 50% |
| Carteret Community College | ADN | MOREHEAD CITY | 1 | 0 | 1 | 0 | 0% | 0 | 0% | 0 | 0% | 1 | 100% | 0 | 0% | 1 | 100% |
| Catawba Valley Community College | ADN | HICKORY | 3 | 0 | 3 | 1 | 33% | 0 | 0% | 1 | 33% | 2 | 67% | 0 | 0% | 2 | 67% |
| Central Piedmont Community College | ADN | CHARLOTTE | 32 | 32 | 0 | 31 | 97% | 31 | 97% | 0 | 0% | 1 | 3% | 1 | 3% | 0 | 0% |
| Davidson County Community College | ADN | LEXINGTON | 1 | 0 | 1 | 0 | 0% | 0 | 0% | 0 | 0% | 1 | 100% | 0 | 0% | 1 | 100% |
| Duke University | BSN | DURHAM | 35 | 34 | 1 | 31 | 89% | 30 | 88% | 1 | 100% | 4 | 11% | 4 | 12% | 0 | 0% |
| Durham Technical Community College | ADN | DURHAM | 3 | 0 | 3 | 0 | 0% | 0 | 0% | 0 | 0% | 3 | 100% | 0 | 0% | 3 | 100% |
| East Carolina University | BSN | GREENVILLE | 118 | 114 | 4 | 114 | 97% | 110 | 96% | 4 | 100% | 4 | 3% | 4 | 4% | 0 | 0% |
| Fayetteville State University | BSN | FAYETTEVILLE | 9 | 9 | 0 | 9 | 100% | 9 | 100% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| Fayetteville Technical Community College | ADN | FAYETTEVILLE | 4 | 0 | 4 | 1 | 25% | 0 | 0% | 1 | 25% | 3 | 75% | 0 | 0% | 3 | 75% |
| Forsyth Technical Community College | ADN | WINSTON SALEM | 68 | 66 | 2 | 66 | 97% | 65 | 98% | 1 | 50% | 2 | 3% | 1 | 2% | 1 | 50% |
| Guilford Technical Community College | ADN | Jamestown | 35 | 30 | 5 | 27 | 77% | 26 | 87% | 1 | 20% | 8 | 23% | 4 | 13% | 4 | 80% |
| Halifax Community College | ADN | WELDON | 2 | 1 | 1 | 1 | 50% | 1 | 100% | 0 | 0% | 1 | 50% | 0 | 0% | 1 | 100% |
| ITT Technical Institute | ADN | HIGH POINT | 19 | 13 | 6 | 11 | 58% | 7 | 54% | 4 | 67% | 8 | 42% | 6 | 46% | 2 | 33% |
| Johnston Community College | ADN | SMITHFIELD | 1 | 1 | 0 | 1 | 100% | 1 | 100% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| Mayland Community College | ADN | SPRUCE PINE | 1 | 0 | 1 | 0 | 0% | 0 | 0% | 0 | 0% | 1 | 100% | 0 | 0% | 1 | 100% |
| Mercy School Of Nursing | Diploma | CHARLOTTE | 16 | 16 | 0 | 16 | 100% | 16 | 100% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| Nash Community College | ADN | ROCKY MOUNT | 2 | 0 | 2 | 0 | 0% | 0 | 0% | 0 | 0% | 2 | 100% | 0 | 0% | 2 | 100% |
| North Carolina A & T State University | BSN | GREENSBORO | 16 | 12 | 4 | 12 | 75% | 11 | 92% | 1 | 25% | 4 | 25% | 1 | 8% | 3 | 75% |
| North Carolina Central University | BSN | DURHAM | 3 | 1 | 2 | 2 | 67% | 1 | 100% | 1 | 50% | 1 | 33% | 0 | 0% | 1 | 50% |
| Piedmont Community College | ADN | ROXBORO | 1 | 0 | 1 | 0 | 0% | 0 | 0% | 0 | 0% | 1 | 100% | 0 | 0% | 1 | 100% |
| Pitt Community College | ADN | GREENVILLE | 1 | 0 | 1 | 1 | 100% | 0 | 0% | 1 | 100% | 0 | 0% | 0 | 0% | 0 | 0% |
| Queens University of Charlotte | ADN | CHARLOTTE | 2 | 0 | 2 | 1 | 50% | 0 | 0% | 1 | 50% | 1 | 50% | 0 | 0% | 1 | 50% |
| Queens University of Charlotte | BSN | CHARLOTTE | 26 | 21 | 5 | 22 | 85% | 20 | 95% | 2 | 40% | 4 | 15% | 1 | 5% | 3 | 60% |
| Region A Nursing Consortium | ADN | CLYDE | 2 | 0 | 2 | 0 | 0% | 0 | 0% | 0 | 0% | 2 | 100% | 0 | 0% | 2 | 100% |
| Richmond Community College | ADN | HAMLET | 3 | 1 | 2 | 2 | 67% | 0 | 0% | 2 | 100% | 1 | 33% | 1 | 100% | 0 | 0% |
| Roanoke-Chowan Community College | ADN | AHOSKIE | 2 | 0 | 2 | 0 | 0% | 0 | 0% | 0 | 0% | 2 | 100% | 0 | 0% | 2 | 100% |
| Rowan-Cabarrus Community College | ADN | SALISBURY | 2 | 1 | 1 | 1 | 50% | 1 | 100% | 0 | 0% | 1 | 50% | 0 | 0% | 1 | 100% |
| Sampson Community College | ADN | CLINTON | 2 | 0 | 2 | 1 | 50% | 0 | 0% | 1 | 50% | 1 | 50% | 0 | 0% | 1 | 50% |
| Sandhills Community College | ADN | PINEHURST | 1 | 0 | 1 | 1 | 100% | 0 | 0% | 1 | 100% | 0 | 0% | 0 | 0% | 0 | 0% |
| South College | ADN | ASHEVILLE | 7 | 0 | 7 | 2 | 29% | 0 | 0% | 2 | 29% | 5 | 71% | 0 | 0% | 5 | 71% |
| South Piedmont Community College | ADN | MONROE | 2 | 0 | 2 | 1 | 50% | 0 | 0% | 1 | 50% | 1 | 50% | 0 | 0% | 1 | 50% |
| Southeastern Community College | ADN | WHITEVILLE | 14 | 11 | 3 | 9 | 64% | 8 | 73% | 1 | 33% | 5 | 36% | 3 | 27% | 2 | 67% |
| Southwestern Community College | ADN | SYLVA | 2 | 0 | 2 | 0 | 0% | 0 | 0% | 0 | 0% | 2 | 100% | 0 | 0% | 2 | 100% |
| UNC-Chapel Hill | BSN | CHAPEL HILL | 3 | 3 | 0 | 3 | 100% | 3 | 100% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| UNC-Charlotte | BSN | CHARLOTTE | 50 | 44 | 6 | 41 | 82% | 39 | 89% | 2 | 33% | 9 | 18% | 5 | 11% | 4 | 67% |
| UNC-Greensboro | BSN | GREENSBORO | 1 | 1 | 0 | 1 | 100% | 1 | 100% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |

ATTACHMENT K

| | | | | | | | | | | | | | | | | | |
|----------------------------------|-----------|---------------|-------------|------------|------------|------------|------------|------------|------------|-----------|------------|------------|------------|------------|------------|------------|------------|
| UNC-Pembroke | BSN | PEMBROKE | 10 | 7 | 3 | 7 | 70% | 6 | 86% | 1 | 33% | 3 | 30% | 1 | 14% | 2 | 67% |
| UNC-Wilmington | BSN | WILMINGTON | 29 | 27 | 2 | 26 | 90% | 24 | 89% | 2 | 100% | 3 | 10% | 3 | 11% | 0 | 0% |
| Wake Technical Community College | ADN | RALEIGH | 54 | 54 | 0 | 52 | 96% | 52 | 96% | 0 | 0% | 2 | 4% | 2 | 4% | 0 | 0% |
| Watts School Of Nursing | RN Diplom | DURHAM | 24 | 24 | 0 | 24 | 100% | 24 | 100% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| Wayne Community College | ADN | GOLDSBORO | 1 | 0 | 1 | 0 | 0% | 0 | 0% | 0 | 0% | 1 | 100% | 0 | 0% | 1 | 100% |
| Western Carolina University | BSN | CULLOWHEE | 50 | 49 | 1 | 49 | 98% | 48 | 98% | 1 | 100% | 1 | 2% | 1 | 2% | 0 | 0% |
| Wilkes Community College | ADN | WILKESBORO | 1 | 1 | 0 | 0 | 0% | 0 | 0% | 0 | 0% | 1 | 100% | 1 | 100% | 0 | 0% |
| Wilson Community College | ADN | WILSON | 2 | 0 | 2 | 0 | 0% | 0 | 0% | 0 | 0% | 2 | 100% | 0 | 0% | 2 | 100% |
| WINGATE UNIVERSITY | BSN | WINGATE | 3 | 0 | 3 | 0 | 0% | 0 | 0% | 0 | 0% | 3 | 100% | 0 | 0% | 3 | 100% |
| Winston-Salem State University | BSN | WINSTON SALEM | 13 | 6 | 7 | 8 | 62% | 6 | 100% | 2 | 29% | 5 | 38% | 0 | 0% | 5 | 71% |
| SUB-TOTALS | | | 792 | 679 | 113 | 673 | 85% | 632 | 93% | 41 | 36% | 119 | 15% | 47 | 7% | 72 | 64% |
| Out of US Candidates | | | 30 | 16 | 14 | 10 | 33% | 8 | 50% | 2 | 14% | 20 | 67% | 8 | 50% | 12 | 86% |
| Out of State Candidates | | | 241 | 169 | 72 | 140 | 58% | 120 | 71% | 20 | 28% | 101 | 42% | 49 | 29% | 52 | 72% |
| TOTALS | | | 1063 | 864 | 199 | 823 | 77% | 760 | 88% | 63 | 32% | 240 | 23% | 104 | 12% | 136 | 68% |



NORTH CAROLINA TRENDS IN NURSING EDUCATION
2011—2015

This report was prepared by the North Carolina Board of Nursing
May 2016



ATTACHMENT L

North Carolina Trends in Nursing Education: 2011-2015 May 2016 Executive Summary

This report examines characteristics of the nursing student population and the programs in which those students are enrolled in North Carolina. The charts and data tables are based on information provided by all pre-licensure nursing education programs to the North Carolina Board of Nursing (NCBON) each year during the month of October. The nursing education pipeline data will contribute to the analysis of how well current workforce needs are being met, as well as determination of what new policies might be needed to ensure adequate future nursing resources.

Each page of the report contains a brief summary statement explaining the table/graph. Nursing education continues to be competitive in NC, with nursing remaining as one of the highest sought out professions. The NCBON has jurisdiction over pre-licensure nursing education programs and the explanatory comments in this report are limited to the pre-licensure programs.

The post-licensure RN-BSN program statistics are included in the report for general information purposes only. Because the NCBON does not have jurisdiction over post-licensure programs and they are not required to complete the annual report, the RN-BSN statistics are not reliable and may vary significantly.

Consistent with our strategic initiative to enhance the Board's proactive leadership in public protection by facilitating innovations in education and practice that promote a competent nursing workforce, we continue to collect and report annual supply data for nursing employers and other interested parties.

Questions about the information in this report can be directed to Dr. Crystal Tillman, Manager – Education and Practice, at ctillman@ncbon.com.

ATTACHMENT L

DEFINITIONS

Fall Term Census Date: October 1st of current year.

Reporting Period: The most recently completed 12-month reporting period which may be the academic year defined as fall, spring, and summer semesters or terms.

Example: The data used for the 2014-2015 Reporting Period in the NC BON Education Annual Report is Fall 2014, Spring 2015, and Summer 2015.

Qualified Applicants: A count of the individuals who submitted complete applications on time and who met all institutional requirements for formal admission to the nursing education program during the Reporting Period.

Admitted Applicants: A count of the individuals who received official notice from the program that they were invited to begin the nursing education program during the Reporting Period.

New Enrollees: A count of the Admitted Applicants who subsequently enrolled for the first time in the nursing education program during the Reporting Period. This count should include only individuals who were still enrolled in a nursing course after the first two weeks of class.

Total Student Enrollment: A count of the number of students enrolled on the Fall Term Census Date which is October 1. Include students at all points of the program's curriculum sequence, including newly enrolled, continuing, and students in their final semester or year.

Graduates: A count of the number of students who successfully completed the program requirements and were formally awarded the degree or diploma during the Reporting Period.

Faculty Vacancy: A vacant position for a faculty member that is being actively recruited as of the Fall Term Census Date which is October 1.

Full-time Faculty: Those members of the instructional, administrative, or research staff of the nursing academic unit who are employed full-time as defined by the institution, hold academic rank, carry the full scope of faculty responsibility (e.g., teaching, advisement, committee work), and receive the rights and privileges associated with full-time employment.

Part-time Faculty: Those members of the instructional, administrative, or research staff of the nursing academic unit who are employed part-time as defined by the institution, may or may not hold academic rank, and may or may not carry responsibility for a specific area (e.g., adjunct, clinical instructor).

ATTACHMENT L

North Carolina Trends in Nursing Education 2011-2015

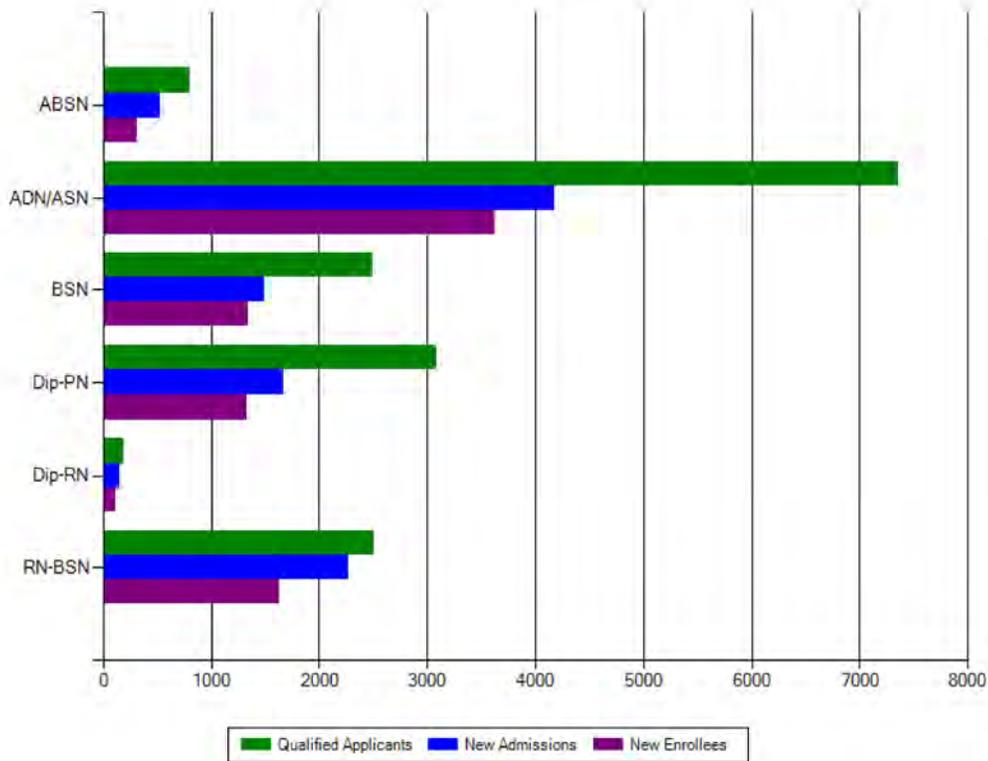
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Applicants, Admissions and New Enrollees by Nursing Program and Student Types Academic Year 2014-2015



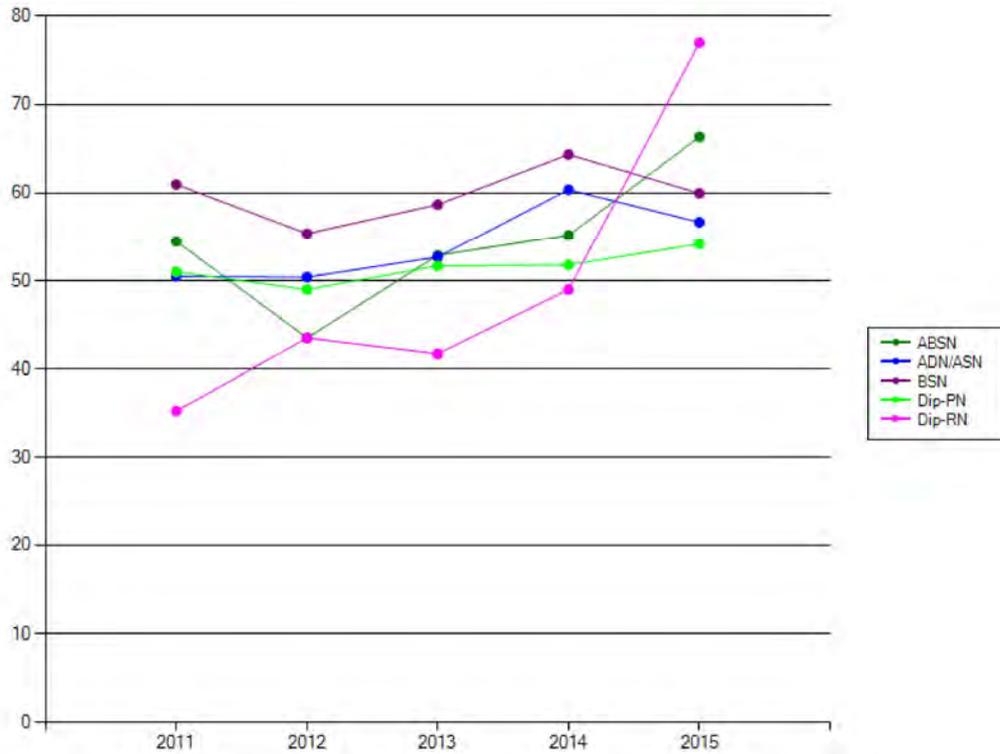
| | Qualified Applicants | New Admissions | New Enrollees |
|-----------------------|----------------------|----------------|---------------|
| Pre-Licensure | | | |
| ABS | 800 | 531 | 318 |
| ADN/ASN | 7366 | 4174 | 3618 |
| BSN | 2497 | 1498 | 1348 |
| Dip-PN | 3082 | 1669 | 1329 |
| Dip-RN | 191 | 147 | 112 |
| Total | 13936 | 8019 | 6725 |
| Post-Licensure | | | |
| RN-BSN | 2513 | 2273 | 1630 |
| Total | 2513 | 2273 | 1630 |

In NC 13,936 applicants were qualified to attend pre-licensure nursing education programs, 8019 (58%) were accepted for admission, but only 6725 (48% of applicants; 84% of those accepted) were enrolled as new students during the 2014-2015 academic year. The data includes the following pre-licensure programs:

- Accelerated Bachelor of Science in Nursing (ABS)
- Bachelor of Science in Nursing (BSN)
- Associate Degree in Nursing (ADN) or Associate Science in Nursing (ASN)
- Diploma-Registered Nurse (DIP-RN)
- Diploma-Practical Nurse (Dip-PN)

ATTACHMENT L

Trends in the Percent of Qualified Applicants Admitted to North Carolina Nursing Education Programs

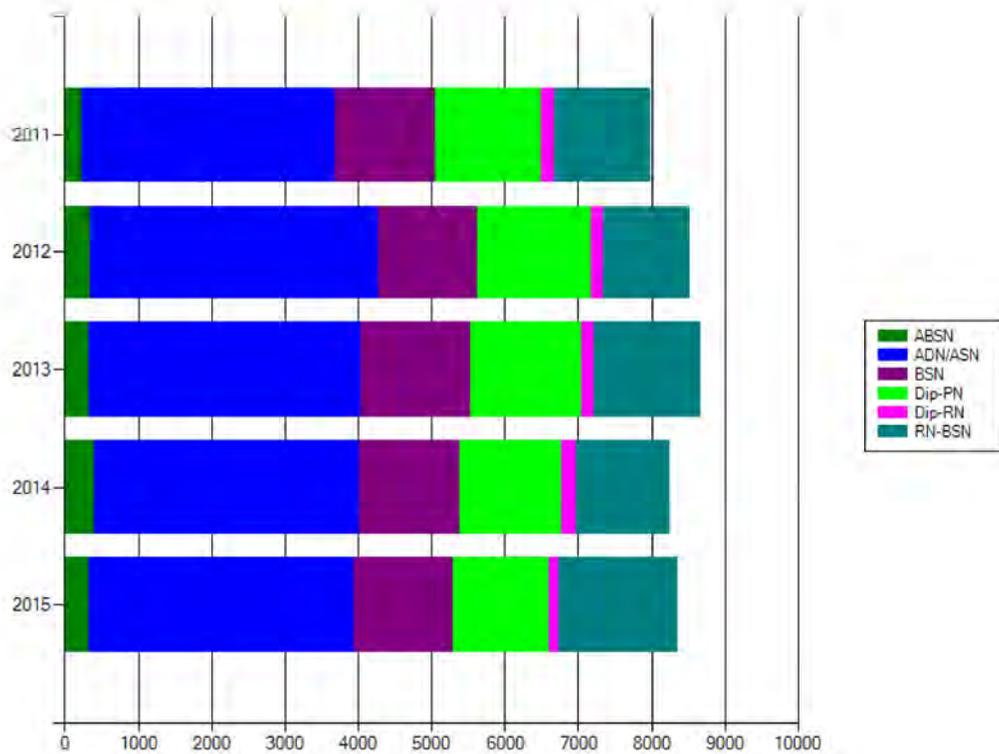


| | Pre-Licensure | | | | |
|-------------|---------------|------|------|--------|--------|
| | ADN/ASN | BSN | ABSN | Dip-RN | Dip-PN |
| 2011 | 50.5 | 61.0 | 54.5 | 35.3 | 51.0 |
| 2012 | 50.4 | 55.4 | 43.5 | 43.5 | 49.0 |
| 2013 | 52.7 | 58.7 | 52.9 | 41.7 | 51.7 |
| 2014 | 60.4 | 64.4 | 55.2 | 49.0 | 51.8 |
| 2015 | 56.7 | 60.0 | 66.4 | 77.0 | 54.2 |

The most growth in the 2014-2015 academic year for qualified applicants was experienced by the ABSN and Dip-RN programs.

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Trends in New Student Enrollments by Nursing Program and Student Types

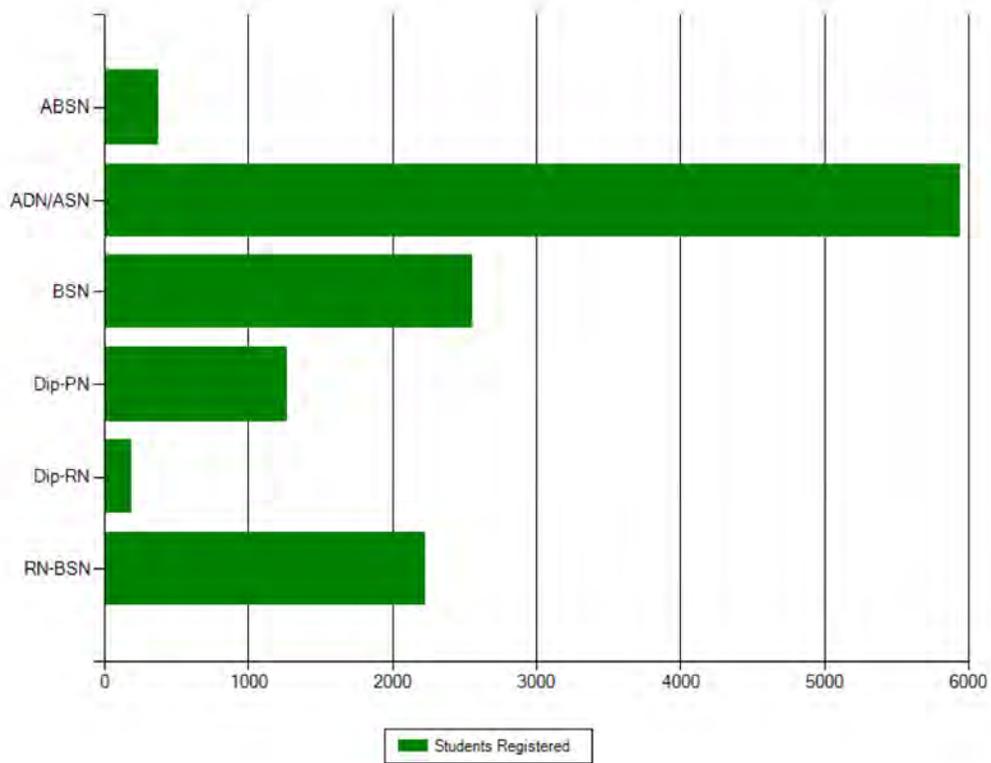


| | Pre-Licensure | | | | | Post-Licensure |
|-------------|---------------|------|------|--------|--------|----------------|
| | ADN/ASN | BSN | ABSN | Dip-RN | Dip-PN | RN-BSN |
| 2011 | 3452 | 1365 | 241 | 179 | 1442 | 1304 |
| 2012 | 3937 | 1339 | 348 | 164 | 1561 | 1170 |
| 2013 | 3725 | 1499 | 316 | 165 | 1501 | 1461 |
| 2014 | 3622 | 1357 | 405 | 202 | 1393 | 1274 |
| 2015 | 3618 | 1348 | 318 | 112 | 1329 | 1630 |

For the 2014-2015 academic year, the pre-licensure programs had a 3.6% decrease in new student enrollments. The RN-BSN programs however had a 28% (1274 to 1630) increase from last year's enrollments.

ATTACHMENT L

Total Enrollment by Nursing Program and Student Types as of Oct. 1, 2015

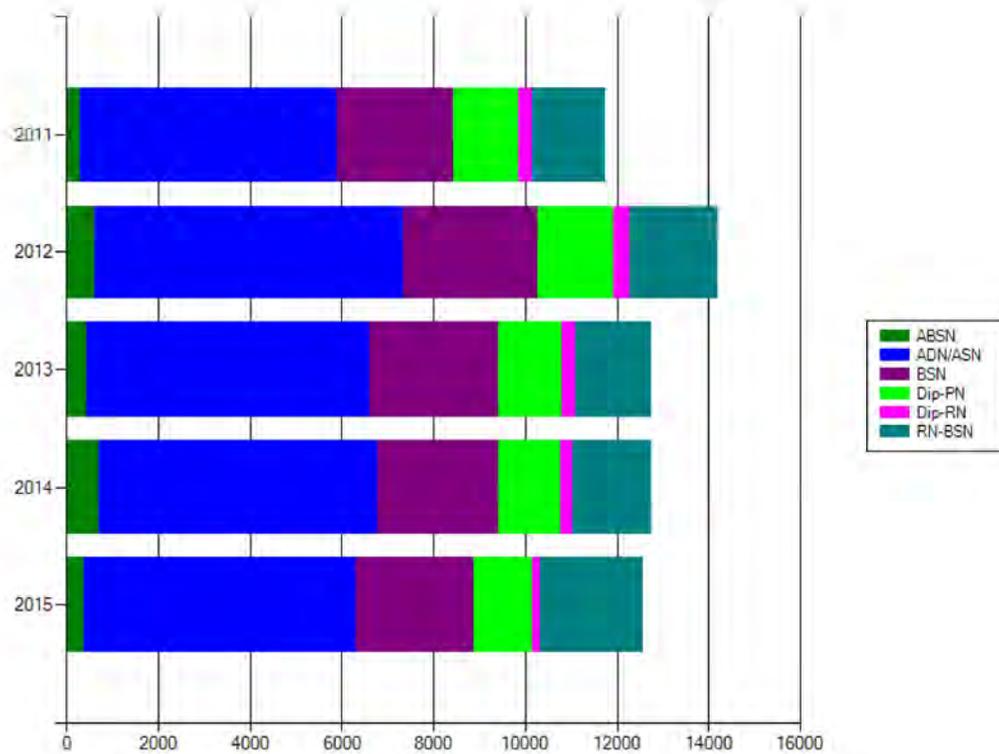


| Students Registered | |
|-----------------------|--------------|
| Pre-Licensure | |
| ABSN | 378 |
| ADN/ASN | 5944 |
| BSN | 2559 |
| Dip-PN | 1269 |
| Dip-RN | 193 |
| Total | 10343 |
| Post-Licensure | |
| RN-BSN | 2230 |
| Total | 2230 |

Total enrollment is a snapshot of pre-licensure students enrolled as of October 1, 2015. During October 2015 there were 10,343 nursing students enrolled in a pre-licensure nursing program taking nursing courses.

ATTACHMENT L

Total Enrollment in North Carolina Nursing Education Programs as of Oct. 1 Annually

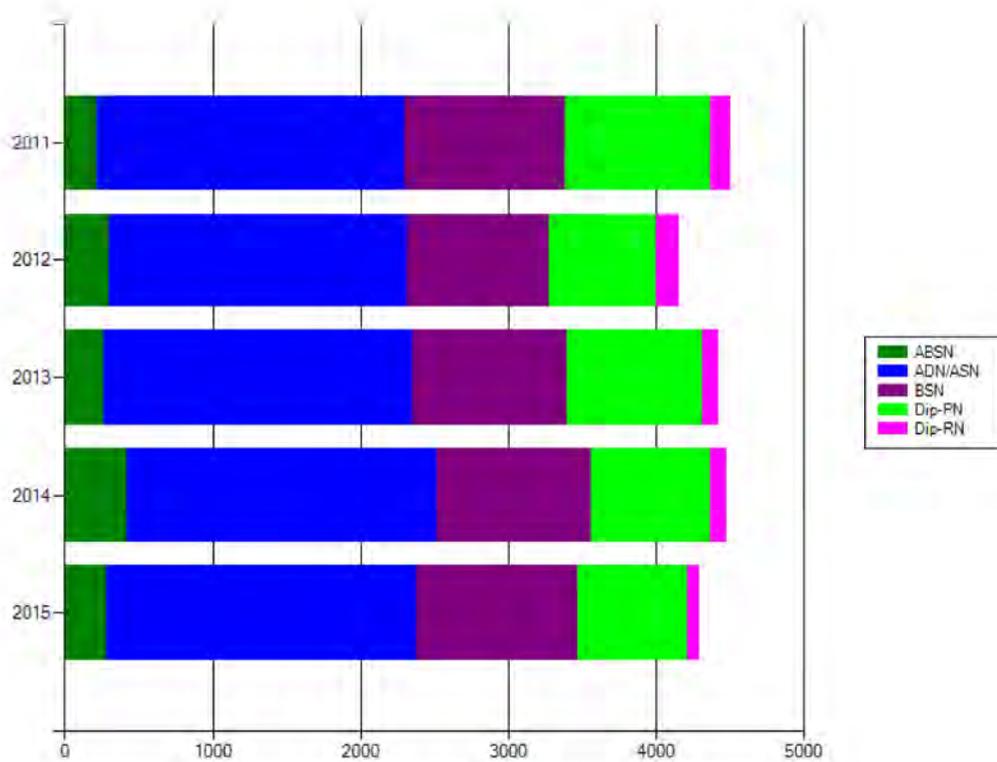


| | Pre-Licensure | | | | | Post-Licensure |
|-------------|---------------|------|------|--------|--------|----------------|
| | ADN/ASN | BSN | ABSN | Dip-RN | Dip-PN | RN-BSN |
| 2011 | 5608 | 2538 | 290 | 299 | 1418 | 1600 |
| 2012 | 6738 | 2905 | 617 | 347 | 1662 | 1946 |
| 2013 | 6172 | 2835 | 421 | 275 | 1389 | 1653 |
| 2014 | 6084 | 2655 | 687 | 267 | 1337 | 1719 |
| 2015 | 5944 | 2559 | 378 | 193 | 1269 | 2230 |

The 2014-2015 academic year total enrollment numbers are consistent with previous years. They are slightly down (6%) for all pre-licensure nursing education programs, and there is an increase (30%) in the post-licensure RN-BSN programs.

ATTACHMENT L

Trends in Total Graduates from North Carolina Nursing Education Programs



| | Pre-Licensure | | | | |
|-------------|---------------|------|------|--------|--------|
| | ADN/ASN | BSN | ABSN | Dip-RN | Dip-PN |
| 2011 | 2078 | 1094 | 216 | 136 | 978 |
| 2012 | 2019 | 960 | 297 | 147 | 729 |
| 2013 | 2086 | 1047 | 261 | 115 | 916 |
| 2014 | 2098 | 1041 | 420 | 113 | 809 |
| 2015 | 2103 | 1092 | 277 | 82 | 737 |

For the 2014-2015 academic year, pre-licensure graduates' numbers were slightly increased for both ADN/ASN and BSN programs. Total pre-licensure graduates for the year was 4,291. The following are the percentages of total graduates by program type:

- ABSN-7%
- BSN-25%
- ADN/ASN-49%
- Dip-RN-2%
- Dip-PN-17%

ATTACHMENT L

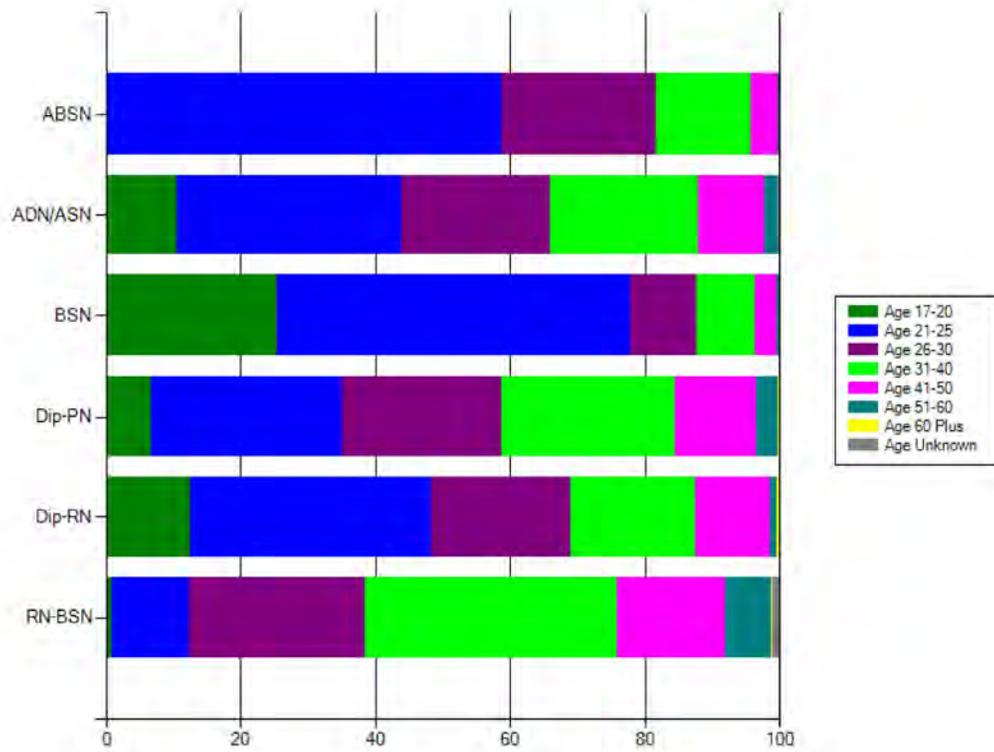
Student Race/Ethnicity enrolled in NC as of Oct. 1, 2015

| | Asian | Black/African American | Caucasion | Hispanic | Native American | Pacific Islander | Other or Unknown | Total Student Enrollment |
|-----------------------|------------|------------------------|-------------|------------|-----------------|------------------|------------------|--------------------------|
| Pre-Licensure | | | | | | | | |
| ABSN | 24 | 53 | 260 | 19 | 4 | 1 | 17 | 378 |
| ADN/ASN | 155 | 841 | 4277 | 261 | 261 | 16 | 133 | 5944 |
| BSN | 108 | 422 | 1726 | 151 | 36 | 5 | 111 | 2559 |
| Dip-PN | 22 | 517 | 610 | 57 | 43 | 2 | 18 | 1269 |
| Dip-RN | 2 | 23 | 159 | 2 | 0 | 0 | 7 | 193 |
| Total | 311 | 1856 | 7032 | 490 | 344 | 24 | 286 | 10343 |
| Post-Licensure | | | | | | | | |
| RN-BSN | 37 | 275 | 1710 | 76 | 31 | 3 | 98 | 2230 |
| Total | 37 | 275 | 1710 | 76 | 31 | 3 | 98 | 2230 |

In the past two years there has been an increase in the diversity of pre-licensure students among Asians, Hispanics, and Native Americans. From 2014-2015 the student enrollment increased most for Native Americans from 182 to 344 (89% increase); Asians increased from 261 to 311 (19% increase), and Hispanics from 394 to 490 (24% increase).

ATTACHMENT L

Age Profile of Nursing Students Enrolled in North Carolina as of Oct. 1, 2015

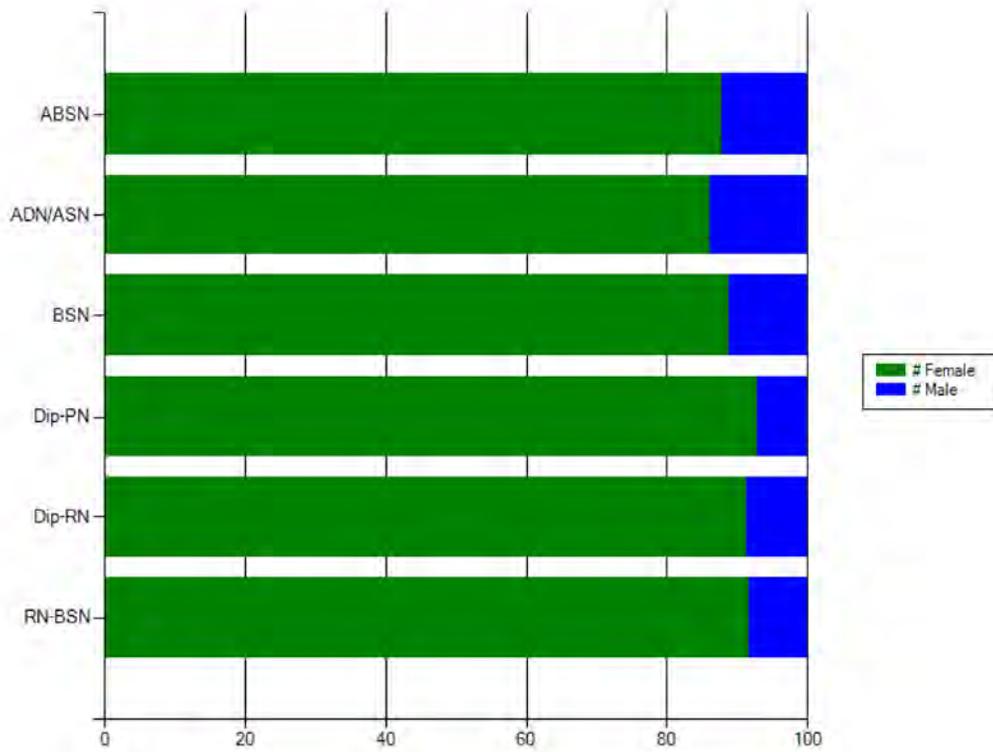


| | Age 17-20 | Age 21-25 | Age 26-30 | Age 31-40 | Age 41-50 | Age 51-60 | Age 60 plus | Unknown | Total Enrolled |
|-----------------------|-------------|-------------|-------------|-------------|------------|------------|-------------|-----------|----------------|
| Pre-Licensure | | | | | | | | | |
| ABSN | 1 | 221 | 87 | 53 | 15 | 1 | 0 | 0 | 378 |
| ADN/ASN | 623 | 1982 | 1311 | 1302 | 588 | 123 | 3 | 12 | 5944 |
| BSN | 650 | 1341 | 254 | 219 | 81 | 14 | 0 | 0 | 2559 |
| Dip-PN | 84 | 361 | 301 | 325 | 154 | 42 | 2 | 0 | 1269 |
| Dip-RN | 24 | 69 | 40 | 36 | 21 | 2 | 1 | 0 | 193 |
| Total | 1382 | 3974 | 1993 | 1935 | 859 | 182 | 6 | 12 | 10343 |
| Post-Licensure | | | | | | | | | |
| RN-BSN | 16 | 257 | 583 | 833 | 360 | 151 | 6 | 24 | 2230 |
| Total | 16 | 257 | 583 | 833 | 360 | 151 | 6 | 24 | 2230 |

The age profile categories remained consistent from last year. As expected, the post-licensure RN-BSN students were older, with the largest category in the 31-40 age range.

ATTACHMENT L

Gender of Nursing Students Enrolled in North Carolina as of Oct. 1, 2015



| | # Female | % Female | # Male | % Male | Total Enrolled |
|-----------------------|-------------|-------------|-------------|-------------|----------------|
| Pre-Licensure | | | | | |
| ABSN | 332 | 87.8 | 46 | 12.2 | 378 |
| ADN/ASN | 5110 | 86.1 | 828 | 13.9 | 5938 |
| BSN | 2270 | 88.7 | 289 | 11.3 | 2559 |
| Dip-PN | 1177 | 92.8 | 92 | 7.2 | 1269 |
| Dip-RN | 176 | 91.2 | 17 | 8.8 | 193 |
| Total | 9065 | 87.7 | 1272 | 12.3 | 10337 |
| Post-Licensure | | | | | |
| RN-BSN | 2045 | 91.7 | 185 | 8.3 | 2230 |
| Total | 2045 | 91.7 | 185 | 8.3 | 2230 |

The enrollment for male students in pre-licensure nursing programs increased 1% from October 2014 to October 2015, ADN/ASN having the highest percentage at 13.95%, followed by ABSN at 12.2%.

ATTACHMENT L

Characteristics of Full- and Part-time Faculty in Nursing Education Programs as of Oct. 1, 2015

| | Full-Time | | | | | Part-Time | | | | |
|-----------------------|-------------|--------|-----------|-------------|---------------------------|-------------|--------|-----------|-------------|---------------------------|
| | Total # | % Bacc | % Masters | % Doctorate | % Enrolled in Grad School | Total # | % Bacc | % Masters | % Doctorate | % Enrolled in Grad School |
| Pre-Licensure | | | | | | | | | | |
| ABSN | 60 | 0.0 | 31.7 | 28.3 | 23.3 | 62 | 32.3 | 58.1 | 8.1 | 24.2 |
| ADN/ASN | 502 | 7.8 | 86.9 | 4.0 | 18.5 | 680 | 44.7 | 53.1 | 1.2 | 17.2 |
| BSN | 368 | 0.5 | 47.6 | 23.6 | 25.5 | 285 | 15.4 | 74.4 | 6.7 | 18.6 |
| Dip-PN | 138 | 16.7 | 80.4 | 2.2 | 23.9 | 165 | 45.5 | 52.1 | 0.6 | 29.1 |
| Dip-RN | 30 | 0.0 | 93.3 | 6.7 | 20.0 | 3 | 0.0 | 66.7 | 0.0 | 0.0 |
| Total | 1098 | | | | | 1195 | | | | |
| Post-Licensure | | | | | | | | | | |
| RN-BSN | 73 | 1.4 | 42.5 | 15.1 | 42.5 | 65 | 0.0 | 70.8 | 15.4 | 87.7 |
| Total | 73 | | | | | 65 | | | | |

The total number of pre-licensure faculty is slightly (2%) lower than in 2014 (2351 vs 2293). The full-time faculty census was 1114 in 2014 and decreased 1% to 1098 in 2015. The part-time faculty census was 1237 in 2014 and decreased 3% to 1195 in 2015.

ATTACHMENT L

Vacant Faculty Positions by Full- and Part-time as of Oct. 1, 2015

| | Full-Time | | | | | | Part-Time | | | | | |
|-----------------------|-----------|------------------|----------------|---------------|-----------|-----------|-----------|------------------|----------------|---------------|-----------|----------|
| | Total # | Medical/Surgical | Maternal/Child | Mental/Health | Community | Other | Total # | Medical/Surgical | Maternal/Child | Mental/Health | Community | Other |
| Pre-Licensure | | | | | | | | | | | | |
| ABSN | 5 | 1 | 1 | 2 | 0 | 1 | 1 | 0 | 0 | 0 | 1 | 0 |
| ADN/ASN | 26 | 18 | 2 | 3 | 0 | 3 | 29 | 21 | 6 | 1 | 1 | 0 |
| BSN | 25 | 11 | 3 | 3 | 2 | 6 | 30 | 17 | 3 | 6 | 4 | 0 |
| Dip-PN | 9 | 5 | 1 | 0 | 0 | 3 | 9 | 7 | 1 | 0 | 0 | 1 |
| Dip-RN | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 |
| Total | 65 | 35 | 7 | 8 | 2 | 13 | 70 | 46 | 10 | 7 | 6 | 1 |
| Post-Licensure | | | | | | | | | | | | |
| RN-BSN | 7 | 2 | 1 | 1 | 0 | 3 | 4 | 1 | 2 | 1 | 0 | 0 |
| Total | 7 | 2 | 1 | 1 | 0 | 3 | 4 | 1 | 2 | 1 | 0 | 0 |

Pre-licensure full-time faculty vacancies slightly decreased from 77 in 2014 to 65 in 2015. Pre-licensure part-time faculty vacancies also slightly decreased from 73 in 2014 to 70 in 2015.

ATTACHMENT L

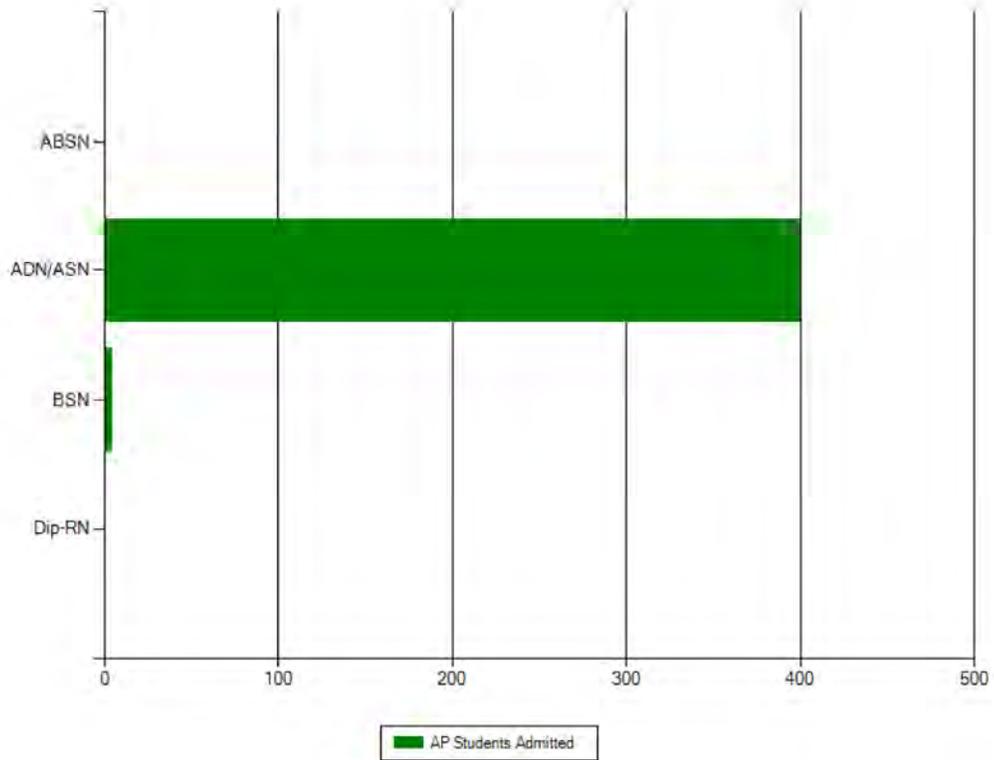
Accreditation Trends by Program Type

| | Pre-Licensure | | | | | | | | | |
|-------------|------------------|-------------------------------|------------------|---------------------------|------------------|----------------------------|------------------|------------------------------|------------------|------------------------------|
| | ADN/ASN | | BSN | | ABS N | | Dip-RN | | Dip-PN | |
| | Total Pgms Accr. | % Accr. of total ADN/ASN Pgms | Total Pgms Accr. | % Accr. of total BSN Pgms | Total Pgms Accr. | % Accr. of total ABSN Pgms | Total Pgms Accr. | % Accr. of total Dip-RN Pgms | Total Pgms Accr. | % Accr. of total Dip-PN Pgms |
| 2012 | 18 | 30.5 | 16 | 88.9 | 7 | 100.0 | 2 | 100.0 | 4 | 9.8 |
| 2013 | 19 | 32.2 | 17 | 89.5 | 6 | 100.0 | 2 | 100.0 | 5 | 12.2 |
| 2014 | 18 | 30.5 | 18 | 94.7 | 9 | 100.0 | 2 | 100.0 | 5 | 12.5 |
| 2015 | 21 | 36.2 | 21 | 100.0 | 6 | 100.0 | 2 | 100.0 | 5 | 13.2 |

One hundred percent (100%) of BSN, ABSN, and Diploma RN programs are accredited. The trend in accreditations of pre-licensure nursing education programs increased from 18 ADN/ASN programs in 2014 to 21 ADN/ASN programs in 2015.

ATTACHMENT L

Total Number of LPN-RN Advanced Placement Students admitted during 12-month reporting period

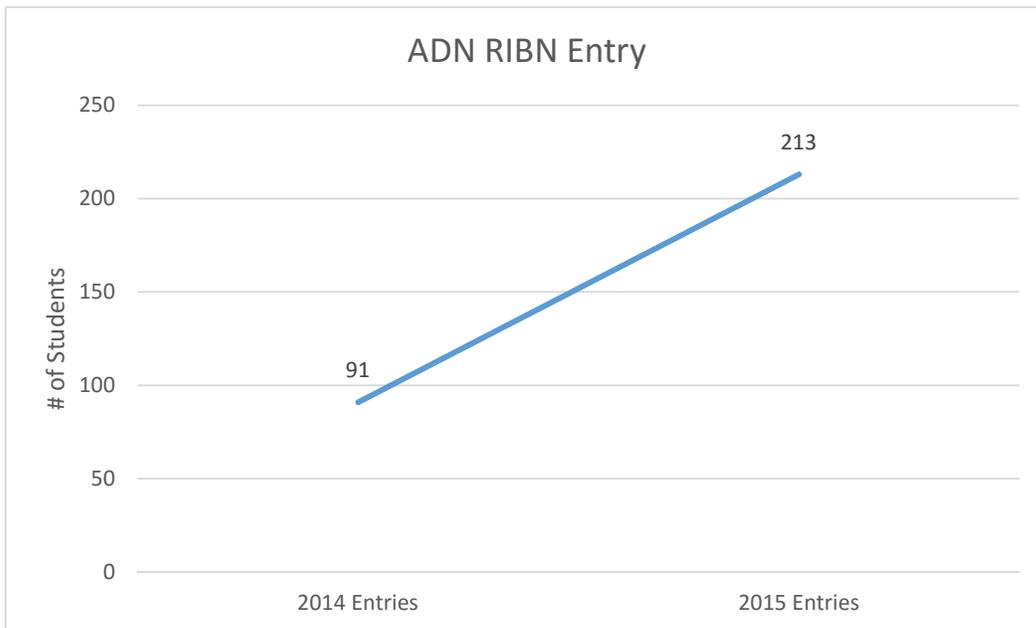
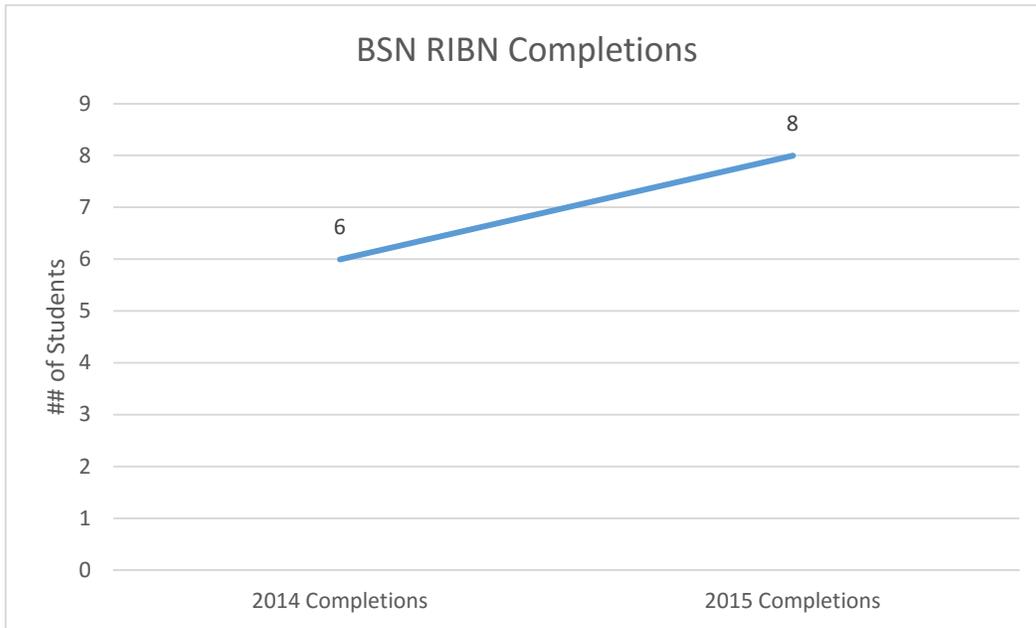


| LPN-RN AP Students | |
|----------------------|------------|
| Pre-Licensure | |
| ABSN | 0 |
| ADN/ASN | 400 |
| BSN | 5 |
| Dip-RN | 0 |
| Total | 405 |

There were 405 LPN-RN advanced placement students admitted during the 2014-2015 academic year. Advanced placement students enter the nursing program at a level beyond the first semester. LPNs apply for the advanced placement as a way to continue their education to become RNs.

ATTACHMENT L

Trends in BSN RIBN completions and ADN RIBN entries as of Oct. 1, 2015



ATTACHMENT L

Annual On-Time Completion Rates for all Nursing Education Programs

BSN Programs

| Program/Semester | Fall 2014 | | Spring 2015 | | Summer 2015 | | Yearly Completion Rate |
|--|------------|------------|-------------|------------|-------------|------------|------------------------|
| | Start | Completed | Start | Completed | Start | Completed | |
| APPALACHIAN STATE UNIVERSITY - BS | 0 | 0 | 48 | 41 | 0 | 0 | 85.4 |
| BARTON COLLEGE - BS | 0 | 0 | 49 | 39 | 1 | 0 | 78.0 |
| EAST CAROLINA UNIVERSITY - BS | 131 | 108 | 126 | 105 | 0 | 0 | 82.9 |
| FAYETTEVILLE STATE UNIVERSITY - BS | 25 | 15 | 24 | 18 | 0 | 0 | 67.3 |
| GARDNER-WEBB UNIVERSITY - BS | 0 | 0 | 32 | 12 | 0 | 0 | 37.5 |
| LEES-MCRAE COLLEGE | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 |
| LENOIR-RHYNE UNIVERSITY - BS | 0 | 0 | 67 | 25 | 0 | 0 | 37.3 |
| METHODIST UNIVERSITY | 0 | 0 | 24 | 21 | 0 | 0 | 87.5 |
| NORTH CAROLINA A & T STATE UNIVERSITY - BS | 2 | 0 | 37 | 25 | 0 | 0 | 64.1 |
| NORTH CAROLINA CENTRAL UNIVERSITY - BS | 0 | 0 | 43 | 42 | 0 | 0 | 97.7 |
| PFEIFFER UNIVERSITY - BS | 0 | 0 | 20 | 18 | 0 | 0 | 90.0 |
| QUEENS UNIVERSITY OF CHARLOTTE - PRESBYTERIAN - BS | 40 | 26 | 41 | 33 | 0 | 0 | 72.8 |
| SOUTH UNIVERSITY - HIGH POINT | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 |
| UNC-CHAPEL HILL - BS | 0 | 0 | 0 | 0 | 104 | 101 | 97.1 |
| UNC-CHARLOTTE - BS | 50 | 46 | 50 | 48 | 0 | 0 | 94.0 |
| UNC-GREENSBORO - BS | 0 | 0 | 94 | 86 | 0 | 0 | 91.5 |
| UNC-PEMBROKE - BS | 0 | 0 | 70 | 34 | 0 | 0 | 48.6 |
| UNC-WILMINGTON - BS | 50 | 50 | 50 | 46 | 0 | 0 | 96.0 |
| WESTERN CAROLINA UNIVERSITY - BS | 25 | 24 | 25 | 24 | 0 | 0 | 96.0 |
| WINGATE UNIVERSITY | 0 | 0 | 23 | 21 | 0 | 0 | 91.3 |
| WINSTON-SALEM STATE UNIVERSITY - BS | 12 | 1 | 108 | 83 | 0 | 0 | 70.0 |
| TOTAL | 335 | 270 | 931 | 721 | 105 | 101 | |
| NC AVERAGE FOR ALL BSN PROGRAMS | | | | | | | 79.6 |

ABSN Programs

| Program/Semester | Fall 2014 | | Spring 2015 | | Summer 2015 | | Yearly Completion Rate |
|--|-----------|-----------|-------------|------------|-------------|-----------|------------------------|
| | Start | Completed | Start | Completed | Start | Completed | |
| DUKE UNIVERSITY ABSN | 74 | 67 | 66 | 61 | 0 | 0 | 91.4 |
| EAST CAROLINA UNIVERSITY | 0 | 0 | 0 | 0 | 20 | 18 | 90.0 |
| NORTH CAROLINA A & T STATE UNIVERSITY ABSN | 7 | 7 | 13 | 0 | 0 | 0 | 35.0 |
| QUEENS UNIVERSITY OF CHARLOTTE ABSN | 0 | 0 | 33 | 28 | 0 | 0 | 84.8 |
| UNC-CHAPEL HILL ABSN | 0 | 0 | 64 | 55 | 0 | 0 | 85.9 |
| WINSTON-SALEM STATE UNIVERSITY ABSN | 0 | 0 | 42 | 41 | 0 | 0 | 97.6 |
| TOTAL | 81 | 74 | 218 | 185 | 20 | 18 | |
| NC AVERAGE FOR ALL ABSN PROGRAMS | | | | | | | 86.8 |

Dip-RN Programs

| Program/Semester | Fall 2014 | | Spring 2015 | | Summer 2015 | | Yearly Completion Rate |
|---|-----------|-----------|-------------|-----------|-------------|-----------|------------------------|
| | Start | Completed | Start | Completed | Start | Completed | |
| MERCY SCHOOL OF NURSING - DPL | 24 | 17 | 30 | 17 | 30 | 15 | 58.3 |
| WATTS SCHOOL OF NURSING - DPL | 42 | 15 | 51 | 18 | 0 | 0 | 35.5 |
| TOTAL | 66 | 32 | 81 | 35 | 30 | 15 | |
| NC AVERAGE FOR ALL DIP-RN PROGRAMS | | | | | | | 46.3 |

ATTACHMENT L

ADN/ASN Programs

| Program/Semester | Fall 2014 | | Spring 2015 | | Summer 2015 | | Yearly Completion Rate |
|--|-----------|-----------|-------------|-----------|-------------|-----------|------------------------|
| | Start | Completed | Start | Completed | Start | Completed | |
| ALAMANCE COMMUNITY COLLEGE - ADN | 0 | 0 | 44 | 25 | 0 | 0 | 56.8 |
| ASHEVILLE BUNCOMBE TECH COMMUNITY COLLEGE - ADN | 0 | 0 | 120 | 79 | 0 | 0 | 65.8 |
| BEAUFORT COMMUNITY COLLEGE - ADN | 0 | 0 | 58 | 47 | 0 | 0 | 81.0 |
| BLADEN COMMUNITY COLLEGE - ADN | 0 | 0 | 20 | 7 | 0 | 0 | 35.0 |
| BLUE RIDGE COMMUNITY COLLEGE - ADN | 0 | 0 | 47 | 30 | 0 | 0 | 63.8 |
| BRUNSWICK COMMUNITY COLLEGE - ADN | 0 | 0 | 28 | 21 | 0 | 0 | 75.0 |
| CABARRUS COLLEGE OF HEALTH SCIENCES - ADN | 43 | 14 | 50 | 25 | 0 | 0 | 41.9 |
| CALDWELL COMMUNITY COLLEGE AND TECHNICAL INSTITUTE | 0 | 0 | 66 | 33 | 0 | 0 | 50.0 |
| CAPE FEAR COMMUNITY COLLEGE - ADN | 0 | 0 | 94 | 56 | 0 | 0 | 59.6 |
| CAROLINAS COLLEGE OF HEALTH SCIENCES - ADN | 64 | 54 | 52 | 45 | 0 | 0 | 85.3 |
| CARTER COMMUNITY COLLEGE - ADN | 0 | 0 | 20 | 20 | 0 | 0 | 100.0 |
| CATAWBA VALLEY COMMUNITY COLLEGE - ADN | 0 | 0 | 85 | 41 | 0 | 0 | 48.2 |
| CENTRAL CAROLINA COMMUNITY COLLEGE - ADN | 0 | 0 | 50 | 23 | 0 | 0 | 46.0 |
| CENTRAL PIEDMONT COMMUNITY COLLEGE - ADN | 42 | 34 | 38 | 26 | 0 | 0 | 75.0 |
| COASTAL CAROLINA COMMUNITY COLLEGE - ADN | 0 | 0 | 35 | 31 | 0 | 0 | 88.6 |
| COLLEGE OF THE ALBEMARLE - ADN | 0 | 0 | 35 | 26 | 0 | 0 | 74.3 |
| CRAVEN COMMUNITY COLLEGE - ADN | 0 | 0 | 57 | 45 | 0 | 0 | 78.9 |
| DAVIDSON COUNTY COMMUNITY COLLEGE - ADN | 0 | 0 | 51 | 45 | 0 | 0 | 88.2 |
| DURHAM TECHNICAL COMMUNITY COLLEGE - ADN | 0 | 0 | 63 | 33 | 0 | 0 | 52.4 |
| ECPI UNIVERSITY - CHARLOTTE - AAS | 32 | 18 | 32 | 13 | 25 | 9 | 44.9 |
| EDGECOMBE COMMUNITY COLLEGE - ADN | 0 | 0 | 55 | 28 | 0 | 0 | 50.9 |
| FAYETTEVILLE TECHNICAL COMMUNITY COLLEGE - ADN | 0 | 0 | 59 | 55 | 0 | 0 | 93.2 |
| FOOTHILLS NURSING CONSORTIUM - ADN | 0 | 0 | 64 | 51 | 0 | 0 | 79.7 |
| FORSYTH TECHNICAL COMMUNITY COLLEGE - ADN | 92 | 42 | 65 | 36 | 0 | 0 | 49.7 |
| GARDNER-WEBB UNIVERSITY - ADN | 0 | 0 | 66 | 33 | 0 | 0 | 50.0 |
| GASTON COLLEGE - ADN | 0 | 0 | 99 | 66 | 0 | 0 | 66.7 |
| GUILFORD TECHNICAL COMMUNITY COLLEGE - ADN | 42 | 15 | 63 | 26 | 12 | 8 | 41.9 |
| HALIFAX COMMUNITY COLLEGE - ADN | 0 | 0 | 35 | 11 | 0 | 0 | 31.4 |
| ITT TECHNICAL INSTITUTE - ADN | 46 | 0 | 77 | 11 | 34 | 4 | 9.6 |
| JAMES SPRUNT COMMUNITY COLLEGE - ADN | 0 | 0 | 39 | 15 | 0 | 0 | 38.5 |
| JOHNSTON COMMUNITY COLLEGE - ADN | 0 | 0 | 78 | 28 | 0 | 0 | 35.9 |
| LENOIR COMMUNITY COLLEGE - ADN | 0 | 0 | 32 | 0 | 0 | 0 | 0.0 |
| MAYLAND COMMUNITY COLLEGE - ADN | 0 | 0 | 32 | 29 | 0 | 0 | 90.6 |
| MITCHELL COMMUNITY COLLEGE - ADN | 0 | 0 | 52 | 25 | 0 | 0 | 48.1 |
| NASH COMMUNITY COLLEGE - ADN | 0 | 0 | 35 | 23 | 0 | 0 | 65.7 |
| PIEDMONT COMMUNITY COLLEGE - ADN | 0 | 0 | 41 | 24 | 0 | 0 | 58.5 |
| PITT COMMUNITY COLLEGE - ADN | 0 | 0 | 114 | 78 | 0 | 0 | 68.4 |
| RANDOLPH COMMUNITY COLLEGE - ADN | 0 | 0 | 36 | 21 | 0 | 0 | 58.3 |
| REGION A NURSING CONSORTIUM - ADN | 0 | 0 | 74 | 50 | 0 | 0 | 67.6 |
| RICHMOND COMMUNITY COLLEGE - ADN | 0 | 0 | 79 | 26 | 0 | 0 | 32.9 |
| ROANOKE-CHOWAN COMMUNITY COLLEGE - ADN | 28 | 0 | 13 | 8 | 0 | 0 | 19.5 |
| ROBESON COMMUNITY COLLEGE - ADN | 0 | 0 | 40 | 20 | 0 | 0 | 50.0 |
| ROCKINGHAM COMMUNITY COLLEGE - ADN | 0 | 0 | 31 | 10 | 0 | 0 | 32.3 |
| ROWAN-CABARRUS COMMUNITY COLLEGE - ADN | 0 | 0 | 60 | 50 | 0 | 0 | 83.3 |
| SAMPSON COMMUNITY COLLEGE - ADN | 0 | 0 | 44 | 25 | 0 | 0 | 56.8 |
| SANDHILLS COMMUNITY COLLEGE - ADN | 0 | 0 | 89 | 55 | 0 | 0 | 61.8 |
| SOUTH COLLEGE - ADN | 24 | 19 | 0 | 0 | 28 | 14 | 63.5 |
| SOUTH PIEDMONT COMMUNITY COLLEGE - ADN | 0 | 0 | 40 | 16 | 0 | 0 | 40.0 |
| SOUTHEASTERN COMMUNITY COLLEGE - ADN | 0 | 0 | 46 | 23 | 0 | 0 | 50.0 |
| SOUTHWESTERN COMMUNITY COLLEGE - ADN | 0 | 0 | 30 | 26 | 0 | 0 | 86.7 |
| STANLY COMMUNITY COLLEGE - ADN | 0 | 0 | 66 | 27 | 0 | 0 | 40.9 |
| SURRY COMMUNITY COLLEGE - ADN | 0 | 0 | 60 | 38 | 0 | 0 | 63.3 |
| VANCE-GRANVILLE COMMUNITY COLLEGE - ADN | 0 | 0 | 60 | 34 | 0 | 0 | 56.7 |
| WAKE TECHNICAL COMMUNITY COLLEGE - ADN | 83 | 58 | 81 | 68 | 0 | 0 | 76.8 |
| WAYNE COMMUNITY COLLEGE - ADN | 0 | 0 | 48 | 22 | 0 | 0 | 45.8 |
| WESTERN PIEDMONT COMMUNITY COLLEGE - ADN | 0 | 0 | 55 | 23 | 0 | 0 | 41.8 |

ATTACHMENT L

ADN/ASN Programs

| Program/Semester | Fall 2014 | | Spring 2015 | | Summer 2015 | | Yearly Completion Rate |
|--|------------|------------|-------------|-------------|-------------|-----------|------------------------|
| | Start | Completed | Start | Completed | Start | Completed | |
| WILKES COMMUNITY COLLEGE - ADN | 0 | 0 | 45 | 22 | 0 | 0 | 48.9 |
| WILSON COMMUNITY COLLEGE - ADN | 0 | 0 | 56 | 40 | 0 | 0 | 71.4 |
| TOTAL | 496 | 254 | 3104 | 1814 | 99 | 35 | |
| NC AVERAGE FOR ALL ADN/ASN PROGRAMS | | | | | | | 56.9 |

Dip-PN Programs

| Program/Semester | Fall 2014 | | Spring 2015 | | Summer 2015 | | Yearly Completion Rate |
|--|------------|------------|-------------|-----------|-------------|------------|------------------------|
| | Start | Completed | Start | Completed | Start | Completed | |
| ASHEVILLE BUNCOMBE TECHNICAL COMMUNITY COLLEGE | 0 | 0 | 0 | 0 | 28 | 15 | 53.6 |
| BEAUFORT COUNTY COMMUNITY COLLEGE | 0 | 0 | 0 | 0 | 30 | 20 | 66.7 |
| BLADEN COMMUNITY COLLEGE | 0 | 0 | 0 | 0 | 18 | 18 | 100.0 |
| BRUNSWICK COMMUNITY COLLEGE | 0 | 0 | 25 | 18 | 0 | 0 | 72.0 |
| CAPE FEAR COMMUNITY COLLEGE | 0 | 0 | 0 | 0 | 36 | 26 | 72.2 |
| CARTERET COMMUNITY COLLEGE | 14 | 0 | 11 | 0 | 10 | 10 | 28.6 |
| CENTRAL CAROLINA COMMUNITY COLLEGE | 29 | 17 | 0 | 0 | 15 | 15 | 72.7 |
| CLEVELAND COMMUNITY COLLEGE | 21 | 0 | 16 | 0 | 15 | 15 | 28.8 |
| COASTAL CAROLINA COMMUNITY COLLEGE | 0 | 0 | 19 | 18 | 0 | 0 | 94.7 |
| COLLEGE OF THE ALBEMARLE | 0 | 0 | 0 | 0 | 24 | 23 | 95.8 |
| CRAVEN COMMUNITY COLLEGE | 0 | 0 | 0 | 0 | 10 | 9 | 90.0 |
| DAVIDSON COUNTY COMMUNITY COLLEGE | 0 | 0 | 0 | 0 | 20 | 17 | 85.0 |
| DURHAM TECHNICAL COMMUNITY COLLEGE | 38 | 15 | 0 | 0 | 0 | 0 | 39.5 |
| ECPI UNIVERSITY - CHARLOTTE | 23 | 6 | 23 | 9 | 34 | 13 | 35.0 |
| ECPI UNIVERSITY - GREENSBORO | 19 | 10 | 19 | 6 | 11 | 6 | 44.9 |
| ECPI UNIVERSITY - RALEIGH | 86 | 45 | 40 | 14 | 41 | 11 | 41.9 |
| EDGECOMBE COMMUNITY COLLEGE | 0 | 0 | 0 | 0 | 17 | 10 | 58.8 |
| FAYETTEVILLE TECHNICAL COMMUNITY COLLEGE | 74 | 0 | 57 | 0 | 34 | 32 | 19.4 |
| FORSYTH TECHNICAL COMMUNITY COLLEGE | 0 | 0 | 0 | 0 | 72 | 56 | 77.8 |
| GASTON COLLEGE | 0 | 0 | 0 | 0 | 80 | 55 | 68.8 |
| GUILFORD TECHNICAL COMMUNITY COLLEGE | 23 | 0 | 20 | 0 | 19 | 19 | 30.6 |
| HALIFAX COMMUNITY COLLEGE | 0 | 0 | 0 | 0 | 17 | 10 | 58.8 |
| ISOTHERMAL COMMUNITY COLLEGE | 0 | 0 | 31 | 0 | 0 | 0 | 0.0 |
| JAMES SPRUNT COMMUNITY COLLEGE | 0 | 0 | 0 | 0 | 17 | 10 | 58.8 |
| LENOIR COMMUNITY COLLEGE | 0 | 0 | 0 | 0 | 12 | 0 | 0.0 |
| MCDOWELL TECHNICAL COMMUNITY COLLEGE | 0 | 0 | 0 | 0 | 31 | 25 | 80.6 |
| MONTGOMERY COMMUNITY COLLEGE | 0 | 0 | 37 | 32 | 0 | 0 | 86.5 |
| NASH COMMUNITY COLLEGE | 0 | 0 | 0 | 0 | 20 | 16 | 80.0 |
| RICHMOND COMMUNITY COLLEGE | 0 | 0 | 0 | 0 | 18 | 9 | 50.0 |
| ROBESON COMMUNITY COLLEGE | 0 | 0 | 0 | 0 | 24 | 12 | 50.0 |
| ROCKINGHAM COMMUNITY COLLEGE | 0 | 0 | 0 | 0 | 27 | 26 | 96.3 |
| SAMPSON COMMUNITY COLLEGE | 0 | 0 | 0 | 0 | 22 | 10 | 45.5 |
| SOUTH PIEDMONT COMMUNITY COLLEGE | 0 | 0 | 0 | 0 | 20 | 13 | 65.0 |
| SOUTHEASTERN COMMUNITY COLLEGE | 23 | 4 | 0 | 0 | 0 | 0 | 17.4 |
| SURRY COMMUNITY COLLEGE | 21 | 3 | 0 | 0 | 0 | 0 | 14.3 |
| VANCE-GRANVILLE COMMUNITY COLLEGE | 30 | 17 | 0 | 0 | 0 | 0 | 56.7 |
| WAYNE COMMUNITY COLLEGE | 0 | 0 | 0 | 0 | 20 | 14 | 70.0 |
| WILSON COMMUNITY COLLEGE | 0 | 0 | 0 | 0 | 24 | 8 | 33.3 |
| TOTAL | 401 | 117 | 298 | 97 | 766 | 523 | |
| NC AVERAGE FOR ALL DIP-PN PROGRAMS | | | | | | | 50.3 |

ATTACHMENT M

Strategic Initiative #1: Enhance public protection through the Board's proactive leadership by

| Objectives | 1 Year Goals | Outcome/Target | Progress Note |
|---|---|---|--|
| a. Maintaining resources and flexibility to support the Board's mission without the use of state appropriated funds | Conduct formal ongoing evaluation of financial indicators to assure responsible and cost effective regulation | <ul style="list-style-type: none"> ○ Positive performance compared to benchmarks for Net Position, Net Revenue, Liquidity, Investment Performance, Liability/Assests and Revenue/Expenses (GB) | Financial performance measures to maintain a healthy financial position have been developed. Actual performance will be reviewed at the end of the fiscal year. |
| b. Ensuring equitable, efficient and effective regulatory processes | Evaluate changes implemented and determine next process to be audited or evaluated for revision | <ul style="list-style-type: none"> ○ Revision of drug documentation and Neglect Protocols (AM) | Work continues on these protocols. |
| | | <ul style="list-style-type: none"> ○ Revision of 21 NCAC 36 .0217 (AGF) | Ad Hoc Committee approved revisions to violations section of .0217. Anna and Amy will finish revising the remainder of the rule and present at next Board meeting. |
| | | <ul style="list-style-type: none"> ○ Develop protocols for top 4 (KC) | Protocols/Sanctioning Guidelines for "prescriptive" cases have been drafted. Protocols/Sanctioning Guidelines for use with complaints involving Drugs, Documentation, Neglect, and Failure to Maintain Standards have been identified for review and consideration for revisions. Research has begun on top 4 complaints and final actions taken by other states in cases involving APRNs. |
| | | <ul style="list-style-type: none"> ○ Track repeat offenders (KC) | Data report is ongoing. January and February 2016 there have been 26 complaints (2nd report =20, 3rd report =4, |

ATTACHMENT M

| Strategic Initiative #1: Enhance public protection through the Board's proactive leadership by | | | |
|--|---|--|---|
| Objectives | 1 Year Goals | Outcome/Target | Progress Note |
| | | | and 4th report =2) received against licensees previously reported to the Board. 12 of these complaints were related to prior complaint (Drugs = 8, Neglect = 2, Scope =1, Boundary issue = 1, and Criminal matters = 1). End of year report may be useful to identify if sanctions are effective in deterring repeat violations. |
| | Comply with all requirements of Section 12F.16 of Session Law 2015-241 | <ul style="list-style-type: none"> Complete rule-making related to Opioid prescribing outcome and mandatory CE (LB, AE, BL) | 21 NCAC 36 .0815 was approved by Rules Review Commission on 3/17/16. Currently drafting language for change in CNM Rules. |
| c. Collaborating with external stakeholders to address impacts of Health Care Reform | Collect data to assist in determining gaps between current and future workforce needs | <ul style="list-style-type: none"> License renewal applications collect minimum data set established by SHEPS, NCSBN and the National Forum of State Nursing Workforce Centers (TP) | Collaborating with workforce data stakeholders to ensure required data is collected and accurate. 2/22/16: NCSBN reduced missing data elements from 11 to 4 by reprocessing NCBoN data. Meeting with licensure/practice/education to identify best way to collect and populate missing data (Position Description, NC Actively Practicing, Reason for Unemployment, Country of Entry Level Nursing Education). April: ThoughtSpan will help populate missing data and |

ATTACHMENT M

| Strategic Initiative #1: Enhance public protection through the Board's proactive leadership by | | | |
|--|--|---|---|
| Objectives | 1 Year Goals | Outcome/Target | Progress Note |
| | | | update license renewal applications to collect data going forward. |
| | Continue collaboration with NCNA, NCFONAC, NCCS and others | <ul style="list-style-type: none"> o Collect NC specific data to better inform decision-making (LB, CT & BL) | ED facilitated discussion between NC Sheps Center staff and NCSBN staff regarding national workforce data collection and dissemination. |

ATTACHMENT M

| Strategic Initiative #2: Advance best practices in nursing regulation by | | | |
|--|---|--|--|
| Objectives | 1 Year Goals | Outcome/Target | Progress Note |
| a. Implementing evidence-based decision-making to improve outcomes | Integrate additional best practice recommendations | <ul style="list-style-type: none"> Identify best practices of high performing Boards from CORE & IRE (KC) | S Griffith attended NCSBN CORE Committee in March. She reported changes are being made to the CORE questionnaire and definitions will be included this year to ensure understanding of the data being collected and to focus more on the issues States are interested in. Also, NCSBN plans to showcase how data is being used by various states. Next CORE survey will be sent to states on July 15th with reports due by Sept 1st. Considering offering option for member boards to select which state(s) they would like to compare themselves. ED to participate on CORE panel presentation at NCSBN EO Summit in June |
| | Evaluate and implement resolutions regarding Consensus model for APRN practice and enhanced NLC | <ul style="list-style-type: none"> Educate stakeholders of enhanced NLC (JG, DK) | Ongoing |
| | | <ul style="list-style-type: none"> Educate legislators on SB 695/HB807 (JG, DK) | JG presented to Jt. Legislative Oversight Committee on HHS on 3/8/16. |
| | Publish outcomes of changes implemented as result of 2013 study and Education Program surveys | <ul style="list-style-type: none"> Manuscript accepted for publication (CT) | "Nursing Education Program Evaluations: Onsite Visits vs. Document-Only Reviews" published by CT in JNR July 2015 |
| Continue engagement with NCSBN IRE | <ul style="list-style-type: none"> Have a minimum of one participant in IRE (LB) | Currently 3 NCBON participants – CT, MM, & DH. Will probably have at least 2 | |

ATTACHMENT M

| Strategic Initiative #2: Advance best practices in nursing regulation by | | | |
|--|--|---|--|
| Objectives | 1 Year Goals | Outcome/Target | Progress Note |
| | | | additional applicants for the 2017 cohort. |
| | Implement research and publication agenda | <ul style="list-style-type: none"> Minimum of two manuscripts accepted for publication in peer-reviewed Journal (LB, BL) | Ongoing |
| b. Facilitating innovations in Education and Practice | Obtain approval for revised Education rules, including Simulation and External Standardized Examination Requirements | <ul style="list-style-type: none"> Implement Distance Education Position Statement June 2016 (LB) | Pending Education Rules Revisions |
| | Implement new Distance Education and External Standardized Examination Position Statements | <ul style="list-style-type: none"> Complete Education Rule promulgation process October 2016 (LB, CT) | Pending Education Rules Revisions |
| | | <ul style="list-style-type: none"> Communicate Simulation requirements to all program directors prior to effective date of Rule revisions (LB, CT) | Pending Education Rules Revisions |
| | | <ul style="list-style-type: none"> Implement External Standardized Examination Position Statement on effective date of Rule revisions (LB, CT) | Pending Education Rules Revisions |
| | Report outcomes for RIBN graduates | <ul style="list-style-type: none"> Collate report by November 2016 (CT) | Implementing improved RIBN reporting for October 2016 data collection cycle. Communicated same to program directors present at 3/8/2016 RIBN Conference. |

ATTACHMENT N

CALENDAR YEAR 2016

Note: items highlighted in blue are complete.

| Objective | Action Taken | Status/ Completion Date |
|--|---|--|
| 1. Increase education on key issues and initiatives | Schedule education session for March and Board Retreat for October | <ul style="list-style-type: none"> • March Education Session held. Topics included Enhanced Nurse Licensure Compact, Legislative Matters, Strategic Planning and Fiduciary Responsibilities • Board Retreat scheduled for October 20-21, 2016. Agenda to be developed. |
| 2. Increase opportunities for orientation, education and retreat initiatives | Board Orientation, Education and Succession (BOES) Team to further develop education initiatives to include ongoing research related to leadership development and succession planning. | See attached Agenda Item C7. |

ATTACHMENT N

ISSUE: Board Orientation Education and Succession (BOES)

BACKGROUND: Convened in 2015, the BOES Team began development of an inclusive, collaborative Board Member orientation, education and succession planning program. The team works closely with the Executive Director and reports to the Board Governance Committee. Whenever applicable, the Board's Strategic Plan guides the work of the team. In addition, BOES is charged with the following on an on-going basis:

1. Develop and maintain orientation process for incoming Board members;
2. Identify, develop and implement Leadership Development Program;
3. Conduct regularly scheduled surveys for program's effectiveness; and,
4. Monitor emerging issues regarding succession planning for recommendation and implementation strategies.

BOES team members include:

Angela Ellis, Manager, Executive Office
Crystal Tillman, Manager, Education and Practice
Melissa McDonald, Manager, Legal Proceedings
Sara Griffith, Regulation Consultant
Tony Graham, Director, Operations

The BOES team is currently working through an Orientation, Education and Succession Roadmap. Projects within this Roadmap include:

Completed Projects:

- Implemented first annual Board Member Symposium (on-going)
- Re-designed New Member Orientation (on-going)
- Developed Glossary of Acronymns
- Developed formal tracking process for Ethics and 93B requirements
- Implemented formalized Board Member surveys (on-going)
- Launched Upgraded Board Member SharePoint site
- Identified opportunities for CE Credits (on-going)
- Launched Leadership Development site on Board Member SharePoint

Under Development/Research:

- Interactive/on-line offerings for New Member Orientation
 - Chair/Vice-Chair and Committee Chair Orientation process
 - Leadership Development Program (Objective #2 2016 Board Assessment Action Plan – awaiting full Board approval)
 - Development of educational opportunities for nursing community and general public regarding overview of BON
 - Succession plan for Board members
 - Succession plan for Officers and Committee Chairs
-

ATTACHMENT O

Policy #B02
Officers of the Board
Area: Governance

AUTHORITY: [G.S. 90-171.22](#); [G.S. 90-271.23](#)

Policy:

Elections for the Chair and Vice Chair of the Board shall be held annually at the 3rd regularly scheduled meeting. Officers shall be for a term of one calendar year and shall serve until their successors have been elected. No officer of the Board shall serve more than two (2) consecutive years as Chair or two (2) consecutive years as Vice-Chair. Further, a minimum of two (2) years Board experience is required in order to be considered as a candidate for the Chair position.

The Chair of the Board:

- presides at all Board meetings;
- is a voting member of any committee to which he/she is assigned and is an ex-officio member without vote on any other committee of the Board;
- appoints special committees;
- establishes a proposed agenda in consultation with the Executive Director for meetings of the Board;
- serves as Chair of the Ad Hoc Committee for Executive Director Performance Annual Evaluation
- ~~annually reviews the performance evaluation of legal counsel(s);~~
- monitors performance of Executive Director, legal counsel and financial auditor and provides feedback on an on-going basis;

The Vice-Chair of the Board:

- serves in the absence of the Chair;
- serves as Chair of the Board Governance Committee;
- serves on the Ad Hoc Committee for Executive Director Performance Evaluation; and,
- fulfills duties of the Chair until the next regularly scheduled election, in the event that the Chair is unable to complete the term of office.

In the absence of both the elected Chair and Vice Chair at a meeting(s) of the Board, the Executive Director shall appoint the most senior Board member¹ to fulfill the duties for the designated meeting(s). In the event of equal service, appointment will be determined by lot. The appointed Board member must have a minimum of two (2) years Board experience in order to be appointed as Chair. The appointed Chair shall work with the Executive Director, Manager, Executive Office and/or Staff Liaison while serving for a specified period of time and shall:

- preside at the designated meeting(s) as directed;
- serve until Chair or Vice Chair is able to resume duties; and,
- ensure the proper functioning of the work of the Board.

¹ Senior denotes longevity of service within the past eight (8) years

ATTACHMENT P

Policy #B06 Conference Attendance Area: Governance

Authority: Board of Nursing

POLICY:

The Board shall support each Board member's attendance as a representative of the North Carolina Board of Nursing at a national or regional conference at least one time during each four-year tenure of service. Member shall complete a Conference Request Form in ~~September~~ of each calendar year. Restraints considered when selecting Board member travel include projected overall operating expenses of Board and meeting location. Executive Director and Board Chair will select all Board member attendees as budget allows by ~~October 15th~~ of each year.

Specific Meetings/Conferences:

A. NCSBN Delegate Assembly (usually held in August):

1. Annual budget will include support for 2-3 Board members, in addition to Delegates, to attend Delegate Assembly.
2. Delegates, one of whom shall be a Board Member, will be chosen by Executive Director and Board Chair by ~~May 15th~~ of each year.

B. Mid-year NCSBN Meeting (usually held in early March):

1. Annual budget will include support for 3 Board members to attend mid-year meeting.
2. The Board member delegate to NCSBN Delegate Assembly shall, when possible, be one of the Board member attendees.

C. CLEAR Annual Conference (usually held in September):

1. Annual budget will provide support for 3 Board members to attend.

D. Other Meetings/Conferences/Workshops

1. Individual Board members may request to attend special conferences or meetings in which the topics/content relates to current or future Board activities. The Executive Director, in collaboration with the Board Chair, will act on such requests.
2. Requests to attend any training workshops or programs directly related to one's role as a Board member will be considered by the Executive Director in collaboration with the Board Chair.

~~The Conference Report Form shall be used to document the meeting's pertinent, sage, and salient points which provide valuable information for those not in attendance and URL addresses for each meeting shall be included in the Board packet at the next scheduled Board meeting to provide all members with conference information. Board staff attending the meeting shall be responsible for submitting the written report. In the event a member of the staff does not attend the conference/meeting, the attending Board member(s) will be requested to submit the written report.~~

ATTACHMENT Q

CANDIDATE RESPONSE

Please provide in **100 words or less** a biographical sketch which should include:

- Your educational background with highest degree held;
- A summary of your work experience to include positions held; and,
- The name of your current employer.

Please print legibly or type your response to the following statement/question in **75 words or less**. Your response will be printed on the Slate of Candidates. Once formatted, this information will be returned for your review prior to printing.

“I would like to serve on the North Carolina Board of Nursing because. . .”

“What do I have to offer the public of North Carolina if I am elected to the Board of Nursing?”

Briefly describe any prior experience and responsibilities with Board or Committee governance (can be work, civic, church, etc).

Briefly describe any prior experience in a leadership role.

~~“How do you think you can enhance public protection through your actions on the Board of Nursing?”~~

“How will the experience you have had as a nurse contribute to the Board’s work?”

~~“Some perceive nursing as a job and others perceive it as a profession. How do you perceive nursing and why?”~~

ATTACHMENT R

BOARD ASSESSMENT ACTION TOOL

Scale: ~~Not Satisfied/Satisfied/Not Sure/Not Applicable~~
Satisfied/Not Satisfied/Not Sure/Not Applicable

1. All Board members support the current mission statement
 2. The Board's policy decisions reflect the mission
 3. The organization's programs and services reflect the mission
 4. The Board periodically engages in a strategic planning process that helps it consider how the organization should meet new opportunities and challenges
 5. The Strategic Plan Roadmap includes performance measures for tracking progress toward the organization's strategic goals
 6. The Board provides education and information on the organization's current programs
 7. The Board periodically considers adopting new programs and modifying or discontinuing current programs
 8. The Board ensures that the budget reflects the priorities established in the strategic plan
 9. Financial reports are understandable, accurate and timely
 10. The Board requires an annual audit and considers all recommendations made in the independent auditor's report and management letter
 11. The Board has approved policies that enable the organization to manage risks and reduce them to a tolerable level
 12. The Board has an adequate amount of liability insurance in the event of lawsuits filed against the organization as a whole or against board members and staff as individuals
 13. A written job description clearly spells out the responsibilities of the Executive Director
 14. The Board assesses the Executive Director's performance in a systematic and fair way on a regular basis
 15. The process for determining the compensation of the Executive Director is objective and adequate
 16. The respective roles of Board and staff are clearly defined and understood
 17. The respective roles of Board and Executive Director are clearly defined and understood
 18. The climate of mutual trust and respect exists between the Board and the Executive Director
-

19. Mutual responsibilities of Board committees and staff assigned to assist each committee are clearly understood
 20. Board members receive clear and succinct agendas and supporting written material sufficiently prior to Board and committee meetings
 21. The Board provides new Board members with a comprehensive orientation to Board responsibilities and to the organization's programs and finances
 22. Board members have adequate opportunity to discuss issues and ask questions
 23. The frequency of Board meetings is appropriate for the responsible discharge of the Board's responsibility
 24. Board members are actively engaged in the work of the Board
 25. The Board periodically reviews its policies and procedures
 26. The Board has in place an effective policy regarding the NC State Ethics Laws and its requirements (training, Statement of Economic Interest and Recusal Policies)
 27. Current committee structure and assignments contribute to Board productivity
 28. Whenever possible, the Board makes use of Ad Hoc Committees for specific projects rather than relying on standing committees
 29. Each Standing and Ad Hoc Committee has a stated purpose, profile and a charge
 30. Policies regarding committee assignments offer adequate opportunities for leadership development
-

ATTACHMENT S

POLICY NUMBER: ~~F-9 F-7~~

AREA: ~~Fiscal~~

AUTHORITY: 90-171.25

TOPIC: ~~Cash Management~~

PURPOSE: To develop procedures for the receipt, deposit, disbursement and investment of funds coming into the control and custody of the Board.

DATE APPROVED: September 1987

DATE REVISED: September 16, 2011

Policy Statement/Procedure:

he Board shall maintain an effective system of cash management to include procedures for the receipt, deposit, disbursement and investment of funds coming into its control.

Control shall be established over all forms of payment received in the Board office. Cash shall be deposited promptly in Board approved bank accounts. The Board shall maintain all accounts in financial institutions that are federally insured.

Funds not required for operations shall be invested in accordance with Fiscal Policy F-5. ~~All funds designated for investment shall be invested in accordance with G.S. §147-69.1, which governs the securities that are eligible for purchase by the Board.~~

Board issued credit cards shall be limited to that which is practical and necessary. Appropriate staff, as determined by the Executive Director, shall be assigned a Board credit card and shall be accountable for proper use and security of the card. The cardholder must obtain receipts for all purchases and submit to finance staff for reconciliation. Established controls for cash disbursements shall be adhered to when authorizing charges using Board issued credit card and shall not conflict with approval process for accounts payable. Credit card statement reconciliation will be performed for all charges to ensure allowability of expense. The Board credit card is intended for valid business travel expenses only.

The Finance Committee shall make recommendations to the Board for any debt obligations. The Board shall authorize all forms of debt obligations.

Procedures:

Cash Receipts

The following are acceptable methods for payment of fees:

- Cash, money order, check, where applicable
- MasterCard and Visa credit and debit cards
- Electronic check

TCredit/debit card numbers shall be protected in accordance with PCI Data Security Standards. The primary focus of PCI Standards is to help ensure the security of cardholder information and reduce

chances of breaches. The payment gateway used to process electronic payments shall be compliant with PCI Standards and will not store or retain full cardholder account numbers.

Documents containing cardholder information shall be handled in such a manner where account numbers cannot be stolen or misused. Cardholder information shall be secured in restricted areas to prevent unauthorized access to the information.

Accounts Receivable

The Board shall assess a fee to recover the cost of disciplinary proceedings for violation(s) of the Nursing Practice Act. Payment is due upon acceptance of the ORDER. The licensee will not be allowed to reinstate her/his license until all fees have been paid in full. (See Regulatory Policy D-12)

No refund of fees will be made except under the following circumstances:

- The endorsement fee will be refunded when an applicant is determined to be ineligible because the North Carolina education or examination requirement has not been met, provided the applicant has not been issued a temporary license.
- The endorsement fee will be refunded when an applicant has declared a compact state other than North Carolina as primary state of residence and indicated no plans to change to North Carolina provided the applicant has not been issued a temporary license. (See Regulatory Policy L-14)

Cash Disbursements

- Pre-numbered checks are used when disbursements of funds occurs by check. The unused check supply is secured at all times. Vendors that opt to receive payment electronically are reviewed and authorized by the Finance Director prior to transfer of funds.
- oided checks/transactions are sufficiently defaced so that there is no opportunity for them to be processed.
- Positive Pay is an automated fraud detection tool to match the payee, account number, check number and dollar amount of each check presented to the bank for payment against a list of checks previously authorized and issued by the BON. All components of the check must match exactly or it will not pay.
- One signature is required on all checks under \$4,000. Two signatures are required on all checks totaling \$4,000 or more. Authorized signers are Executive Director, Finance Director, and AED-Education and Practice.
- The Executive Director through the general ledger reviews the record of disbursements on a monthly basis.
- Bank statements are reconciled on a monthly basis and reviewed by the Finance Director.
- Any check outstanding over 360 days is investigated, written off, and escheated to the State Treasurer according to their policy.

Petty Cash

- Petty cash funds are established for cash payment for minor purchases where processing a check is not feasible. Petty cash funds are maintained on an imprest basis. The fund is replenished up to the fixed amount as funds are spent.
 - Petty cash vouchers are required for all disbursements of funds. These vouchers are signed by the payee and approved by the finance staff.
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- All petty cash funds are subject to random audit. Annual confirmation of petty cash funds will be made on the last day of the fiscal year.