

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

**May 24, 2019  
MINUTES**

**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 24, 2019. Meeting convened at 9:00 a.m.

**Presiding** Frank DeMarco, RN

**Members Present** Martha Ann Harrell, Public Member  
Pam Edwards, RN  
Lisa Hallman, RN  
Lori Lewis, LPN  
Glenda Parker, RN  
Yolanda VanRiel, RN  
Becky Ezell, RN  
Sharon Moore, RN  
Arlene Imes, LPN  
Ann Marie Milner, RN  
Jody Capps, LPN  
Pat Campbell, RN Public Member

**Members Absent** Ashley Stinson, Public Member

**Staff Present** Julia George, RN, Chief Executive Officer  
Anna Choi, General Counsel  
Gayle Bellamy, Chief Financial Officer  
Angela Ellis, Chief Administrative Officer  
Joyce Roth, Associate Executive Officer  
Chandra Graves, Executive Assistant

**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.  
Lewis/Passed.

The following items were accepted/approved by adoption of the Consent Agenda:

- Minutes of February 28, 2019 (Administrative Hearings)
- Board Governance Committee
  - (a) Summary of Activities
  - (b) BOES Update (FYI)
  - (c) Board Assessment Action Plan (FYI)

- (d) Results of Semi-Annual Debriefing
- Chief Executive Officer
  - (a) NC Office of Emergency Medical Services Advisory Council
  - (b) NC Department of Health Human Services Prescription Drug Abuse Advisory Committee
- Education and Practice Committee
  - (a) Education Program Activity (Attachment A)
  - (b) NCLEX Quarterly Pass Rates (Attachment B)
  - (c) Education Summit Report (Attachment C)
  - (d) Research Committee Update (Attachment D)
- Licensure Review Panels
  - (a) Licensure Review Panel Report (Attachment E)
- Settlement Committee
  - (a) Summary of Activities (Attachment F)
- Report on Non-Hearing Discipline, Investigation/Monitoring, Practice Matters (Attachment G)
  - (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
- Meetings/Conferences Summary of Activities

## Meeting Agenda

The Meeting Agenda be approved as presented.

**MOTION:** That the Meeting Agenda be adopted as presented.  
VanRiel/Passed.

## Open Comment Period

The following individuals address the Board during Open Comment Period

Betty Marlin, RN, BSN, MSN, CNS, FNE: Discussed wellness healthcare practices and education.

Veronica Woodall: Discussed wellness healthcare

Approval of Minutes  
January 18, 2019

The January 18, 2019 meeting minutes be approved with amendments. (Attachment H)

**MOTION:** That the January 18, 2019 meeting minutes be approved as amended.

Edwards/Passed

## Finance Committee

- Received and reviewed Summary of Activities to include 3<sup>rd</sup> Quarter Financials and review of investments as presented by Jessica Christie and Wes Thomas with Wells Fargo Advisors.
- Received and reviewed the Fiscal Planning/Budget Report as presented.  
**MOTION:** That the Board approve the proposed budget for fiscal year July 1, 2019 thru June 30, 2020.  
Committee Recommendation/Passed
- Received and reviewed request for designation of funds for Legal Defense/Risk Management, Office Operations, and Research Projects.

**MOTION:** That the Board approve designation of \$620,727 of unrestricted net assets for future funding needs as presented.  
Committee Recommendation/Passed

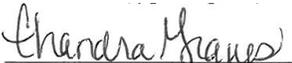
- Board Governance Received and reviewed proposed revisions to policies. (Attachment I)  
**MOTION:** That the Board approve the proposed revisions to policies as presented.  
Committee Recommendation/Passed
- Chief Executive Officer Received updates as follows:
- Received updates on legislative activity related to HB195.
  - Received update on American Organization for Nursing Leadership (AONL) meeting
  - FBI Security Audit was successful. Staff are now preparing for the SBI Audit.
  - Paper renewal notifications will be discontinued at the end of July 2019. Licensees will be notified of renewal notifications electronically.
  - Received and reviewed Strategic Plan updates
  - The Expert Advisory Committee will continue its workforce study. Board Member Sharon Moore has been added to the committee.
- Education & Practice
- Received and reviewed Summary of Activities from the Education and Practice Committee to include the LPN Scope of Practice.
  - Received and reviewed Determination of Program Approval Status – Initial Approval RN Associate of Applied Science Degree Program ECPI University, Raleigh, NC. (Attachment J)  
**MOTION:** That the Board approve initial approval for an Associate of Applied Science Registered Nursing Program and approval for maximum total enrollment for 120 students to begin August 2019.  
VanRiel/Passed
  - Received and reviewed the revised Joint Position Statement on Medication Management of Pain in End-of-Life Care. (Attachment K)  
**MOTION:** That the Board approve the revised Joint Position Statement on Medication management of Pain in End-of-Life Care.  
Edwards/Passed
- Miscellaneous
- Conducted election for Nominating Committee  
**MOTION:** That the following Board Members be elected to the Nominating Committee: Jodi Capps, LPN; Ann Marie Milner, RN; Martha Ann Harrell, Public Member  
Ezell/Passed
- Executive Session **MOTION:** 10:29 am Executive Session for discussion of legal matters  
Capps/Passed
- Open Session **MOTION:** 10:44 am Open Session  
Harrell/Passed

---

Adjournment            **MOTION:**    10:45 am Meeting be adjourned.  
VanRiel/Passed.

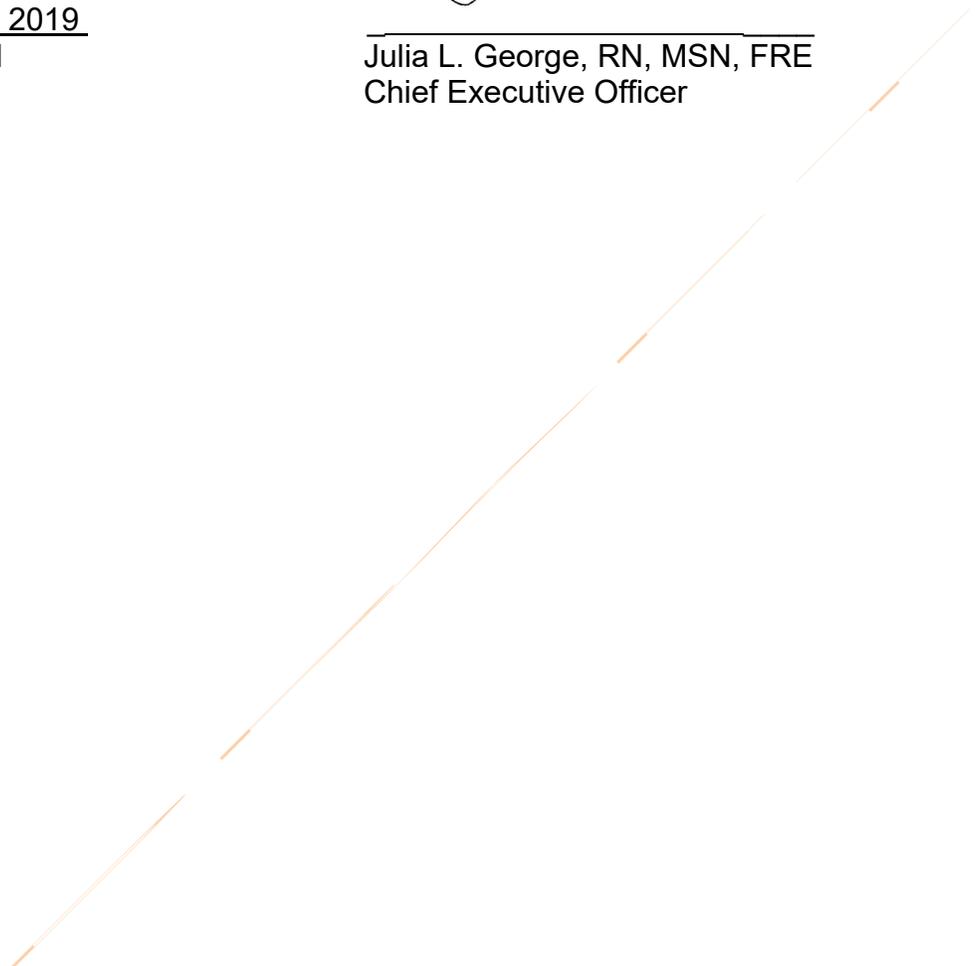
Minutes respectfully submitted by:

June 4, 2019  
Date Submitted

  
Chandra Graves  
Executive Assistant

September 20, 2019  
Date Approved

  
Julia L. George, RN, MSN, FRE  
Chief Executive Officer



---

ATTACHMENT A – Education Program Activity

Ratification of Determination of Program Approval Status:

- Catawba College, Salisbury – BSN
- South College, Asheville – BSN

Ratification of Full Approval Status:

- Gardner-Webb, Boiling Springs – BSN and ASN
- Lenoir Community College, Kinston – ADN and LPN
- Lenoir Rhyne University, Hickory – BSN
- South Piedmont Community College, Monroe – ADN and LPN
- University of North Carolina at Chapel Hill, Chapel Hill - BSN
- University of North Carolina at Charlotte, Charlotte – BSN
- Western Piedmont Community College, Morganton – ADN
- Wingate University, Wingate – ADN

Ratification of Approved Enrollment Expansions:

- Carolinas College of Health Sciences, Charlotte – ADN, increase enrollment by 30 for a total program enrollment of 300 students beginning Fall 2019
- Fayetteville State University, Fayetteville – BSN, increase enrollment by 30 for a total program enrollment of 180 student beginning Summer 2019
- Wayne Community College, Goldsboro – ADN, increase enrollment by 24 for a total program enrollment of 120 students beginning Fall 2019

Ratification of Approval of NA II Courses:

- Beaufort Community College, Washington – Continuing Education
- Surry Community College, Dobson – Career and College Promise, Curriculum and Continuing Education

Notification of Alternate Scheduling Options:

- Mitchell Community College, Statesville – Paramedic to ADN Option

FYI Accreditation Decisions by ACEN for Initial or Continuing Approval – Next Visit Date:

- Fayetteville Technical Community College, Fayetteville – ADN – Continuing approval with conditions – Spring 2026

FYI Accreditation Decisions by CNEA for Initial or Continuing Approval – Next Visit Date:

- Asheville-Buncombe Technical Community College, Asheville – ADN – Pre-accreditation status granted – June 2021
- Robeson Community College, Lumberton – ADN – Pre-accreditation status granted – October 2021
- Sandhills Community College, Pinehurst – ADN – Pre-accreditation status granted – June 2021

**Summary Report:** South College; Ashville, NC – BSN Program Approval Status

## 21 NCAC 36.0302 Establishment of a Nursing Program – Initial Approval

**Background:** South College, Ashville applied to Establish a Baccalaureate of Science in Nursing (BSN) Program on October 31, 2015, prepared by Christine Foley, MSN, RN, CNE Interim Nursing Department Chair. The current Program Director is Dr. Putnam Vice Dean, School of Nursing, Acting Associate Dean. The BSN program is 13 quarters in length with plans to transition to a semester academic calendar after full approval has been obtained. The required credit hours for graduation include 180 credit hours of which 88 hours are nursing hours and 92 are core prerequisite course hours. The program was granted initial approval by the Board in May 2016. The Department of Nursing admitted 50 students in June 2016. Twenty-eight students are anticipated to graduate from the first cohort in June 2019. The maximum total enrollment is 75 students.

An initial survey was completed November 10, 2014. There were no recommendations because of the survey.

The final survey was completed May 3, 2019. There were no recommendations because of the survey.

**Recommended Board Action:**

The BSN program at South College in Ashville, NC be found in compliance with Law and Rules, removed from Initial Approval status, assigned Full Approval Status, and be resurveyed in eight years.

ATTACHMENT B – NCLEX 1<sup>st</sup> Quarter Pass RatesNCBON 2019 RN Quarterly Report  
1/1/2019 – 3/31/2019

Program	City	01/01/2019 - 03/31/2019				Grand Total			
		Total Delivered	Total Passed	Total Failed	% Pass Rate	Total Delivered	Total Passed	Total Failed	% Pass Rate
NC - ASHEVILLE BUNCOMBE TECHNICAL COMMUNITY COLLEGE - ADN (US19404900)	ASHEVILLE	41	38	3	93%	41	38	3	93%
NC - BEAUFORT COMMUNITY COLLEGE - ADN (US19404000)	WASHINGTON	1	1	0	100%	1	1	0	100%
NC - CABARRUS COLLEGE OF HEALTH SCIENCES - ADN (US19405500)	CONCORD	32	30	2	94%	32	30	2	94%
NC - CAROLINAS COLLEGE OF HEALTH SCIENCES - ADN (US19401600)	CHARLOTTE	59	58	1	98%	59	58	1	98%
NC - CENTRAL CAROLINA COMMUNITY COLLEGE - ADN (US19402300)	SANFORD	1	0	1	0%	1	0	1	0%
NC - CENTRAL PIEDMONT COMMUNITY COLLEGE - ADN (US19406100)	CHARLOTTE	39	39	0	100%	39	39	0	100%
NC - CHAMBERLAIN COLLEGE OF NURSING - BS (US19509700)	CHARLOTTE	7	7	0	100%	7	7	0	100%
NC - DUKE UNIVERSITY -ACCELERATED - BS (US19500500)	DURHAM	54	54	0	100%	54	54	0	100%
NC - EAST CAROLINA UNIVERSITY - BS (US19506200)	GREENVILLE	140	138	2	99%	140	138	2	99%
NC - ECPI UNIVERSITY -CHARLOTTE - AAS (US19403200)	CHARLOTTE	18	18	0	100%	18	18	0	100%
NC - EDGECOMBE COMMUNITY COLLEGE - ADN (US19405100)	ROCKY MOUNT	2	1	1	50%	2	1	1	50%
NC - FAYETTEVILLE STATE UNIVERSITY BS (US19501100)	FAYETTEVILLE	22	22	0	100%	22	22	0	100%
NC - FORSYTH TECHNICAL COMMUNITY COLLEGE - ADN (US19403500)	WINSTON SALEM	53	52	1	98%	53	52	1	98%
NC - GARDNER-WEBB UNIVERSITY - BS (US19501800)	BOILING SPRINGS	2	2	0	100%	2	2	0	100%
NC - GUILFORD TECHNICAL COMMUNITY COLLEGE - ADN (US19404600)	JAMESTOWN	37	30	7	81%	37	30	7	81%

Program	City	01/01/2019 - 03/31/2019				Grand Total			
		Total Delivered	Total Passed	Total Failed	% Pass Rate	Total Delivered	Total Passed	Total Failed	% Pass Rate
NC - NC AGRICULTURAL AND TECHNICAL STATE UNIVERSITY - BS (US19506600)	GREENSBORO	24	24	0	100%	24	24	0	100%
NC - NORTH CAROLINA CENTRAL UNIVERSITY - BS (US19500100)	DURHAM	18	17	1	94%	18	17	1	94%
NC - NORTHEASTERN UNIVERSITY - BS (US19510100)	CHARLOTTE	21	18	3	86%	21	18	3	86%
NC - QUEENS UNIVERSITY OF CHARLOTTE - PRESBYTERIAN -BS (US19505100)	CHARLOTTE	25	25	0	100%	25	25	0	100%
NC - SOUTH UNIVERSITY - HIGH POINT - BS (US19509100)	HIGH POINT	9	8	1	89%	9	8	1	89%
NC - SURRY COMMUNITY COLLEGE - ADN (US19404700)	DOBSON	1	1	0	100%	1	1	0	100%
NC - UNIVERSITY OF NORTH CAROLINA - BS (US19500200)	WILMINGTON	43	40	3	93%	43	40	3	93%
NC - UNIVERSITY OF NORTH CAROLINA - BS (US19500800)	CHARLOTTE	47	42	5	89%	47	42	5	89%
NC - UNIVERSITY OF NORTH CAROLINA - BS (US19506400)	GREENSBORO	1	1	0	100%	1	1	0	100%
NC - UNIVERSITY OF NORTH CAROLINA - BS (US19506800)	CHAPEL HILL	4	2	2	50%	4	2	2	50%
NC - WAKE TECHNICAL COMMUNITY COLLEGE - ADN (US19403700)	RALEIGH	48	47	1	98%	48	47	1	98%
NC- WATTS SCHOOL OF NURSING - DPL (US19309500)	DURHAM	33	31	2	94%	33	31	2	94%
NC - WESTERN CAROLINA UNIVERSITY - BS (US19504500)	CULLOWHEE	57	56	1	98%	57	56	1	98%
NC - WILSON COMMUNITY COLLEGE - ADN (US19405300)	WILSON	1	1	0	100%	1	1	0	100%
NC - WINSTON-SALEM STATE UNIVERSITY - BS (US19506000)	WINSTON SALEM	27	25	2	93%	27	25	2	93%

**NCBON 2019 LPN Quarterly Report  
1/1/2019 – 3/31/2019**

Program	City	1/1/2019 -3/31/2019				Grand total			
		Total Delivered	Total Passed	Total Failed	% Pass Rate	Total Delivered	Total Passed	Total Failed	% Pass Rate
NC - BEAUFORT COMMUNITY COLLEGE (US19101500)	WASHINGTON	3	2	1	67%	3	2	1	67%
COMMUNITY COLLEGE (US19105800)	MOCKSVILLE	2	2	0	100%	2	2	0	100%
NC - ECPI UNIVERSITY - CHARLOTTE (US19105500)	CHARLOTTE	5	5	0	100%	5	5	0	100%

NC - ECPI UNIVERSITY - GREENSBORO (US19103500)	GREENSBORO	18	14	4	78%	18	14	4	78%
NC - ECPI UNIVERSITY - RALEIGH (US19102700)	RALEIGH	16	12	4	75%	16	12	4	75%
TECHNICAL COMMUNITY COLLEGE (US19108700)	FAYETTEVILLE	1	0	1	0%	1	0	1	0%
NC - ISOTHERMAL COMMUNITY COLLEGE (US19100000)	SPINDALE	5	5	0	100%	5	5	0	100%
NC - MAYLAND COMMUNITY COLLEGE (US19110000)	SPRUCE PINE	7	7	0	100%	7	7	0	100%
NC - MCDOWELL TECHNICAL COMMUNITY COLLEGE (US19104800)	MARION	2	2	0	100%	2	2	0	100%
NC - ROCKINGHAM COMMUNITY COLLEGE (US19101000)	WENTWORTH	1	1	0	100%	1	1	0	100%
NC - ROWAN-CABARRUS COMMUNITY COLLEGE (US19107600)	SALISBURY	1	1	0	100%	1	1	0	100%
NC - SOUTHEASTERN COMMUNITY COLLEGE (US19106700)	WHITEVILLE	9	9	0	100%	9	9	0	100%
NC - SURRY COMMUNITY COLLEGE (US19101600)	DOBSON	9	9	0	100%	9	9	0	100%

## ATTACHMENT C

**16<sup>th</sup> Annual Education Summit**

On April 1, 2019, the 16<sup>th</sup> Annual Education Summit was held at the William and Ida Friday Center in Chapel Hill, NC. It was well attended by 195 attendees. The agenda for the conference included:

Meg Zomordi, PhD, RN, CNL  
 Assistant Provost and Director, Office of Interprofessional Education and Practice  
 Associate Professor, UNC School of Nursing  
 University of North Carolina, Chapel Hill  
 Current Trends and Future Directions for Interprofessional Education: Why now is the time for nursing education to lead

Tiffany Morris, MEd, MSN, RN, CNE  
 Co-Chairperson, Associate Professor of Nursing  
 North Carolina A&T University  
 Informatics in Nursing Education: The Big 5

Kathleen Privette, MSN, RN, NEA-BC, FRE  
 Director – Regulatory Compliance  
 North Carolina Board of Nursing  
 The Opioid Crisis and the Nurse

Mitzi Averette, MSN, RN, CNE, CHSE  
 Simulation Director  
 Methodist University  
 Recovery Rising: Many Faces One Voice

Survey Evaluation:

<b>Question</b>	<b>Very Satisfied/Satisfied</b>	<b>Other</b>
1. Please rate the Education Summit.	95%	5%
	<b>Excellent/Good</b>	<b>Other</b>
2. The conference met my needs.	94%	6%
	<b>Yes</b>	
3. The content was current.	98%	2%

The 17<sup>th</sup> Annual Education Summit will be held at the Friday Center in Chapel Hill tentatively on March 30, 2020.

---

## ATTACHMENT D

**ISSUE:** Report on NCBON research committee work.

Charge: Conduct research that informs evidence-based regulatory science for public protection and safety

### BACKGROUND

The NCBON research committee work addresses three objectives in the strategic plan 2A: Advance best practices in nursing regulation by conducting and utilizing research that expands evidence for regulation, 3B: Facilitate the safe and effective practice of nurses using telehealth and emerging technologies, and 3C: Foster mobility and facilitate access to safe nursing care by conducting and disseminating a supply and demand workforce study.

### EVIDENCE/BEST PRACTICE

**Current Project: “The impact of a web-based educational program on NP compliance rates in North Carolina”.**

The current research project remains active with ongoing data collection for through 2019. Two points of dissemination: Lowery, B., Chastain, K., Griffith, S. & Hirst, D. (2018). Nurse Practitioner Regulatory Compliance: An Analysis of Regulatory Compliance Measures. Poster Presentation, NCSBN Scientific Symposium, October 2018, Chicago, IL and Burhans, L., George, J., Lewis, J., Tillman, C., & Winstead, J. (2019). The Lived Experience of Regulatory Compliance by Nurse Practitioners. Poster Presentation, [NCONL](#), Greensboro, NC. Manuscripts for both under review for publication consideration by Journal of Nursing Regulation.

**Nursing Workforce Supply and Demand Study—Survey Snapshot; A Collaboration with UNC Sheps Center**

The project is progressing well and on track with deliverables using a microsimulation model producing supply and demand forecasts from 2018-30. Research Committee chair continues to meet with the Sheps Center Nursing Workforce team twice weekly with action items reported back to the Board. The first expert advisory committee meeting held April 14, 2109 at the NCBON focused on the impact of the nursing workforce project, the goals, timeline, deliverables and dissemination plan, review of preliminary findings, and EAC member input into the project’s survey. Study findings will be available through the [North Carolina Health Professions Data System \(HPDS\)](#). The timeline for workforce data dissemination remains December 2019.

**RECOMMENDATION:** No Board action required at this time.

## ATTACHMENT E

The Licensure Review Panel met and submits the following report regarding actions taken:

Reviewed (13)  
candidates for  
reinstatement

- Renee Kennedy Hunter, RN 246501 – Denied reinstatement of the license. May petition for reinstatement after forty-eight (48) months
- Kimberly Ann Drennen, RN 146066 – Reinstatement license subject to drug screening probationary conditions
- Lauren Michelle Moore, RN 247346 – Reinstatement license subject to drug screening probationary conditions
- Savannah Addison Pruden, RN 250973 – Reinstatement license subject to the conditions of the CDDP
- Monica Romano Small, RN 185128 – Denied reinstatement of the license. May petition for reinstatement after six (6) months and after proof of compliance with treatment and reevaluation as recommended by previous Psychiatric Substance Abuse Evaluation
- Phillis Roberts Woods, RN 79299 – Reinstatement license subject to drug screening probationary conditions
- Barbara Jean Bostic, RN 266836 – Reinstatement license subject to drug screening probationary conditions
- Joanna Jane Britt, RN 188993 – Reinstatement license subject to the conditions of the CDDP
- Ervin Langston Jones, LPN 67547 – Denied reinstatement of the license. May petition for reinstatement after twelve (12) months.
- Thomas Edward Howell, Jr., RN 148454 – Issue license
- Aimee Christine Tubel, RN 172457 – Reinstatement license subject to drug screening probationary conditions after successful completion of a refresher course
- Michelle Judge McLain, RN 148384 – Denied reinstatement of the license
- Amy Elizabeth Althiser, RN 291578 – Reinstatement license subject to the conditions of the CDDP

Reviewed one (1)  
candidate for  
Licensure by  
Endorsement

- Kendra Goff, LPN Applicant – Issue license with reprimand

Reviewed three (3)  
candidates for  
Initial Licensure

- Sibylle Victoire Joseph, RN Applicant – Issue license
- Jennifer Webb Hale, LPN Applicant – Issue license subject to probationary conditions
- Latoria Alexandria Davis, RN Applicant – Issue license subject to probationary conditions

## ATTACHMENT F

The following licensees accepted sanctions offered pursuant to their appearance before the Settlement Committee:

- Brandie Renee Everhart, LPN 79253 – Reprimand with course requirement
- Marcie Warner Le, RN 237095, CRNA 5378 – Probationary conditions for twenty-four (24) months with drug screening
- Leticia Denise Atkinson, RN 271926 – Reprimand with course requirement
- Thuha Thi Tuong, RN 175608 – Probationary conditions for six (6) months
- Patricia L. James, RN 234545 – Reprimand with course requirement
- Sheila Mciver Taylor, LPN 46144 – Reprimand with course requirement
- Leonidah Bochere Momanyi, LPN 81763 – Suspension for minimum of twelve (12) months
- Dustin Roscoe Norman, Texas RN 791291, CRNA 5531 – Reprimand with course requirement
- John Reta, RN 277019 – Suspension for minimum of twelve (12) months
- Two (2) licensee accepted participation in the Alternative Program
- Two (2) licensee was issued a Letter of Concern

## ATTACHMENT G

Took the following actions regarding Non-Hearing activities by adoption of the Consent Agenda

**Ratified Reprimand and Probation:**

Emily Rebecca Gibbons, NP 600123 – Unprofessional Conduct, Performance of Medical Acts other than According to the Collaborative Practice Agreement

**Ratified Reprimand and Probation with Drug Screening:**

John Cory Ballinger, RN 257133 – Diversion of Drugs, Falsification of Application

**Ratified Probation:**

Roxana Ossenfort, RN 260786 – Action in Another Jurisdiction

Angela Sanders Meadows, LPN 60146 – Neglect, Fail to Maintain Accurate Records, Impaired on Duty

**Ratified Probation with Drug Screening:**

Rebecca Edwards Liley, RN 140062 – Drug Abuse, Exceed Scope, Theft of Facility Property

Termayne Deshaun Barkley, RN 279832 – Positive Drug Screen

**Ratified Reprimand:**

Sylvia Beaver Collins, RN 85856 – Criminal Conviction

Amy Buckner Neff, LPN 33958 – Practice with Expired License

Precious Townsend, LPN 77324 – Criminal Conviction

Jessica Marcinik, RN 309223 – Practice with Expired License

Judith Bernadette Hoyle, LPN 82323 – Action in Another Jurisdiction

Edwin Juelas, LPN 86206 – Action in Another Jurisdiction

Jennifer Bennett Williams, NP 5010127 – Action in Another Jurisdiction

**Ratified Reprimand with Conditions:**

Susan Jane Hollingsworth, RN 224376 – Breach Patient Confidentiality

Wendy Elizabeth Borsching, LPN 83962 – Abandonment, Neglect

George C. Okwosha, RN 277548 – Inappropriate Interaction with Client, Fail to Maintain Accurate Records

Caitlin Ann Poarch, RN 287734 – Neglect, Falsification of Documentation, Impaired on Duty

Kevin John Verlatti, RN 271924 – Action in Another Jurisdiction

Wendy Leigh Warshauer, RN 91058 – Action in Another Jurisdiction

Angela Dawn Mosteller, LPN 64126 – Practice with Expired License

Sarah Cassidy Grantham, RN 253238 – Action in Another Jurisdiction

Lora Wyatt Jones, RN 234155 – Neglect, Falsification of Documentation

Marina Ioana Costanzo, RN 288639 – Fail to Assess/Evaluate, Falsification of Documentation

Lucille Schutz, Tennessee RN 115122 – Fail to Make Home Visits, Falsification of Documentation

Hannah Lauren Saunders, RN 297000 – Breach of Patient Confidentiality

Pamela Trapp Johnson, RN 234436 – Fail to Supervise, Inappropriate Delegation

Rebecca Troxler Pressley, LPN 47877 – Falsification of Documentation

Debra Vanetten Pake, LPN 27032 – Practice with Expired License

Andera Nicole Waller, RN 227857 – Neglect

Mary Melody White, RN 273815 – Action in Another Jurisdiction

Christopher James Stamulis, RN 290021 – Action in Another Jurisdiction

Amber Wood Johns, LPN 86844 – Abandonment, Practice without Valid License

Carl Ray Kiser, RN 181364 – Falsification of Documentation, Fail to Maintain Minimum Standards

David Lloyd Willis, RN 138190 – Fail to Maintain Accurate Records

Cynthia Marie Morana, RN 62265 – Practice with Expired License

**Ratified of Suspension:**

Madelyn Koff, RN 281984 – Positive Drug Screen, Illegally Obtain Drugs for Personal Use  
Caroline Pearce, RN 271580 – Impaired on Duty  
Jack E. Wilcox, NP 5005586 – Inappropriate Interaction with Client, Breach Patient Confidentiality, Unprofessional Conduct, Conduct Endangering Public Health  
Kathleen Creelman Robinson, RN 178796 – Action in Another Jurisdiction  
Rebecca Fernandez Baucom, RN 171336 – Exceed Scope, Illegally Distribute Drugs  
Leslie Ellen Beatty, RN 251999 – Action in Another Jurisdiction  
David Christopher Michael, RN 189534 – Diversion of Drugs, Criminal Conviction, Conduct Endangering Public Health  
Charisse Christine Jones, RN 178895 – Diversion of Drugs  
Chante Lynna Mason, LPN 84667 – Inappropriate Interaction with Client

**Ratified Suspension of Privilege to Practice:**

Summer Rose Owen, South Carolina RN 206437 – Exceed Scope, Neglect, Fail to Maintain Accurate Documentation

**Ratified Suspension with Conditions:**

Walter Onyeka Adigwe, RN 172859 – Withhold Crucial Healthcare Information, Neglect, Fail to Maintain Accurate Documentation, Unfit or Incompetent to Practice Nursing by Deliberate or Negligent Acts, Fail to Maintain Minimum Standards

**Ratified Suspension for Violation of Probationary Conditions:**

Shannon Lynn Craft, RN 257966 – Positive Drug Screens  
Stephanie May Noah, RN 149292 – Positive Drug Screen  
Rachael Elaine Stephenson, RN 250765 – Positive Drug Screen, Fail to Comply with Drug Screening Requirements  
Adelina Cuomo, LPN 80236 – Request to Withdraw  
Jennifer Michelle Taylor, RN 246142 – Fail to Comply with Drug Screening Requirements, Fail to Report Termination from Employment

**Ratified Suspension for Violation of Chemical Dependency Discipline Program Conditions:**

David Lawrence Strauch, RN 160503 – Positive Drug Screens  
Kristi Michelle Hutchens, RN 146931 – Positive Drug Screen  
Crystal Denise Jones, RN 251841 – Fail to Comply with Drug Screening and Program Requirements  
Heidi Johnson-Sykes, RN 20189 – Fail to Comply with Treatment Requirements  
Celia Susana Crosby, RN 199542 – Request to Withdraw  
Joyce Walthall Lewis, RN 159943 – Positive Drug Screen

**Ratified Suspension for Violation of Alternative Program for Chemical Dependency Conditions:**

Georgina Marie Hunt, RN 238998 – Positive Drug Screens  
Jessica Lynn Bailey, RN 290009 – Request to Withdraw  
Kathryn Oshea Lockamy, RN 239323 – Positive Drug Screen  
Taylor Scott Johnston, RN 279025 – Fail to Drug Screen  
Stayce Renee Joyner, RN 216256 – Positive Drug Screen  
Connie Elaine Morrell, RN 116661 – Positive Drug Screen  
Gary Randall Clark, RN 149404 – Positive Drug Screen  
Trinidad Visaya Johnson, RN 77976 – Fail to Comply with Treatment Requirements  
Gina Lynette Jones, LPN 69400 – Fail to Comply with Treatment Requirements  
Hannah Mari Allen, RN 265203 – Fail to Report Relapse  
Sandra Stout Taylor, RN 72676 – Request to Withdraw  
Shawn Troy Lent, RN 243519 – Request to Withdraw  
Deanna Nelson Revis, RN 194894 – Positive Drug Screen

**Ratified Suspension for Violation of Intervention Program Conditions:**

Sandi Jo Robasse, RN 290510 – Positive Drug Screen

Shelley Fulp Sanders, RN 196894 – Positive Drug Screen

Jacqueline M. Nunes, LPN 85388 – Positive Drug Screen, Fail to Comply with Program Requirements

Kayse Lynn Edwards, RN 232222 – Positive Drug Screen

Kimberly Anne Reinhardt, LPN 63930 – Positive Drug Screen, Fail to Comply with Program Requirements

**Ratified for Violation of Non-Disciplinary Consent Order:**

Barbara Liffbrig Williamson, LPN 22512 – Fail to Successfully Complete Required Courses

Cheyanna Lynn Trujillo, NP 5004243 – Fail to Successfully Complete Required Course

**Ratified Chemical Dependency Discipline Program (CDDP):**

Deborah Peterson Butchello, RN 185685 – Reinstatement via One-Year Sobriety Notebook

Heidi Johnson-Sykes, RN 201189 – Diversion of Drugs

Sonja Victoria Fulmore Covington, RN 127665 – Diversion of Drugs, Positive Drug Screen

Melicent Cooper Ramsey, RN 219482 – Action in Another Jurisdiction

Nikki Lee Vass, RN 211326 – Reinstatement via One-Year Sobriety Notebook

**Successful Completion of Non-Disciplinary Consent Orders & Programs**

Alternative Program for Chemical Dependency	No. Successfully Completed
December 2018	0
January 2019	0
February 2019	0
March 2019	2

Intervention Program	No. Successfully Completed
December 2018	1
January 2019	0
February 2019	1
March 2019	1

Non-Disciplinary Consent Orders (Practice Improvement Matters)	No. Successfully Completed
December 2018	4
January 2019	3
February 2019	6
March 2019	4

**Ratified Probation Completed:**

Catherine Ann Ellenburger, NP 5006811

Cynthia Dawn Lee, NP 201532

Melissa Ann Bellow, RN 267035

**Ratified Probation with Drug Screen Completed:**

Tiffany Cartner Hunt, RN 189088

Joy Armstrong Kunath, RN 111028

Queontaiu Watford, LPN 82059

**Ratified Chemical Dependency Discipline Program (CDDP) Completed:**

Sonya Leigh Fleming, RN 204743

Amy Corbitt Denton, LPN 48846

Cherry Price Daus, RN 158658  
 Kasie Lynn Hunt-McLaughlin, LPN 66681  
 Brooke Holland Spencer, RN 186057

**Ratified Reprimand with Conditions Completed:**

George C. Okwosha, RN 275548  
 Susan Jane Hollingsworth, RN 224376  
 Caitlin Ann Poarch, RN 28734  
 Wendy Leigh Warshauer, RN 91058  
 Sarah Cassidy Grantham, RN 253238  
 Wendy Elizabeth Borsching, LPN 83962  
 Angela Dawn Mosteller, LPN 64126  
 Lora Wyatt Jones, RN 234155  
 Leticia Denise Atkinson, RN 271926  
 Hannah Lauren Saunders, RN 297000  
 Lucille Schutz, Tennessee, RN 115122  
 Pamela Trapp Johnson, RN 234436  
 Kevin John Verlatti, RN 271924  
 Marina Ioana Costanzo, RN 288639  
 Andera Nicole Waller, RN 227857  
 Mary Melody White, RN 273815  
 Rebecca Trexler Pressley, LPN 47877  
 Christopher James Stamulis, RN 290021  
 Debra Vanetten Pake, LPN 27032  
 Dustin Roscoe Norman, Texas RN 791291, CRNA 5531  
 Brandie Renee Everhart, LPN 79253  
 Sheila Mciver Taylor, LPN 46144  
 Cynthia Marie Morana, RN 62265

**Ratified Actions of Non-Disciplinary Consent Orders:**

Administrative Actions	Number of Actions
Action in Another Jurisdiction	1
Documentation Errors	1
Fail to Maintain Accurate Records	5
Failure to Supervise	1
Falsification of Documentation	2
Inappropriate Interaction with Client	6
Neglect	2
Practice with Expired License	5
Sleep on Duty	1
Withhold Crucial Healthcare Information	2

**Ratified Remediation of Enhancement Program (PREP):**

Administrative Action	Number of Actions
Fail to Assess/Evaluate	1
Falsification of Documentation	1

**Ratified Letters of Concern:**

Administrative Action	Number of Actions
Abandonment	3
Action in Another Jurisdiction	2
Breach of Patient Confidentiality	2
Criminal Conviction	4
Diversion of Drugs	1
Documentation Errors	5
DWI Conviction	39
Exceed Scope	7
Fail to Assess/Evaluate	2
Fail to Maintain Accurate Records	4
Fail to Maintain Minimum Standards	20
Falsification of Application	5
Falsification of Documentation	10
Illegally Obtain Drugs for Personal Use	1
Impaired on Duty	2
Inappropriate Delegation	1
Inappropriate Interaction with Client	4
Inappropriate Prescribing	3
Medication Errors	2
Neglect	2
Positive Drug Screen	11
Practice with Expired License	1
Sleep on Duty	1
Withhold Crucial Healthcare Information	3

**Ratified Cautionary Letters:**

Administrative Action	Number of Actions
Breach of Patient Confidentiality	1
Fail to Supervise	1
Inappropriate Delegation	1
Inappropriate Interaction with Client	3
Submit Fraudulent Credentials	2

**Ratified Alternative Program for Chemical Dependency:**

Administrative Action	Number of Actions
Alcohol Abuse	3
Conduct Endangering Public Health	3
Diversion of Drugs	6
Drug Abuse	1
DWI Conviction	3
Fail to Maintain Accurate Documentation	1
Fail to Maintain Accurate Records	1
Illegally Obtain Drugs for Personal Use	3
Impaired on Duty	5
Positive Drug Screen	10

**Ratified Intervention Program (IP):**

Administrative Action	Number of Actions
DWI Conviction	1
Positive Drug Screen	9

## ATTACHMENT H

**APPROVAL OF STATUS CHANGES RELATED TO ANNUAL NCLEX RESULTS**

**ISSUE:** Non-compliance with National Council Licensure Examination (NCLEX) pass rates as required by APPROVAL OF NURSING PROGRAMS – STUDENTS 21 NCAC 36 .0320 (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.*

**BACKGROUND:**

For 2016-2018, the three-year average Registered Nurse (RN) national pass rate is 87%; 95% standard for NC is 83%.

The three-year average pass rate is calculated by dividing the total number of 1<sup>st</sup> time test passers (during the three-year period January 1, 2016 through December 31, 2018) by the total number of 1<sup>st</sup> time test takers.

Nursing education programs not in compliance with APPROVAL OF NURSING PROGRAMS – STUDENTS 21 NCAC 36 .0320 (e) as quoted above are subject to the provisions of EP-17 NCLEX Pass Rate Below Standard.

**Provision 3:** When the NCLEX pass rate is below the **three-year average** Standard for **three consecutive years**, the program is issued a Published Consent Order by the Board.

**Third Year Below Standard: Public Consent Order**

<b>Program Current Year Pass Rate</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>Three-Year Average</b>
*NC Central University-BSN	68	82	79	76

At the January 2019 Board Meeting, the Board approved North Carolina Central University (NCCU) for a Published Consent Order according to EP-17 NCLEX Pass Rate Below Standard. Based on the re-adopted Rules that became effective January 1, 2019, NCCU action should have been issued a Warning Status, instead of the Published Consent Order, which was approved by the Board.

The January 2019 Board Minutes will need to be amended to reflect the current NCCU Warning Status.

CC=Community College

\*\*=New Program

Below Three-Year Average Standard

---

**ATTACHMENT I**

**ISSUE:** Proposed Policy Additions/Revisions

**BACKGROUND:** As a quality initiative, Board Governance reviews Board Policies every three (3) years. The last review of policies was conducted in 2016. Board staff proposes the following additions/revisions:

- B01 Board Meetings and Administrative Hearings – language regarding Administrative Hearings moved to Legal section of Regulatory Operations Policy Manual
- B02 Officers of the Board – incorporated language from B03
- B03 Committee and Chair Appointments – policy deleted; language moved to B02
- B04 Removal of Board Members – added language regarding required 75% Board Member attendance
- B05 Conflict of Interest – policy deleted; language moved to B09
- B06 Conference Attendance – added FARB Annual Conference; addition of meeting summaries for Board packet
- B07 Chief Executive Officer Performance Evaluation – title changes
- B08 Board Orientation – incorporated language from B13; addition of requirement to view Committee Chair Orientation video; added Board Member Code of Conduct/Job Description as attachment; Code of Conduct/Job Description amended to reference laptops instead of iPads.
- B09 Compliance with State Government Ethics Act – incorporated language from B05
- B10 Selection of Chief Executive Officer – changed language regarding resignation from Board if a candidate for CEO position; amended to add consultation with Vice-Chair and CEO regarding appointment of Search Committee.
- B11 Strategic Planning – deleted reference to annual Roadmap which is no longer utilized
- B12 Annual Board Assessment and Evaluation – addition of policy statement
- B13 Philosophy – policy deleted; language moved to B08
- B14 Participation in State and National Organizations – title changes
- B15 Guidelines for Use of Adobe Connect for Remote Attendance – broadened policy to allow staff to utilize other methods for remote connection

*NOTE: Once approved, policy #s will change based on any policy deletions*

At its meeting on April 16, 2019, the Governance Committee discussed and approved proposed additions/revisions as outlined above.

**RECOMMENDATION:** That the Board approve proposed additions/revisions to Board policies as presented.

## ATTACHMENT J

**ISSUE:** Report to the Board of the March 20, 2019 Education and Practice Committee Meeting.

**BACKGROUND:** In September 2018, the Board charged the Education and Practice Committee to: "Review the LPN Scope of Practice and recommend needed revisions to the Board."

**EVIDENCE/BEST PRACTICES:** The Board last completed an in-depth review of the LPN Scope of Practice in 2010-2011. At the first meeting addressing this new charge, Committee members reviewed information related to LPN Scope of Practice. Board staff researched and prepared materials for review and presented summaries of salient issues concerning:

- LPN Scope of Practice – Common Issues in NC;
- LPN Scope of Practice – State Comparison Snapshot;
- A detailed literature review; and,
- Review of Position Statements and Decision Tree related to LPNs.

The Education and Practice Committee members discussed potential stakeholders to present current and future visions of LPN practice and education at the next meeting on August 14, 2019.

**RECOMMENDATION:** There are no recommendations at this time.

---

**Summary Report:** ECPI University – Raleigh, Raleigh, NC  
Feasibility Study to Establish RN Associate of Applied Science Degree Program

21 NCAC 36.0302 Establishment of a Nursing Program – Initial Approval

ECPI University – Raleigh submitted an application to establish an Associate of Applied Science Degree Nursing Program prepared by Linda LaBanca, MSN, RN; Nursing Program Director. The application was received in the Board of Nursing office in June 2018 and included information to support the establishment of Associate of Applied Science Degree (AAS) in Registered Nursing Program. The ECPI University – Raleigh AAS program will require 71 total credit hours; 22 credit hours of non-nursing and 49 nursing credit hours. The proposed nursing program will consist 15 five-week terms (5 semesters). The University proposes to admit a maximum total enrollment of 120 students to the nursing program. The proposed date for admission to the nursing courses is August 2019. Graduation of the first class is scheduled to occur February 2021. The proposed program will be physically located on the ECPI University – Raleigh campus in Raleigh, NC.

The application demonstrates evidence of the proposed student population, projected student enrollment, learning resources to implement and maintain the program, and financial resources adequate to begin and maintain the program. The current physical facilities are adequate to support the program needs for both students and faculty.

- ECPI University - Raleigh has authority for degree granting from the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC).
- Linda LaBanca, MSN, RN; Nursing Program Director, is qualified to fulfill the role of Nursing Program Director. The plan is for up to four full-time faculty and eight part-time faculty to provide adequate instruction for the students enrolled. Position descriptions submitted were consistent with the Board of Nursing Rules and Regulations.
- The application includes a proposed total curriculum with program philosophy statement; program objectives; course objectives; course descriptions; course syllabi; written plan for total program evaluation; IOM competencies; focused client care experience; student policies; program director vitae; and agreements with clinical agencies.
- A budget was submitted and reflects the college's commitment for adequate funding to establish and maintain this program.
- Support services for admission, financial, library, secretarial and administrative aspects of the program are available and adequate to support the proposed program.
- Local clinical healthcare agencies indicated approval for utilization by the proposed program. Written indications from the nurse executive or designees from each of the agencies that the clinical resources would be available for utilization by the proposed program were included in the application or received via mail at the NC Board of Nursing.

An initial survey was completed on April 4, 2019.

**Recommended Board Action:** ECPI University - Raleigh be granted initial approval for an Associate of Applied Science Registered Nursing program and approval for maximum total enrollment for 120 students to begin August 2019.

---

## ATTACHMENT K

**ISSUE:** Revision of the Joint Position Statement on Medication Management of Pain in End-of-Life Care

**BACKGROUND:** A Joint Position Statement on Pain Management in End-of-Life Care was approved and issued by the North Carolina Board of Nursing, Medical Board, and Board of Pharmacy in 1999. This Joint Statement was intended to guide nursing, medical, and pharmacy practice in assuring adequate pain management was available in end-of-life care. Specifically, the goal was to address perceived regulatory barriers to providing effective and compassionate pain relief.

**EVIDENCE/BEST PRACTICES:** While the 1999 Joint Statement served all three Boards effectively for twenty years, the need to revise and update this Joint Position Statement was driven by the current opioid crisis; continued misperceptions concerning regulatory barriers; and concern that patients and their families can be assured that needed pain relief will be provided at end-of-life.

Revisions include the following:

- Joint Statement title is changed, clarifying that only medication management of pain is addressed; other pain relief modalities are not addressed.
- Specifies that healthcare providers affected by this statement include physicians, physician assistants, advanced practice registered nurses, nurses, and pharmacists.
- Uses the term “physician or prescriber” in recognition that providers other than physicians may be prescribing/ordering pain medications.
- Clarifies that both the Medical and Nursing Boards will consider opioid use in this population differently and that appropriate dosing will not be interpreted as subject to discipline.
- Updates and clarifies issues related to prescribing/ordering, transmitting, and dispensing controlled substances.
- Clarifies the role of the nurse (RN or LPN) in the assessment, evaluation, and on-going management of pain including administering prescribed/ordered medications and adjusting medication doses and frequency per prescribed/ordered ranges.

**RECOMMENDATION:** That the Board approve the revised Joint Position Statement on Medication Management of Pain in End-of-Life Care (Attachment A).

## Attachment A

**Joint Statement on Medication Management of Pain in End-of-Life Care (Adopted by the North Carolina Medical, Nursing, and Pharmacy Boards)**

Through dialogue with members of the healthcare community and consumers, a number of perceived regulatory barriers to adequate pain management in end-of-life care have been expressed to the Boards of Medicine, Nursing, and Pharmacy. The following statement attempts to address these misperceptions by outlining practice expectations for licensees and other health care professionals authorized to prescribe medications, as well as nurses and pharmacists involved in this aspect of end-of-life care. The statement is based on:

- the legal scope of practice for each of these licensed health professionals;
- professional collaboration and communication among health professionals providing palliative care; and
- a standard of care that assures on-going pain assessment, a therapeutic plan for pain management interventions; and evidence of adequate symptom management for the dying patient.

It is the position of all three Boards that patients and their families should be assured of competent, comprehensive palliative care at the end of their lives. Healthcare providers, including physicians, physician assistants, advanced practice registered nurses, nurses, and pharmacists, should be knowledgeable regarding effective and compassionate pain relief, and patients and their families should be assured such relief will be provided.

Because of the overwhelming concern of patients about pain relief, the physician or other prescriber needs to give special attention to the effective assessment of pain. It is particularly important that the prescriber frankly but sensitively discuss with the patient and the family their concerns and choices for the end of life. As part of this discussion, the prescriber should make it clear that, in some end of life care situations, there are inherent risks associated with effective pain relief. The Medical and Nursing Boards will assume opioid use in such patients is appropriate if the responsible prescriber is familiar with and abides by acceptable medical guidelines regarding such use, is knowledgeable about effective and compassionate pain relief, and maintains an appropriate medical record that details a pain management plan. Because the Boards are aware of the inherent risks associated with effective pain relief in such situations, they will not interpret their occurrence as subject to discipline by the Boards.

With regard to pharmacy practice, in general North Carolina has no quantity restrictions on dispensing controlled substances—including those in Schedule II. The STOP Act limits initial prescriptions for opioid medications in Schedules II and III to five- and seven-day supplies when prescribed for acute pain or post-operative acute pain, respectively. But those limitations do **not** apply to treatment of chronic pain or pain being treated as a component of hospice or palliative care.

Federal law allows partial filling of Schedule III and IV prescriptions for up to six months, and, for terminally ill patients, partial filling of Schedule II prescriptions for up to 60 days. This allows the pharmacist to dispense smaller quantities of the prescription to meet the patient's needs, thereby minimizing patient expenses and unnecessary waste of drugs. The prescriber should note on the prescription that the patient is terminally ill to facilitate these partial fills.

Transmission of prescriptions for terminally ill patients is often a matter of urgency. Federal and state law allow the fax transmittal of all schedules of controlled substances. For Schedule III, IV, and V prescriptions, the fax serves as the original. For a Schedule II prescription, the fax serves as the original if the prescriber notes on the face of the prescription that it is for a patient receiving hospice care or who is a resident of a long-term care facility.

Federal and state law allow electronic transmission of prescriptions for all schedules of controlled substances using an e-prescribing tool that meets DEA security requirements. E-prescribing is often the quickest, most secure way to meet a patient's urgent needs.

The nurse (RN or LPN) is often the health professional most involved in assessment of pain and in the ongoing management of pain, through implementing the prescribed/ordered pain management plan, evaluating the patient's response to such interventions, and adjusting medication levels based on prescriptions/orders and patient status. Consistent with the licensee's scope of practice, the RN or LPN is accountable for implementing the pain management plan utilizing his/her knowledge base and documented assessment of the patient's needs through the use of designated pain evaluation tools.

If, in order to achieve adequate pain management, prescriptions/orders include a medication dose and/or frequency range, the instructions on how the nurse determines the appropriate administration dose or time frame should be included in the order. In the absence of such instructions, the nurse has the authority to adjust medication levels within the dose and frequency ranges stipulated, in accordance with the agency's established protocols. However, the RN or LPN does not have the authority to change the medical pain management plan. When adequate pain management is not achieved under the currently prescribed/ordered treatment plan, the nurse is responsible for reporting such findings to the prescriber and documenting this communication. Only the licensee or other health professional with authority to prescribe/order may change the medical pain management plan.

Communication and collaboration between members of the healthcare team, and the patient and family are essential in achieving adequate pain management in end-of-life care. Within this interdisciplinary framework for end of life care, effective pain management should include:

- thorough documentation of all aspects of the patient's assessment and care;
- a working diagnosis and therapeutic treatment plan including pharmacologic and non-pharmacologic interventions;
- regular and documented evaluation of response to the interventions and, as appropriate, revisions to the treatment plan;
- evidence of communication among care providers;
- education of the patient and family; and
- a clear understanding by the patient, the family and health care team of the treatment goals.

It is important to remind health professionals that licensing boards hold each licensee accountable for providing safe, effective care. Exercising this standard of care requires the application of knowledge, skills, as well as ethical principles focused on optimum patient care while taking all appropriate measures to relieve suffering. The health care team should give primary importance to the expressed desires of the patient tempered by the judgment and legal responsibilities of each licensed health professional as to what is in the patient's best interest.