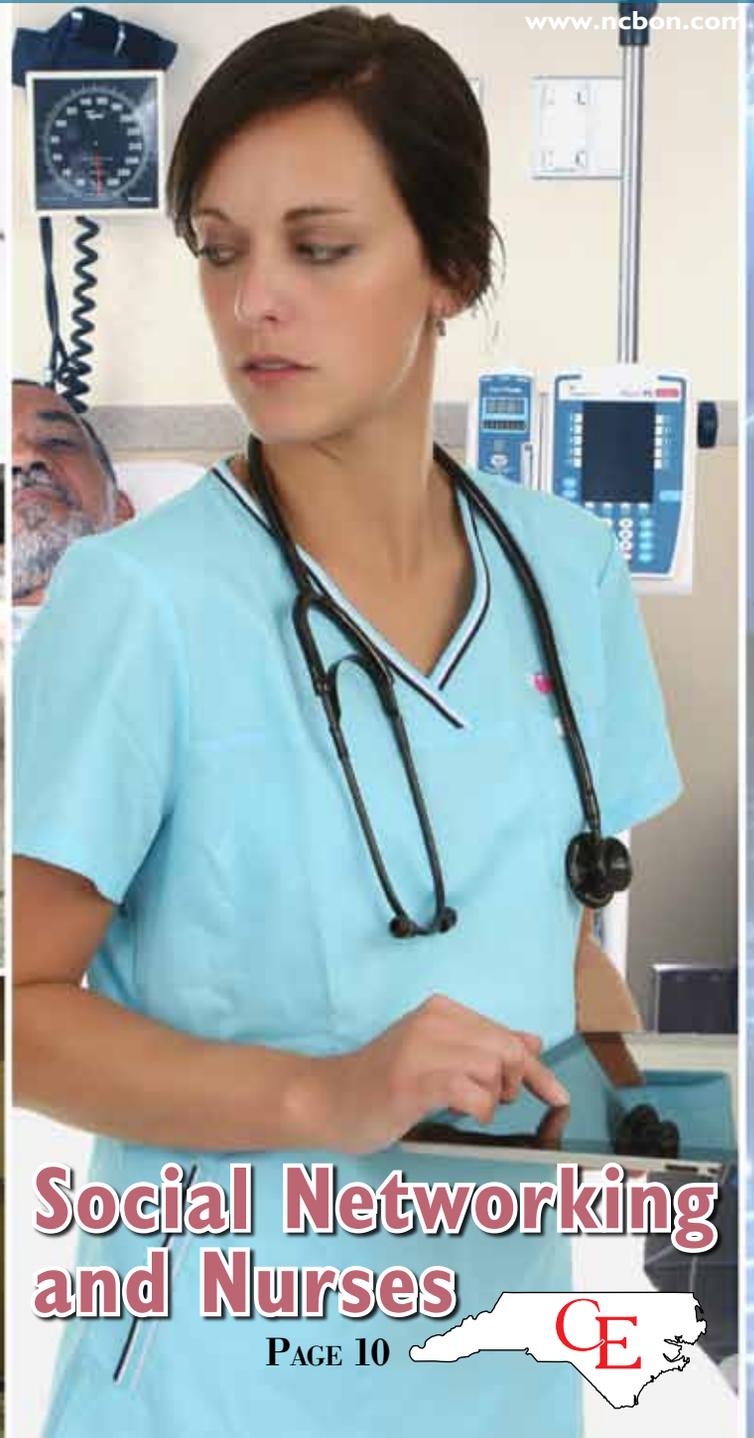
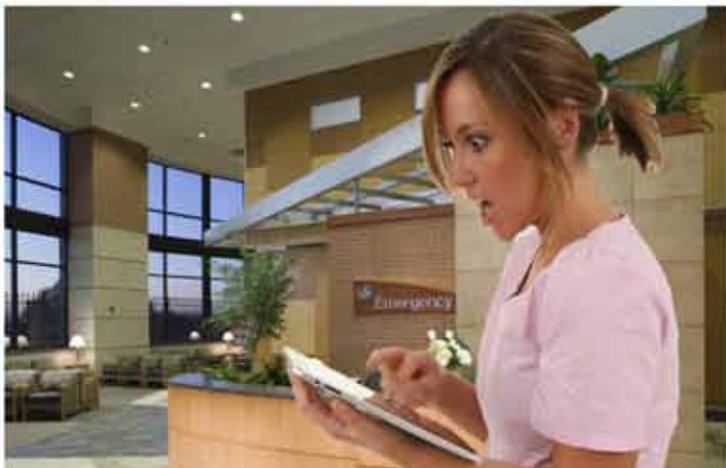


NURSING BULLETIN



Social Networking and Nurses

PAGE 10



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Office Location

4516 Lake Boone Trail
Raleigh, NC 27607

Mailing Address

P.O. Box 2129
Raleigh, NC 27602

Telephone

(919) 782-3211

Fax

(919) 781-9461

Automated Verification

(919) 881-2272

Website

www.ncbon.com

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Board Chair

Dr. Peggy C. Walters, RN

Executive Director

Julia L. George, RN, MSN, FRE

Editor

David Kalbacker

Photography

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NC BOARD OF NURSING
NURSING BULLETIN

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Created by Publishing Concepts, Inc.
David Brown, President • dbrown@pcipublishing.com
For Advertising info contact
Victor Horne • 800.561.4686 ext 114
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from the
Executive Director



UP TO FULL STRENGTH AND MOVING FORWARD

As we move into the last quarter of 2013 I am happy to report several recent accomplishments here at the Board.

The Board is once again back to its full compliment of 14 members with the appointment of Pat Campbell, RN. Her appointment came at the end of the legislative session. She was appointed by the Speaker-of-the House of the General Assembly. Also, relating to Board members, congratulations to Robert Newsom, LPN on his re-election to the Board for a second term. Congratulations as well to Deborah Herring, RN who was elected from among a field of 10 candidates for the RN-At-Large seat on the Board. Ms. Herring, who will join the Board in January, is the Director of Nursing at the Pitt County Health Department, in Greenville.

Board members and staff have worked diligently on the development the Board's proposed Strategic Plan for 2014-2017. In the coming weeks this plan will be posted to the Board's website.

And speaking of websites We hope you

like our updated version. Additional updates and changes are still being made but our overall goal was to make it easier for licensees and the general public to find the information they need.

A new on-line licensure system has also recently been launched that provides enhanced security and functionality to all licensees.

A recent review of the number of North Carolina nurses taking advantage of our featured CE stories is very encouraging. Thousands of nurses have read these important articles and this issue of the Bulletin contains a CE article on utilizing social networking. Author and Board staff member Crystal Tillman Harris, RN, DNP gives readers several compelling do's and don'ts (P. 10)

Last, but truly not least, there are some recent staff accomplishments noted in this issue. They include: Kathy Chastain's, RN,MN, FRE receipt of the 2013 NCBON Employee Excellence Award (P. 22) and Kathleen Privette's, RN,MSN,FRE completion of the Institute of Regulatory Excellence Fellowship program (P. 22)

Your Board! Your Voice!

As a licensed nurse in North Carolina, you have the opportunity to elect nursing members each year who are charged by the General Assembly to ensure minimum standards of competency and provide the public safe care. In addition, the Board has the responsibility to review its own composition, leadership and terms of office to ensure Board positions and member qualifications align with the health care environment in order to make informed decisions regarding regulation.

In September 2012, the Board appointed an Ad Hoc Committee charged with gathering meaningful

data to make an informed decision regarding Board composition, leadership and terms. Please take a few moments to complete the Board Composition and Tenure survey located on the home page of the Board's website (www.ncbon.com).

If you would like more information regarding the functions and responsibilities of the Board prior to completion of the survey, you can visit our website at <http://www.ncbon.com/dcp/i/board-information-historical-information>.

Thank you in advance for providing your valuable feedback!



from the Board Chair

CHANGE IS IN THE AIR!



Mary Lewis Wyche

The North Carolina Board of Nursing began 2013 celebrating 110 years of excellence in nursing regulation. We are still celebrating! In 1902 the visionary work of Mary Lewis Wyche was put into action. "Through her untiring efforts a law for compulsory registration of graduate nurses was passed in 1903. North Carolina was the first state in the Union to get this law passed" (Wyche & Heinzerling, 1938, p. x). With this vision came change and today NCBON continues to be at the forefront of nursing regulation in its mission to protect the public by regulating the practice of nursing.

An example of how North Carolina continues to influence and facilitate change at the national level was noted of the September meeting at the National Council State Boards of Nursing orientation for new committee Chairs. In order to be selected as a chair, one has to make application and be selected. The NCSBON has 12 committees appointed for 2014 and North Carolina has four Board Members and staff serving as Chairs: Dr. Bobby Lowery chairs the Distance Learning Education Committee; Julie George, Executive Director, chairs the Finance Committee; Dr. Linda Burhans, Associate Executive Director, chairs the Institute of Regulatory Excellence; and I have the privilege to chair the Leadership Academy Committee. Your Board and Board staff are hard at work making a difference in nursing.

Embracing change and looking to the next three years, the Board has approved a new strategic plan for 2014-2017. This plan calls for the Board to focus on two areas with five initiatives.

- I. Enhance Public protection through the Board's proactive leadership by:

- Maintaining resources and flexibility to support the Board's mission without the use of public funds
- Ensuring equitable, efficient and effective regulatory processes
- Collaborating with external stakeholders to address impacts of Affordable Care Act
- II. Advance best practices in nursing regulation by
 - Implementing evidence-based decision-making to improve outcomes
 - Facilitating innovations in Education and Practice

The timing of the new strategic plan is spot on. The Affordable Care Act is here and with this new law comes changes that will affect everyone. On September 26, 2013 Vice President Joe Biden along with Health and Human Services Secretary Kathleen Sebelius held a conference call with nurses across the US. I joined in this call along with some 3,000 nurses from more than 25 nursing organizations. Vice President Biden personally thanked nurses across the country for our work as the country moves to this change in health care.

Change is in the air!

Dr. Peggy Walters, RN
Chair

Wyche, M.L., & Heinzerling, E.L. (Eds.). (1938). *The history of nursing in north Carolina*. Chapel Hill: The University of North Carolina Press.
<http://campaignforaction.org/community-post/conference-call-vice-president-joe-biden-and-health-and-human-services-secretary>

ELECTION RESULTS FOR 2013

Results

Deborah Herring, Director of Nursing at the Pitt County Health Department in Greenville, NC was elected as an RN-At-Large to the NC Board of Nursing. Ms. Herring has more than 37 years of nursing experience, 29 years of that in the public health field.

Robert Newsom, an LPN with more than 15 years of experience nursing, was re-elected to the Board to serve a second 4-year term.

North Carolina is the only state in the nation where licensed nurses elect the majority of their Board. Elections are held every year for specific slots on the Board. Should you have an interest in running, or know someone who might, be sure to read the Nomination Form on page 9.

Chair and Vice-Chair elected.

Dr. Peggy Walters, RN was re-elected to Chair the Board for 2014 and public member, Martha A. Harrell was elected as Vice-Chair for 2014.

New Public Member

Pat Campbell, an experienced nurse, was named to the Board by N.C. General Assembly Speaker Thom Tillis. Campbell will take the slot vacated by James Forte who resigned in the Spring.



NOMINATION FORM FOR 2014 ELECTION

Although we just completed a successful Board of Nursing election, we are already getting ready for our next election. In 2014, the Board will have three openings; one ADN/Diploma Nurse Educator, one Staff Nurse and one LPN. This form is for you to tear out and use. This nomination form must be completed on or before April 1, 2014. Read the nomination instructions and make sure the candidate(s) meet all the requirements.

Instructions

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

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

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

If you are interested in being a candidate for one of the positions, visit our website at www.ncbon.com for additional information, including a Board Member Job Description and other Board-related information. You also may contact Chandra, Administrative Coordinator, at chandra@ncbon.com or (919) 782-3211, ext. 232. After careful review of the information

packet, you must complete the nomination form and submit it to the Board office by April 1, 2014.

Guidelines for Nomination

1. RNs can petition only for RN nominations and LPNs can petition only for LPN nominations.
2. Only petitions submitted on the nomination form will be considered. Photocopies or faxes are not acceptable
3. The certificate number of the nominee and each petitioner must be listed on the form. (The certificate number appears on the upper right-hand corner of the license.)
4. Names and certificate numbers (for each petitioner) must be legible and accurate.
5. Each petition shall be verified with the records of the Board to validate that each nominee and petitioner holds appropriate North Carolina licensure.
6. If the license of the nominee is not current, the petition shall be declared invalid.
7. If the license of any petitioner listed on the nomination form is not current, and that finding decreases the number of petitioners to fewer than ten, the petition shall be declared invalid.
8. The envelope containing the petition must be postmarked on or before April 1, 2014, for the nominee to be considered for candidacy. Petitions received before the April 1, 2014, deadline will be processed on receipt.
9. Elections will be held between July 1 and August 15, 2014. Those elected will begin their terms of office in January 2015.

Please complete and return nomination forms to 2014 Board Election, North Carolina Board of Nursing, P.O. Box 2129, Raleigh NC 27602-2129.

Nomination of Candidate for Membership on the North Carolina Board of Nursing for 2014

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

- ADN/Diploma Nurse Educator Staff Nurse License Practical Nurse

Address of Nominee: _____

Telephone Number: (Home) _____ (Work) _____

E-mail Address: _____

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

TO BE POSTMARKED ON OR BEFORE APRIL 1, 2014

NAME	SIGNATURE	CERTIFICATE NUMBER
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SOCIAL NETWORKING AND NURSES



Objective

The purpose of this article is to provide information about social networking as related to nursing practice, and enhance the nurse's knowledge and application of social networking

Highlights The use of social networking can have numerous benefits but also unintended consequences for an individual nurse's career. Remember that standards of professionalism are the same online as in any other circumstance.

The use of social media, including Facebook, Twitter, LinkedIn, YouTube, blogs, chat rooms, MySpace and other similar sites are increasing exponentially. A 2010 Pew report stated that among adults, 73% use Facebook, and 14% use LinkedIn (Pew Report, 2010). The use of social media will continue to rise and is a common daily occurrence for most of us.

Nurses have an added responsibility of ethical use related to personal use of social networking. Once again this year, nurses were ranked highest on honesty and ethical standards according to the Gallup poll, as being the most trusted profession in the United States (Jones, 2011). Nurses have held the number one spot every year since 1999, with the exception of 2001 when firefighters topped the list following the September 11 attacks. As nurses, it is important to uphold the public's trust and respect in

all areas of our lives, including the use of social networking. Therefore, as the most trusted healthcare professionals, nurses should not only understand the use of these technologies, but nurses should also consider when or where to use these technologies.

Benefits of Social Networking

It is wonderful to live in an age of social networking and see the benefits provided to nurses. As nurses, we educate our patients and can provide appropriate websites for patient and family education. Many nurses use it as a means of professional networking and communication with colleagues. Networking can also disseminate research and evidence-based practice findings to colleagues. Smart phones and tablets have entered the health care arena and allow easy access of vital information that can ensure effective care of the patient. The benefits of social networking are numerous, and will increase in the future.

Concerns of Social Networking

With the increase in technology, also come some concerns for the profession. Inappropriate sharing of personal or work information that reflects poorly on the nurse and professionalism in nursing is a concern for all of us. Many times breaches of patient confidentiality can occur, either intentionally or inadvertently. Examples include description of a patient with enough detail for identification, posting videos or pictures of patients, and referring to the patient in a demeaning manner (ANA, 2011). This can lead to a breach of patient confidentiality and privacy and damage to a nurse's career.

Also of concern is the ability of the nurse to become distracted while using smart phones. Such distractions have the potential to be catastrophic. There are appropriate uses of technology at

work during patient care...and checking one's Facebook status is not one of them!

Students have been expelled from nursing school for posting online photos of themselves with a placenta and nurses have been fired for discussing patient cases on Facebook. In the Brynes vs. Johnson County Community College litigation, a nursing student posted a photo of herself with a placenta on her personal Facebook page. The photo went viral within hours; the student was expelled one day later and was told that she could re-apply to enter the program the following year. The patient issue was that in the photo you could see the student's ID badge and the school's patch on her uniform. By right-clicking on the photo the embedded date of the photo is retrievable. Since few babies were delivered in that hospital that day, it was easy to "track" and connect the placenta to the patient. "The Privacy Rule protects all individually identifiable health information held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper or oral" (Hader, 2010).

Principles for Social Networking

The National Council of State Boards of Nursing (NCSBN) and the American Nurses Association (ANA) have mutually endorsed each organization's guidelines for upholding professional boundaries in a social networking environment and have created a joint webinar on Guidelines for Social Media (ANA and NCSBN, 2011). The NCSBN White paper: A nurse's guide to the use of social media lists actions nurses can take to minimize risk and provides scenarios of unprofessional behavior based on actual events reported to Boards of Nursing (NCSBN, 2011).

The ANA publication, Principles for Social Networking and the Nurse:

Guidance for the Registered Nurse, is based on the ANA foundational documents on ethics and standards of practice (ANA, 2011). A Social Networking Principles Toolkit consisting of a fact sheet, tip-card, and poster is available at no cost on the ANA website: <http://nursingworld.org/socialnetworkingtoolkit>

The American Nurses' Association (ANA) has developed a guideline for use of social media by nurses that includes principles for social networking that can lead to appropriate use of the technology (ANA, 2011). Simply removing a name or face does not necessarily protect the patient's identification. The principles are:

- Nurses must not transmit or place online individually identifiable patient information.
- Nurses must observe ethically prescribed professional patient-nurse boundaries.
- Nurses should understand that patients, colleagues, institutions, and employers may view postings.
- Nurses should take advantage of privacy settings and seek to separate personal and professional information online.

Nurses should bring content that could harm a patient's privacy, rights, or welfare to the attention of appropriate authorities. Nurses should participate in developing institutional policies governing online conduct.

The Health Insurance Portability and Accountability Act (HIPAA) protection includes information that can reasonably be used to identify the patient.

HIPAA's Dos and Don'ts of Social Networking:

- Do make a distinction between your personal life and professional life online.
- Do use social media for educational and professional purposes.

- Do be mindful of HIPAA.
- Do set your privacy settings as high as possible.
- Don't be lulled by false security.
- Don't discuss your patients or your colleagues.

The Code of Ethics for Nurses provides a framework for nurses in ethical decision-making and can provide guidance in the use of social media (ANA, 2001). The Code of Ethics for Nurses reminds us of our primary commitment to patients, to practice with compassion and respect for all individuals, and the requirement to disseminate knowledge (ANA, 2001).

According to the ANA:

The patient's well-being could be jeopardized and the fundamental trust between patient and nurse be destroyed by unnecessary access to data or by the inappropriate disclosure of identifiable patient information. The rights, well-being, and safety of the individual patient should be the primary factors in arriving at any professional judgment concerning the disposition of confidential information received from or about the patient, whether oral, written, or electronic.

continued on page 12 >>>



Consequences for Inappropriate Use of Social Networking

There are consequences to inappropriate use of social media. The potential consequences vary according to the specific breach of trust. The incident may be reportable to the North Carolina Board of Nursing (NCBON). The NCBON may investigate the nurse after a report of inappropriate use of social media on the grounds of (NCSBN, 2011):

- Unprofessional conduct
- Unethical conduct
- Moral turpitude (a evil quality of behaving)
- Management of patient records
- Revealing a privileged communication: and;
- Breach of confidentiality

If the NCBON finds the allegations to be true, the nurse can face disciplinary action ranging from a reprimand or sanctions to temporary loss of license. Thirty-three state BONs reported complaints last year against nurses who violated patient privacy using social media (NCSBN, 2011). In many cases, the nurse inadvertently breached confidentiality.

There may be other consequences also. The nurse may face complaints that a state or federal law to protect patient confidentiality was breached. This violation can result in civil or criminal charges. There is also the possibility the nurse could face a lawsuit for personal damages including defamation or invasion of privacy. If employment rules were broken, the nurse may face suspension or termination at work.

The line between speech protected by labor laws and the First Amendment and the ability of an employer to impose expectations on employees outside of work is still being determined (National Labor Relations Board, 2011). Nonetheless, inappropriate comments can be detrimental to a cohesive health care delivery team and may result in sanctions against the nurse (Cronquist and Spector, 2011).

Policies

Organizations are finding the need to develop policies and professional guidelines to aid nurses in negotiating responsibly and professionally the use of social networking. This is beginning to happen in some medical institutions but needs more widespread attention in order to avoid legal and ethical problems.

Managers need to be aware that, although sending a friend request to an employee might seem rather fun and friendly, it could have unintended consequences. Even if the manager is comfortable initiating the request, the employee may not feel the same way, creating a potentially negative undertone to their working relationship. It may lead to potential claims of fraternization, harassment, or stalking.

Inappropriate social networking should also be included in nursing education program curriculums. Discussions of professional conduct and ethical behavior in the health care workplace and clinical settings are necessary. The importance of social networking must be a priority with new students during orientation, and the potential pitfalls social media may create for nurses.

Most health care employers expect that the employee will follow the same behaviors online as they would in face-to-face contact. Be sure to know the policies of your employer or academic institution. Many institutions now have policies such as:

- Do not “friend” patients
- Do not accept “friend requests” from patients or their family members
- Never share any patient information via Facebook or other social media
- Never post pictures of patients or pose with patients for pictures.
- Never give medical advice via social media.

Summary

Our online conversation should reflect the same professionalism that is expected when working with the public. If you are about to post an item that you know would be embarrassing if seen

by a colleague, employer, patient, or family member, then do not post it. It is essential to maintain professional integrity when incorporating networking, even when doing so only in your personal life.

Remember once you post something, there is a digital footprint forever. Just because you delete a post, photo or video, does not mean it is destroyed. Data can be retrievable from law enforcement or technology experts.

The golden rule in social networking is this: assume that there is no privacy. Pretend that what you are writing is appearing on a permanent billboard. If you would not want it to be printed for all to see, then think twice before posting to a social media site.

Examples of Inappropriate Posts from Ethical Reasoning and Online Social Media:

My patient was the cutest little 70-year-old lady. And I found out she lives in my neighborhood. Awesome...a new friend.

So far, my clinical sucks...when will I start doing the fun stuff?

First day off orientation, and I feel completely overwhelmed! I seriously don't know what I'm doing yet. I feel sorry if you were my patient today...but I will get better.

The new staffing policy here is awful... who thought it was OK to have each nurse have 6 patients. Looks like our NAs will have to do a lot more!

Friday afternoon....so glad the weekend is here. Time to get drunk. I need a vacation from responsibility.

What's up everyone? I'm on a break at clinical and had some time to post. Anybody out there have a minute to catch up?

I'm going to make sure that I have a living will. I just don't understand why



the patient I cared for today wants “everything done” to hang on.

My supervisor was bugging me today to join ANA. Why would I need to do that?

(Englund et al., 2012)

References

American Nurses' Association. ANA's Principles for Social Networking and the Nurse. Silver Spring, MD, ANA, 2011.

American Nurses' Association. Code of Ethics for Nurses with Interpretive Statements. Available at: <http://nursingworld.org/MainMenuCategories/EthicsStandards/CodeofEthicsforNurses/Code-of-Ethics.aspx>. Accessed July 22, 2013.

American Nurses Association. Guidelines for using social media. In: ANA: The American Nurse. November/December 2011:14. American Nurses Association and National Council of State Boards of Nursing. (2011). ANA and NCSBN unite to provide guidelines on social media and networking for nurses. Available at: <http://www.nursingworld.org/FunctionalMenuCategories/MediaResources/PressReleases/2011-PR/ANA-NCSBN-Guidelines-Social-Media-Networking-for-Nurses.aspx>. Accessed July 22, 2013.

Bynes vs. JCCCC – Transcript of the Ruling of the Court, January 24, 2011. Retrieved July 22, 2013 from www.redstate.com

Cronquist, R., & Spector, N. (2011). Nurses and Social Media: Regulatory Concerns and Guidelines. *Journal of Nursing Regulation*, Vol 2(3) 37-40.

Englund, H., Chappy, S., Jambunathan, J., & Gohdes, E. (2012). Ethical Reasoning and Online Social Media. *Nurse Educator*, Vol 37(6). 242-247.

Hader, A. & Brown, E. (2010). Patient privacy and social media. *AANA Journal*, 78, 270-274.

Jones, J. Record 64% Rate Honesty, Ethics of Members of Congress Low: Ratings of nurses, pharmacists, and medical doctors most positive. Dec. 12, 2011.

National Council of State Boards of Nursing. White Paper: A Nurse's Guide to the Use of Social Media. August 2011. Available at: https://www.ncsbn.org/Social_Media.pdf. Accessed July 22, 2013.

CAUTION: YOUTUBE AND COMPETENCY

Some YouTube videos may be an excellent educational resource when a licensed nurse is learning a new procedure. Since there is a plethora of videos on YouTube you should use caution when selecting educational videos. As you look to see the expertise of an author when reading a professional document or article, so too you should do the same with YouTube. Always assure the video content was provided or approved by a reputable nursing/medical authority.

As well, watching a YouTube video does not satisfy the requirements of nursing competency. Watching a video can be part of a learning plan, but should never be an RN's only resource. The nurse should also review nursing literature for knowledge in pathophysiology and expected and adverse outcomes. In addition, the nurse should always be observed completing an activity by a competent RN or other authorized licensed healthcare provider to assure competency.

EARN CE CREDIT

INSTRUCTIONS

Read the article and on-line reference documents (if applicable). There is not a test requirement, although reading for comprehension and self-assessment of knowledge is encouraged.

RECEIVE CONTACT HOUR CERTIFICATE

Go to www.ncbon.com and select “Events, Workshops & Conferences”; then select “Board Sponsored Workshops”; under “Bulletin Articles,” scroll down to the link “Social Networking and Nurses.” Register, complete and submit the evaluation, and print your certificate immediately.

Registration deadline is October 1, 2015.

PROVIDER ACCREDITATION

The North Carolina Board of Nursing will award **1.0 contact hours** for this continuing nursing education activity.

The North Carolina Board of Nursing is an Approved Provider of continuing nursing education by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

NCBON CNE Contact Hour Activity Disclosure Statement

The following disclosure applies to the NCBON continuing nursing education article entitled “Social Networking and Nurses”:

Participants must read the CE article and online reference documents (if applicable) in order to be awarded CNE contact hours. Verification of participation will be noted by online registration. No financial relationships or commercial support have been disclosed by planners or writers which would influence the planning of educational objectives and content of the article. There is no endorsement of any product by NCNA or ANCC associated with the article. No article information relates to products governed by the Food and Drug Administration.

NEW DELEGATION DECISION TREE FOR NURSES

Nurses are key players in leading and designing safe healthcare delivery systems. As healthcare delivery systems evolve to provide more cost-effective models of care, the nurse's delegation of tasks and activities to unlicensed assistive personnel (UAP) is anticipated to increase. As the need for delegation to a variety of UAP escalates, the registered nurse (RN) and licensed practical nurse (LPN) must continue to develop and utilize efficient, effective decision-making knowledge and critical thinking skills to ensure the delivery of safe client care.

In January, 2013, the Board of Nursing's (NCBON) Education and Practice Committee was charged "To review Registered Nurse (RN) and Licensed Practical Nurse (LPN) delegation of nursing activities to Unlicensed Assistive Personnel (UAP), including medication administration, across diverse healthcare settings to proactively promote safe, effective care, maximizing the capabilities of licensed nurses and unlicensed care providers." In moving forward with the charge, the Education and Practice Committee developed a new version of the NCBON Decision Tree for Delegation to UAP. This new version was approved by the Board of Nursing on September 20, 2013 for immediate implementation by all RNs and LPNs in all practice settings across the state.

The purpose of the NCBON Decision Tree for Delegation to UAP is to support nurses in making appropriate decisions when delegating nursing tasks or activities to UAP. The Nursing Practice Act (NPA) and Administrative Code (Rules) define delegation as a component of the scope of practice for both the RN and LPN, and specify the criteria that must be in place for appropriate nursing delegation to UAP. Delegation requires nursing judgment and decision-making based on four essential steps as detailed in the new version of the NCBON Decision Tree for Delegation to UAP: Assessment and Implementation; Communication; Supervision and Monitoring; and Evaluation and Feedback.

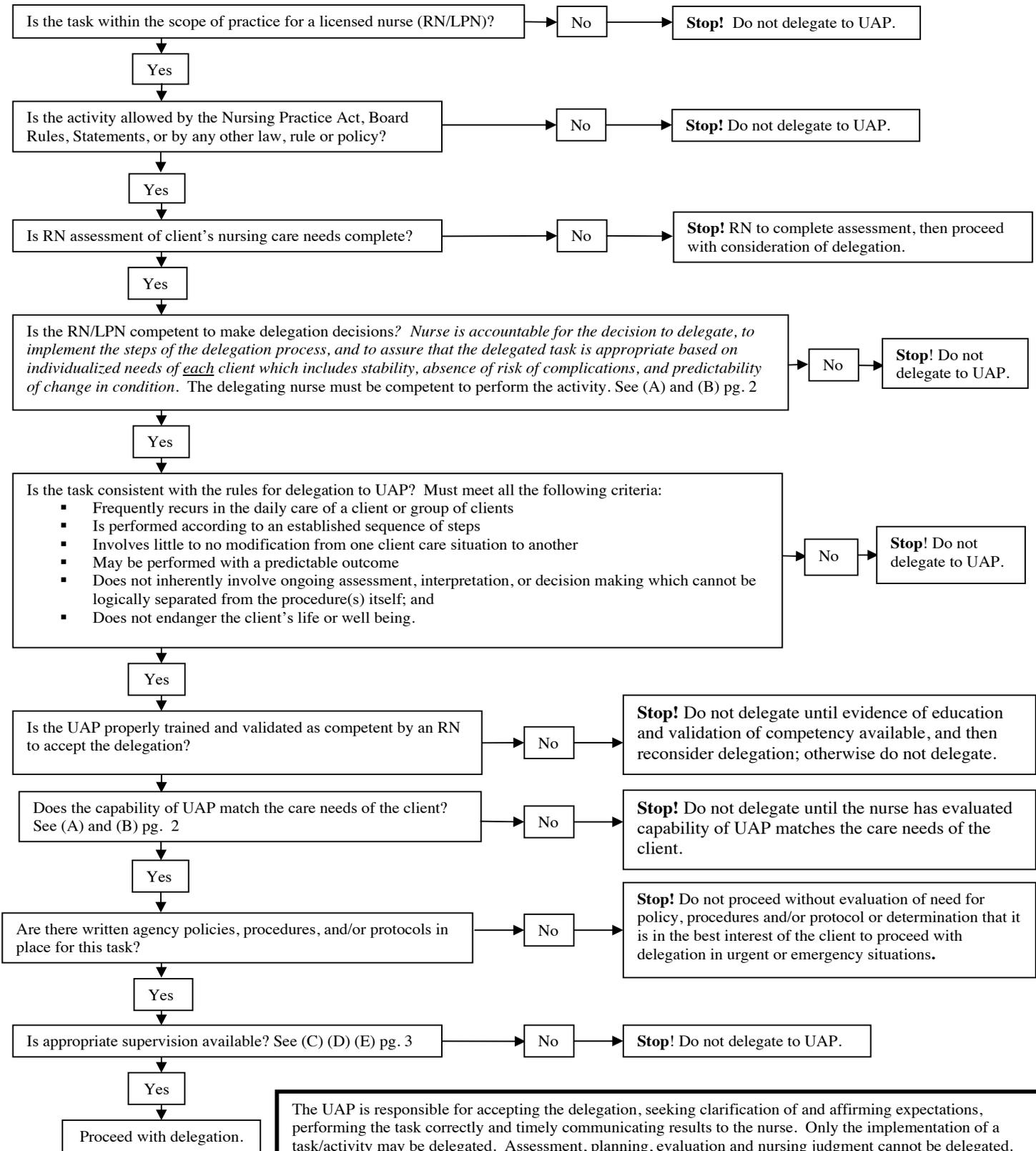
Effective nursing delegation of tasks/activities to UAP depends upon the nurse's abilities and skills to make appropriate delegation decisions. Delegation is a client and situation specific activity in which the nurse, RN or LPN, must consider all the components of the delegation process for each delegation decision. All nurses are encouraged to review and use the NCBON Decision Tree for Delegation to UAP as a framework to promote effective delegation and

ensure quality care is delivered. Delegation is a skill developed through education and practice. The Board of Nursing encourages nursing employers, directors, and managers to establish delegation resources that are easily accessible to all nurses. Effective delegation supports the NCBON mission to protect the public by regulating the practice of nursing.

The new version of the NCBON Decision Tree for Delegation to UAP is located on the Board of Nursing website at www.ncbon.com, under the "Nursing Practice" heading, subheading "Position Statements and Decision Trees", and "Decision Tree for Delegation to UAP."



Step 1 of 4: Assessment and Implementation



The UAP is responsible for accepting the delegation, seeking clarification of and affirming expectations, performing the task correctly and timely communicating results to the nurse. Only the implementation of a task/activity may be delegated. Assessment, planning, evaluation and nursing judgment cannot be delegated. Delegation is a client and situation specific activity in which the nurse must consider all components of the delegation process for each delegation decision. Specific direction by the nurse (RN, LPN) to UAP when assisting the nurse with a task or nursing activity and under the direct visual supervision of the nurse is not considered delegation.

IMPORTANT COMPONENTS FOR DELEGATION TO UAP

Prior to proceeding to Step 2, consider the following:

Delegation is a process of decision-making, critical thinking and nursing judgment. Decisions to delegate nursing tasks/activities to UAP are based on the RN’s assessment of the client’s nursing care needs. The LPN may delegate nursing tasks/activities to UAP under the supervision of the RN. Additional criteria that must be considered when determining appropriate delegation of tasks include, but are not limited to:

<p>(A) Variables:</p> <ul style="list-style-type: none"> ▪ Knowledge and skill of UAP ▪ Verification of clinical competence of UAP ▪ Stability of the client’s condition which involves predictability, absence of risk of complication, and rate of change ▪ Variables specific for each practice setting: <ul style="list-style-type: none"> ○ The complexity and frequency of nursing care needed by a given client population ○ The proximity of clients to staff ○ The number and qualifications of staff ○ The accessible resources ▪ Established policies, procedures, practices, and channels of communication which lend support to the types of nursing activities being delegated, or not delegated, to UAP 	<p>(B) Use of critical thinking and professional judgment for The Five Rights of Delegation:</p> <ol style="list-style-type: none"> 1. Right Task – the task must meet all of the delegation criteria 2. Right Circumstance – delegation must be appropriate to the client population and practice setting 3. Right Person – the nurse must be competent to perform the activity and to make delegation decisions, the nurse must ensure the right task is being delegated to the right person (UAP) and competence has been validated by an RN, and the delegation is for the individualized needs of the client 4. Right Communication – the nurse must provide clear, concise instructions for performing the task 5. Right Supervision – the nurse must provide appropriate supervision/monitoring, evaluation, and feedback of UAP performance of the task
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Step 2 of 4: Communication - Communication must be a two-way process

<p>The nurse:</p> <ul style="list-style-type: none"> ▪ Assesses the UAP’s understanding of: <ul style="list-style-type: none"> ○ Task to be performed and expectations of performance of tasks ○ Information to report including client specific observations, expected and concerns ○ When and how to report/record information ▪ Communicates Individualized needs of client population, practice setting, and unique client requirements ▪ Communicates and provides guidance, coaching, and support for UAP ▪ Allows UAP opportunity for questions and clarification ▪ Assures accountability by verifying UAP accepts delegation ▪ Develops and communicates plan of action in emergency situations ▪ Determines Communication method between nurse and UAP 	<p>The UAP:</p> <ul style="list-style-type: none"> ▪ Asks questions and seeks clarification ▪ Informs the nurse if UAP has not performed the task or has performed it infrequently ▪ Requests additional training or guidance as needed ▪ Affirms understanding and acceptance of delegation ▪ Complies with communication method between nurse and UAP ▪ Reports care results to nurse in a timely manner ▪ Complies with emergency action plans
	<p>Documentation by nurse and UAP (as determined by facility/agency policy) is:</p> <p>Timely, complete and accurate documentation of provided care:</p> <ul style="list-style-type: none"> ▪ Facilitates communication with other members of the health care team ▪ Records the nursing care provided.

Step 3 of 4: Supervision and Monitoring– The RN supervises the delegation by monitoring the performance of the task and assures compliance with standards of practice, policies and procedures. The LPN supervision is limited to on-the-job assurance that tasks have been performed as delegated and according to standards of practice established in agency policies and procedures. Frequency, level, and nature of monitoring vary with the needs of the client and experience of the UAP.

<p>(C) The nurse takes into consideration the:</p> <ul style="list-style-type: none"> ▪ Client's health stability, status, and acuity ▪ Predictability of client response to interventions and risks posed ▪ Practice setting and client population ▪ Available resources ▪ Complexity & frequency of nursing care needed ▪ Proximity of clients to staff ▪ Number and qualification of staff ▪ Policies, procedures, & channels of communication established 	<p>(D) The nurse determines:</p> <ul style="list-style-type: none"> ▪ The amount/degree of supervision required ▪ Type of supervision: direct or indirect ▪ The Five Rights of Delegation have been implemented: <ol style="list-style-type: none"> 1. Right Task 2. Right Circumstances 3. Right Person 4. Right Directions and Communications 5. Right Supervision and Evaluation 	<p>(E) The nurse:</p> <ul style="list-style-type: none"> ▪ Maintains accountability for nursing tasks/activities delegated and performed by UAP ▪ Monitors outcomes of delegated nursing care tasks ▪ Intervenes and follows-up on problems, incidents, and concerns within an appropriate timeframe ▪ Nursing management and administration responsibilities are beyond LPN scope of practice. To assure client safety, the LPN may need authority to alter delegation or temporarily suspend UAP per agency policy until appropriate personnel action can be determined by the supervising RN. ▪ Observes client response to nursing care and UAP's performance of care ▪ Recognizes subtle signs and symptoms with appropriate intervention when client's condition changes ▪ Recognizes UAP's difficulties in completing delegation activities
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Step 4 of 4: Evaluation and Feedback – Evaluate effectiveness of delegation and provide appropriate feedback

<ul style="list-style-type: none"> ▪ Evaluate the nursing care outcomes: <ul style="list-style-type: none"> ○ (RN) Evaluate the effectiveness of the nursing plan of care and modify as needed ○ (LPN) Recognize the effectiveness of nursing interventions and propose modifications to plan of care for review by the RN ▪ Evaluate the effectiveness of delegation: <ul style="list-style-type: none"> ○ Task performed correctly? ○ Expected outcomes achieved? ○ Communication was timely and effective? ○ Identify challenges and what went well ○ Identify problems and concerns that occurred and how they were addressed ▪ Provide feedback to UAP regarding performance of tasks/activities and acknowledge the UAP for accomplishing the task
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References:

G.S. 90-171.20 (7)(d) & (i) and (8) (d) Nursing Practice Act
 21 NCAC 36.0221 (b) Licensed Required
 21 NCAC 36.0224 (a) (b) (c) (d) (e) (f) (i) & (j) Components of Practice for the Registered nurse
 21 NCAC 36.0225 (b) (c) (d) (e) (f) Components of Practice for the Licensed Practical Nurse
 21 NCAC 36.0401 (c) Roles of Unlicensed Personnel Assistive

American Nurses Association Decision Tree for Delegation by Registered Nurses, 2012
 Joint Statement on Delegation ANA and NCSEB Decision Tree for Delegation to Nursing Assistive Personnel, 2005
 National Council of State Boards of Nursing Decision Tree – Delegation to Nursing Assistive Personnel, 2005

Attention: Are You Interested in an Out-of-State Nursing Program?

The Board of Nursing receives many questions from individuals who are exploring nursing education originating from out-of-state. If you are interested in attending an out-of-state nursing program, please read these FAQs.

Is the NCBON imposing restrictions on out-of-state nursing education programs? I am being told by an out-of-state program that the NCBON is preventing them from admitting NC residents as students.

The NCBON is not imposing restrictions on out-of state nursing education programs. There is, however, a law in NC which requires ANY out-of-state program that conducts ANY educational activities in NC (including on-line programs, correspondence courses, and student clinical experiences) to be licensed by the University of North Carolina (UNC) System General Administration/Board of Governors. This is required by a law not associated with the NC Board of Nursing, but rather with the UNC System. When considering enrollment in ANY out-of-state nursing program, individuals should check with the UNC System to verify licensure status by calling 919-962-4558 or on the UNC System website at: http://www.northcarolina.edu/aa_planning/licensure/licensed.htm

Does the NCBON approve nursing graduate-level (masters and doctoral) out-of-state programs/online programs/correspondence courses?

The NCBON does not approve or disapprove graduate-level nursing programs, in-state, nor out-of-state, regardless of teaching methodologies used. Programs over which the NCBON does NOT have jurisdiction include: RN-BSN, masters, and doctoral programs. While some states do have jurisdiction over programs beyond those leading to initial

licensure, the NCBON does not. The NCBON has jurisdiction only over pre-licensure nursing programs located in NC that prepare graduates to take the initial LPN or RN licensure examination

If I attend a nursing education program in another state, am I able to complete my student clinical experiences in NC?

- a) Pre-licensure (RN or LPN) students who are attending out-of-state programs and wish to complete clinical experiences in North Carolina must contact the NCBON by email at education@ncbon.com to obtain information regarding requirements.
- b) Graduate (master's or doctoral) students who do not hold a NC

or multistate nursing license must contact the NCBON by email at practice@ncbon.com to obtain information regarding requirements for the completion of clinical experiences in NC.

- c) Graduate (master's or doctoral) students who hold a NC or multistate nursing license may seek clinical experiences in NC without NCBON notification or approval.

(NOTE: The UNC System requires that all out-of-state degree granting institutions be licensed as described in the above question. Although not an NCBON requirement, all students are urged to ascertain their institution's NC licensure status.)

SUMMARY of ACTIVITIES

ADMINISTRATIVE MATTERS

- Approved revisions to Vision and Values

Statements as follows:

Vision: The NCBON excels in advancing public protection in a dynamic healthcare environment.

Values: Setting the PACE for Public Protection and Regulatory Excellence

Professionalism

Accountability

Commitment

Equity/Fairness

- Approved 2014 – 2017 Strategic Plan

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

- a. Maintaining resources and flexibility to support the Board's mission without the use of public funds
- b. Ensuring equitable, efficient and effective regulatory processes
- c. Collaborating with external stakeholders to address impacts of Health Care Reform

Strategic Initiative #2: Advance best practices in nursing regulation by

- a. Implementing evidence-based decision-making to improve outcomes
- b. Facilitating innovations in Education and Practice

INVESTIGATION AND MONITORING

ACTIONS

Received reports and Granted Absolutions to 3 RNs and 1 LPN

Removed probation from the license of 19 RNs and 4 LPNs

Accepted the Voluntary Surrender from 12 RNs and 2 LPNs

Suspended the license of 13 RNs and 4 LPNs

Reinstated the license of 16 RNs and 2 LPN

Number of Participants in the Alternative Program for Chemical Dependency: 158 RNs and 8 LPNs (Total = 166)

Number of Participants in the Chemical Dependency Program (CDDP): 87 RNs, 8 LPNs (Total = 95)

Number of Participants in Illicit Drug and Alcohol/ Intervention Program: 25 RNs, 10 LPNs. (Total = 35)

EDUCATION MATTERS:

Ratification of Full Approval Status – 10 programs
Determination of Program Approval Status – 1 program

Ratification of Program Expansion – 1 program
ACEN/CCNE Accreditation Decisions – 9 programs

Calling All RNs, LPNs, Nursing Managers, and Nursing Faculty! Opportunities Available for YOU!

The National Council of State Boards of Nursing (NCSBN) wants YOU to participate in the development of the NCLEX-RN® and NCLEX-PN® examinations. The Item Development Program is a key component in maintaining high quality NCLEX® items.

NCSBN depends on practicing nurses to assist in the NCLEX® item development process. Nurses may be selected to be item writers or item reviewers. If you are selected to serve as a member, you will:

- Contribute to continued excellence in the nursing profession;
- Have opportunities to network on a national and international level;
- Build new skills that are useful in your current position, as well as for

professional growth; and

- Earn continuing education contact hours.

Item writers create the questions that are administered in the NCLEX® examinations. You must be responsible for teaching basic/undergraduate students in the clinical area and must have a master's degree or higher (for the RN exam only). Item reviewers examine the items that are created by item writers. You must have at least 2 years experience and be currently employed in clinical nursing practice AND working directly with nurses who have entered nursing practice during the past 12 months, specifically in a precepting or supervising capacity.

More information and an application are available on NCSBN's website

at www.ncsbn.org/1227.htm . If all qualifications are met, NCSBN will obtain approval from the NCBON. Applications remain active for a two-year period from the date of initial submission.

NCSBN will notify you when you are considered for a specific panel in which you will participate for three to five days. Sessions are held throughout the year in Chicago and your travel expense, including lodging and meals, will be covered.

If you prefer, you can send an e-mail with your complete contact information and listing your current employer and supervisor to Burnette Brown at bbrown@ncbon.com . The NCBON will maintain your contact information and inform you when NCSBN is seeking applicants for specific panels.

Orientation Sessions for Administrators of Nursing Services and Mid-Level Nurse Managers

Face-to-face workshop with Board of Nursing consultants

If you are a chief nurse administrator or mid-level nurse manager who would like to learn about the functions of the Board of Nursing and how these functions impact your role in all types of nursing service settings, please consider registering online for one of the following 2014 orientation sessions.

Go to: www.ncbon.com – Nursing Education - Continuing Education – Board Sponsored Offerings.

Scroll down the page until you see “On-Site Workshop.”

Register for one of the following dates (\$40 fee).

February 12, 2014 - Wednesday

April 9, 2014 - Wednesday

September 17, 2014 - Wednesday

November 6, 2014 - Thursday

All sessions are held at the North Carolina Board of Nursing office in Raleigh, NC from 10 a.m. until 4 p.m.

If you attend the entire session, you will be presented with 4.6 continuing nursing education contact hours.

Participants must attend the entire session(s) in order to earn contact hour credit. Verification of participation will be noted by signature on the roster. A completed evaluation form must be returned. Planners and presenters have declared that they have no conflict of interest or financial relationships which would influence the planning of this activity. If any are discovered during the course of the activity, an announcement will be made to inform the participants. No commercial support, product endorsements or products governed by the Food and Drug Administration have been identified for this activity.

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

Chastain recipient of Employee EXCELLENCE AWARD

The 2013 recipient of the Board of Nursing Employee Excellence Award is Kathy Chastain, RN, MN, FRE, Associate Director Regulation/Quality.

Chastain has demonstrated an outstanding commitment to the growth and development of staff. Also, by serving as the Quality expert to the Administrative Council, she has worked to develop guidelines and measurement outcomes throughout the organization.

As the supervisor of the Board's investigative staff, Chastain is a role model in the use of the "Just Culture" principles and has lead the way to incorporate this philosophy into the culture of Board staff. Based upon the outcomes of investigations --- under Chastain's leadership -- the National Council of State Boards of Nursing (NCSBN) have identified North Carolina as hav-

ing "best practices" in the core data submitted for review of all member Boards. Chastain has participated in NCSBN meetings to share her experience in implementing changes in our investigative department under her leadership.

Recently, Chastain was interviewed by an investigative reporter from the Atlanta Journal Constitution regarding the cycle times of case resolutions in North Carolina as compared to our neighboring state to the South.

The Employee Excellence Award is especially meaningful, as it recognizes the achievement of a Board Staff member who has been nominated by their peers.

Please join the both the staff and the members of the North Carolina Board of Nursing in congratulating Kathy Chastain as the recipient of this year's Employee Excellence Award.

Privette completes Regulatory Fellowship

Kathleen Privette, RN, MSN, FRE Manager of Drug Monitoring Programs for the North Carolina Board of Nursing, has completed The Institute of Regulatory Excellence (IRE) Fellowship program sponsored by the National Council of State Boards of Nursing (NCSBN). The four year professional development program is designed for regulators to enhance their knowledge of leadership in nursing regulation.

The program requires that each candidate complete a

project that contributes to the science of nursing regulation. Privette's research focused on attrition rates among nurses enrolled in the Board's Alternative Program for Chemical Dependency.

The North Carolina Board of Nursing is proud to have 6 of the 39 designated Fellows.

NORTH CAROLINA BOARD of Nursing Calendar

LICENSURE REVIEW PANELS

- Nov. 14, 2013
- Dec. 12, 2013
- Jan. 14, 2014
- Feb. 13, 2014

ADMINISTRATIVE HEARING

- Dec. 13, 2013
- Feb. 6, 2014

EDUCATION/PRACTICE COMMITTEE

- Dec. 4, 2013
- Mar. 26, 2014

BOARD MEETING

- Jan. 23-24, 2014

CE Opportunities 2013



To access online CE articles, webcasts, session registration, and the presentation request form, go to:

www.ncbon.com Click on:



to the right of the homepage.

Questions on Online Bulletin Articles

Contact:: Linda Blain

919-782-3211 ext. 238 LindaB@ncbon.com

For Webcasts and Orientation Session see bottom of columns for contact info.

Online Bulletin Articles

Social Networking and Nurses (1.0 CH)
No fee required

Delegation: What are the Nurse's Responsibilities? (2 CHs)
No fee required

Continuing Competence Self Assessment: Have You Met Your Professional Responsibility? (1 CH)
No fee required

Competency Validation: What Does it Mean for You? (.75 CH)
No fee required.

Public Protection Through Safe Nurse Staffing Practice (.85 CH)
No fee required.

Incivility in Nursing (1 CH)
No fee required.

Fitness for Duty Includes Getting Your ZZZs (1 CH)
No fee required.

Webcasts

Understanding the Scope of Practice and Role of the LPN (1 CH)
Provides information clarifying the LPN scope of practice. An important course for RNs, LPNs, and employers of LPNs.
No fee required.

LEGAL SCOPE OF PRACTICE (2.3 CHs)
Provides information and clarification regarding the legal scope of practice parameters for licensed nurses in North Carolina.

\$40.00 Fee.

Questions:
Pamela Trantham
919-782-3211 ext. 279
Pamela@ncbon.com

Orientation Session

Face-to-face workshop at NC Board of Nursing office.

Information session regarding the functions of the Board of Nursing and how these functions impact the roles of the **nurse administrator and the mid-level nurse manager** in all types of nursing services.

Session Dates
November 6, 2013

\$40.00 fee (non-refundable unless session is canceled)

Register online at www.ncbon.com.
Registration at least two weeks in advance of a scheduled session is required.

Seating is limited. There is usually a waiting list for this workshop. If you are unable to attend and do not have a substitute to go in your place, please inform the NCBON so someone on the waiting list can attend.

PAPER REGISTRATION REQUEST, CONTACT PAULETTE HAMPTON 919-782-3211 EXT 244

PRACTICE CONSULTANT AVAILABLE TO PRESENT AT YOUR FACILITY!

An NCBON practice consultant is available to provide educational presentations upon request from agencies or organizations.

To request a practice consultant to speak at your facility, please complete the Presentation Request Form online and submit it per form instructions. The NCBON will contact you to arrange a presentation.

Standard presentations offered are as follows:

- **Continuing Competence (1 CH)** – 1 hour - Presentation is for all nurses with an active license in NC and is an overview of continuing competency requirements.
- **Legal Scope of Practice (2.0 CHs)** – 2 hours – Defines and contrasts each scope, explains delegation and accountability of nurse with unlicensed assistive personnel, and provides examples of exceeding scope. Also available as webcast.
- **Understanding the Scope of Practice and Role of the LPN (1 CH)** - 1 hour - Assists RNs, LPNs, and employers of nurses in understanding the LPN scope of practice. Also available as webcast.
- **Documentation and Medication Errors (1 CH)** – 1 hour – Explains purpose, importance, and desirable characteristics of documentation; describes relationship between nursing regulation and documentation; identifies practices to avoid and those that may violate NPA; and identifies most common medication errors and contributing factors.
- **Nursing Regulation in NC (1 CH)** – 1 hour – Describes Board authority, composition, vision, function, activities, strategic initiatives, and resources.
- **Introduction to Just Culture and NCBON Complaint Evaluation Tool (1.5 CHs) – 1 hour and 30 minutes** - Provides information about Just Culture concepts, role of nursing regulation in practice errors, instructions in use of NCBON CET, consultation with NCBON about practice errors, and mandatory reporting. Suggested for audience NOT familiar with Just Culture.
- **Introduction to the NCBON Complaint Evaluation Tool (1 CH)** – 1 hour - Provides brief information about Just Culture concepts and instructions for use of the NC Board of Nursing's Complaint Evaluation Tool, consultation with NCBON about practice errors, and mandatory reporting. Suggested for audience already familiar with Just Culture.

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

Prescription data reported to CSRS

The NC Department of Health and Human Services implemented the Controlled Substances Reporting System (CSRS) six years ago to monitor outpatient dispensing of prescription controlled substances on a statewide basis. The system is authorized by a 2005 state law, which clearly states the CSRS's purpose: To "improve the State's ability to identify controlled substance abusers or misusers and refer them for treatment, and to identify and stop diversion of prescription drugs in an efficient and cost-effective manner that will not impede the appropriate medical utilization of licit controlled substances."

The law requires all outpatient dispensers of controlled substances in North Carolina to regularly report prescription data to the CSRS. Eligible practitioners (medical practitioners must hold either a valid DEA registration or a valid pharmacist's license to view data) may register for access to the system, for the purpose of viewing individual patients' prescription profiles.

Since the system went live in July 2007, more than 17,500 physicians, physician assistants, nurse practitioners and other prescribers have signed up to access CSRS data, and that number is growing every week.

Q & A

Under what circumstances might a physician check a patient's prescription profile with the CSRS?

They should be doing it to provide pharmaceutical or medical care for their patient.

What information would a query to the CSRS on a particular patient return?

It would indicate the date a prescription was dispensed, the amount dispensed, whether it was a refill or a new prescription, the number of refills, the pharmacy where it was dispensed and the practitioner who wrote the prescription. It will also indicate the patient's name and address.



How should physicians and other prescribers be using this data?

To provide comprehensive medical or pharmaceutical care for their patient. If the data reveal that the patient may be seeking large quantities of controlled substances or seeking prescriptions from multiple providers, then the practitioner should discuss this with the patient and offer help.

Are you aware of situations where prescribers are using data obtained through the system to "fire" a patient?

Yes, not only to fire a patient, but to exclude. We've heard of a couple of situations where a pain management specialist decides that a patient is doctor-shopping and, based on what he sees in the CSRS, decides not to take on that patient. That is not an appropriate use of the system. We've also heard of numerous cases where, based on the data, physicians have dismissed an established patient. I don't mean to suggest that they can't or shouldn't do that. But there's a right and a wrong way to do it.

It's complicated. First, we've had several instances where the data has been wrong and the patient has been right and the physician hasn't believed the patient. And potential harm may come to the patient when a physician decides to exclude them. The fact that they've been labeled or branded as a doctor-shopper follows them and then other physicians decide not to take them on.

What would be a preferable response?

If a patient is starting to see different doctors, the physician can establish an agreement or contract with the patient that he only sees one physician or that he notify and get approval from his physician to see another physician. If that contract is violated, you don't need to throw the patient out. It may be an opportunity to expand the care. Maybe refer that patient to more specialized care or to a substance abuse program, that kind of thing. Would you dismiss a cardiac patient for not following his or her diet? You're going to have some patients who after trying to intervene and refer them for care and documenting

continued on page 26



those efforts may still have to be dismissed.

But it shouldn't be the first action you take.

Correct. You may be able to use the data to take a different approach. For example, an emergency room doctor who checked on a patient may say, 'I don't want to give this person an opiate. I'm going to give them something else because they've gotten a lot of opiates.' It can be useful in deciding what kind of treatment you're going to provide.

What if a patient claims that the information the CSRS has on them is not accurate?

Sit down and discuss it with the patient. Either the doctor or the patient can contact the NC CSRS Staff and we can help sift through what is accurate and what is inaccurate in the system. Don't just assume that it's a doctor shopper and because he has a substance use problem, he's lying. He might be, but he might not be. We've had too many occasions where either there's been a mistaken identity or the dispensing pharmacy has loaded up the wrong DEA number so the wrong prescriber is on there, or other things like that. Give the patient the benefit of the

doubt, at least the first time. Then inform the patient you are going to follow them very closely.

Could you go over the protocols for accessing the CSRS? Who is authorized, within a medical practice, to access the system?

The prescriber or dispenser. Only the person with that log on, not their nurse, not their office manager, not another prescriber. Each practitioner in the office has to have their own login.

Beginning in 2014 we will be allowing delegate accounts where an already approved user may delegate the task of running queries to someone else in the office. This delegate will apply online and be given their own individual username and password. Never share your username and password with anyone.

There's another practice I see doctors doing that is unlawful, and that is calling up the police. You can't do that. You cannot release this data to the police.

Is there anything else you'd like to mention that you feel is important for physicians and other prescribers to understand about the CSRS?

We would eventually like to see this

become a standard of care in prescribing controlled substances. Our hope is that checking the system becomes an accepted part of practice. A physician would not be doing his or her best if they didn't check the system. The other message is that this needs to be seen as a tool. It's one piece of the puzzle just like an X-ray or a lab test or anything else. And it should be used in combination with all the other stuff. Physicians should not be relying on it as a standalone item when making patient care decisions. We hope this tool can assist a physician in providing appropriate care for the patient, including a referral for treatment if indicated.

Anything else?

If you're using the system, tell your patients you're doing it. Don't do it behind the patient's back. Also, to help prescribers become more comfortable with addressing issues with patients suggest learning more about SBIRT, which stands for Screening, Brief Intervention and Referral for Treatment. This is now a billable service. You can learn more about SBIRT by visiting www.sbirtnc.org.

Sign up to use the system

Clinicians who want to check a patient's controlled substances prescription profile must register for access with the NC Controlled Substances Reporting System. To qualify, you must be authorized to prescribe or dispense controlled substances for the purpose of providing medical or pharmaceutical care for patients.

How do I sign up for access?

Download and complete a short enrollment application from the CSRS website. Please note that the form must be notarized and mailed with a copy of a photo ID and signed copy of a privacy statement to the CSRS. Approved applicants will be notified via e-mail, typically within two weeks.

Once I get access, who in my practice may use my login to query the CSRS database?

Because of strict confidentiality provisions in the law, only the registered practitioner may access the system. The law prohibits other members of the practice

from using without their own username and password.

How often is the database updated?

State law requires outpatient dispensers of controlled substances to report prescription data to the CSRS once every 7 days so it may take up to two weeks for a prescription to show up in the system. Beginning on January 1, 2014 pharmacies will be required to report every 72 hours with 24 hour reporting highly encouraged. This will greatly reduce the lag time.

What if I have concerns about accuracy of the data, or a patient questions its validity?

Contact John Womble at the Division of Mental Health, Developmental Disabilities and Substance Abuse Services, Drug Control Unit at 919-733-1765, Monday through Friday between 9 a.m. and 5 p.m.

This article was contributed by the NC Department of Health and Human Services – Division of Mental Health, Developmental Disabilities and Substance Abuse Services.

NCBON, Pearson Vue and NCSBN to go paperless

Do You Have a Sponsor – NCBON’s Update on Third Party Payments

Trends in technology are leading NCBON, Pearson Vue and NCSBN to a paperless trail, beginning October 2013. As part of our commitment to reducing paper usage, the NCBON is launching a new database system, and will continue to digitize reports, forms, and other documents. In efforts to operate more effectively, the NCBON updated policies in reference to third party payments. What does this mean for perspective NCLEX candidates and their sponsors? The NCBON will still welcome third party payments, but the manner in which the NCBON receives and processes these payments will differ from those in previous years.

Below are the new time lines and payment methods for sponsors:

October 5th, 2013 – NCBON will no longer accept paper applications

- Candidates complete the Nurse Gateway Registration & the online application

- Third party payees will submit payment to the NCBON (company check, certified check, money order, credit/debit card) with the applicants information attached
- Once payments clear the candidate’s account will be activated

January 1st, 2014 – NCSBN will no longer accept paper registrations for testing through Pearson Vue

- Candidates will complete the registration through Pearson Vue at www.pearsonvue.com
- Third party payees will be required to pay fees with a debit/credit card or a prepaid VISA or MasterCard gift card, these will be the only payment methods accepted

NCBON and NCSBN encourages program educators, private/government agencies, and other sponsors to seek and secure payment methods that will comply with the latest technology upgrades.

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