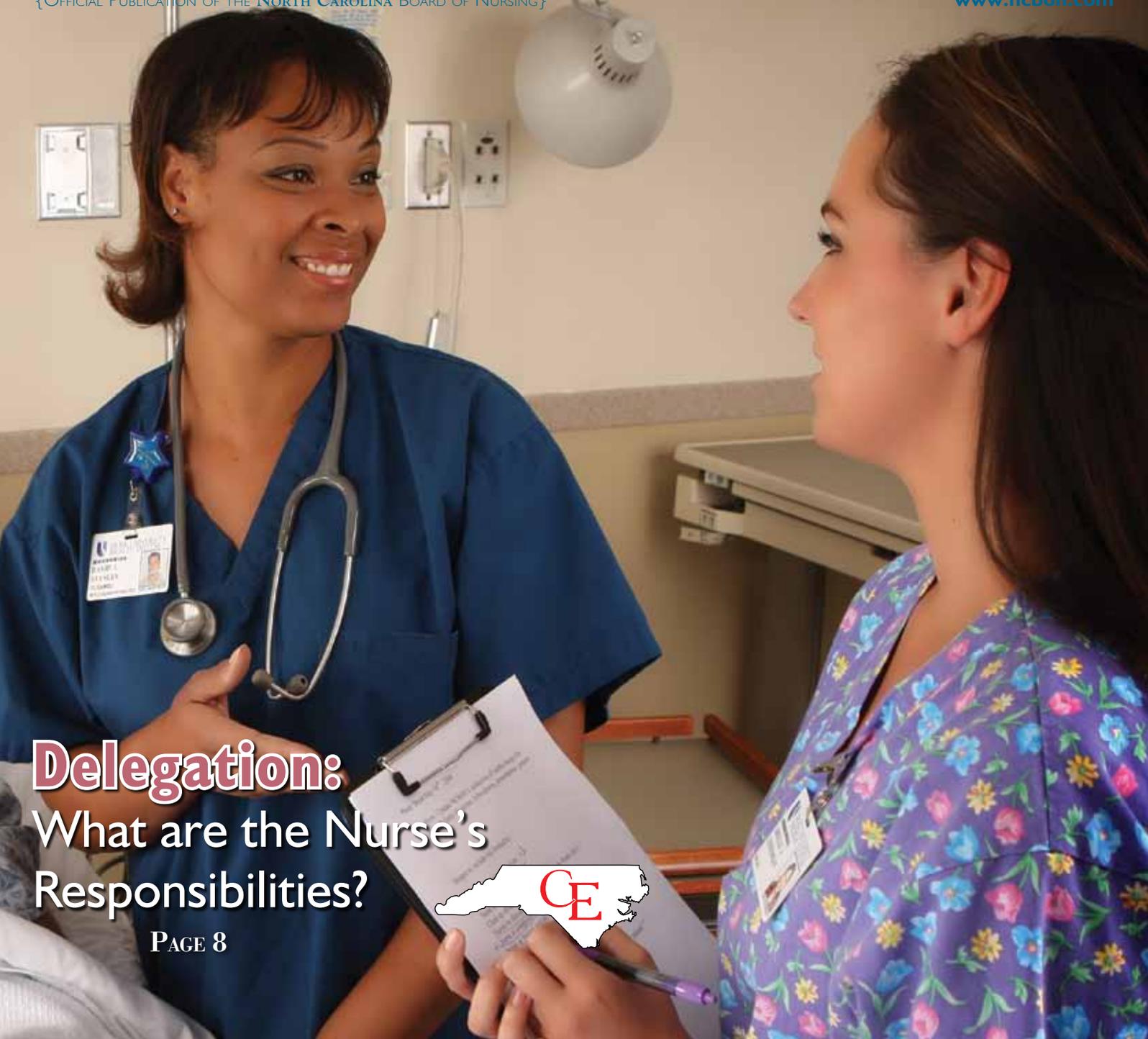


NURSING BULLETIN

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Delegation:
What are the Nurse's
Responsibilities?

PAGE 8



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from the
Executive Director

STRATEGIC PLANNING GETTING UNDERWAY



As we move into 2013, it is an exciting year for our Board. We have several new Board members, we embark on our four year strategic planning process, we begin a new legislative session and we are transitioning to a new licensure system!

It has always been our practice to solicit a broad range of input from stakeholders in our strategic planning process. We will be asking nurses, employers, educators and consumers for input about environmental issues that may impact future nursing practice and regulation. You will be hearing more from us later in the year about how YOU can contribute to our strategic planning process.

The 2013-14 legislative session has begun! Senate Bill 37, introduced in late January, calls for the review of all occupational licensing boards, including the Board of Nursing. This bill requires that the Joint Legislative Program Evaluation Oversight Committee include in its work plan for the Program Evaluation Division of the General Assembly a study to evaluate the structure, organization, and operation of various independent occupational licensing boards. The bill suggests that this study consider the feasibility of establishing a single state agency to oversee some or all of the licensing boards. It will be important for us to watch this bill closely and provide information to legislators as needed.

Our Board chair, Dr. Peggy Walters, mentions the upcoming work of the Education and Practice committee in review of delegation to unlicensed assistive personnel. This issue of our magazine contains an excellent article by Joyce Winstead entitled "Delegation: What are the Nurse's Responsibilities?" The article is both informative and thought-provoking. It provides a nice point of reference as the Education and Practice committee begins their work. Feel free to attend any of their meetings. Future dates are July 31 and December 4. Check our website for meeting times and feel free to join us.

Staff here at the board office is excited about our upcoming move to a new licensure system. You can expect that your renewal process will be much easier and smoother than our current system. Our website has also been re-designed for ease of use. We hope that both of these system enhancements will be operational by late spring. We will welcome your feedback on both!

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



from the Board Chair

BOARD WELCOMES NEW MEMBERS

Happy Birthday NC Board of Nursing! In 2013 the Board will celebrate 110 years of service to protect the public and regulate nursing. Accomplishments fill the history of the Board for the progressive and forward work that makes North Carolina one of the best boards of nursing in the United States. We are unique in that North Carolina is the only state to elect its board members. What a privilege!

On that note, welcome to the new Board members: Carol Wilson, LPN, Cheryl Duke, RN, Jennifer Kaylor, RN, Margaret Conklin, Public member, Sharon Moore, RN, and Takela Jeffries, LPN. A special thanks to James Forte, current public member who will be leaving the Board this spring; his contributions have been greatly appreciated.

It is an exciting time to be on the Board and I am honored to have been elected by board members to serve in the role as Chair for 2013. This is my second tenure with the Board as I served from 1999 to 2001. One of the major pieces of work during that time was to review the composition of the Board.

Twelve years have passed, and it is time again to review the membership of the Board to ensure that representation reflects nursing today in North Carolina. An ad hoc committee has been formed and will work this year to review current trends in board composition, gather input from stakeholders, envision what will be needed, and make recommendations to the Board.

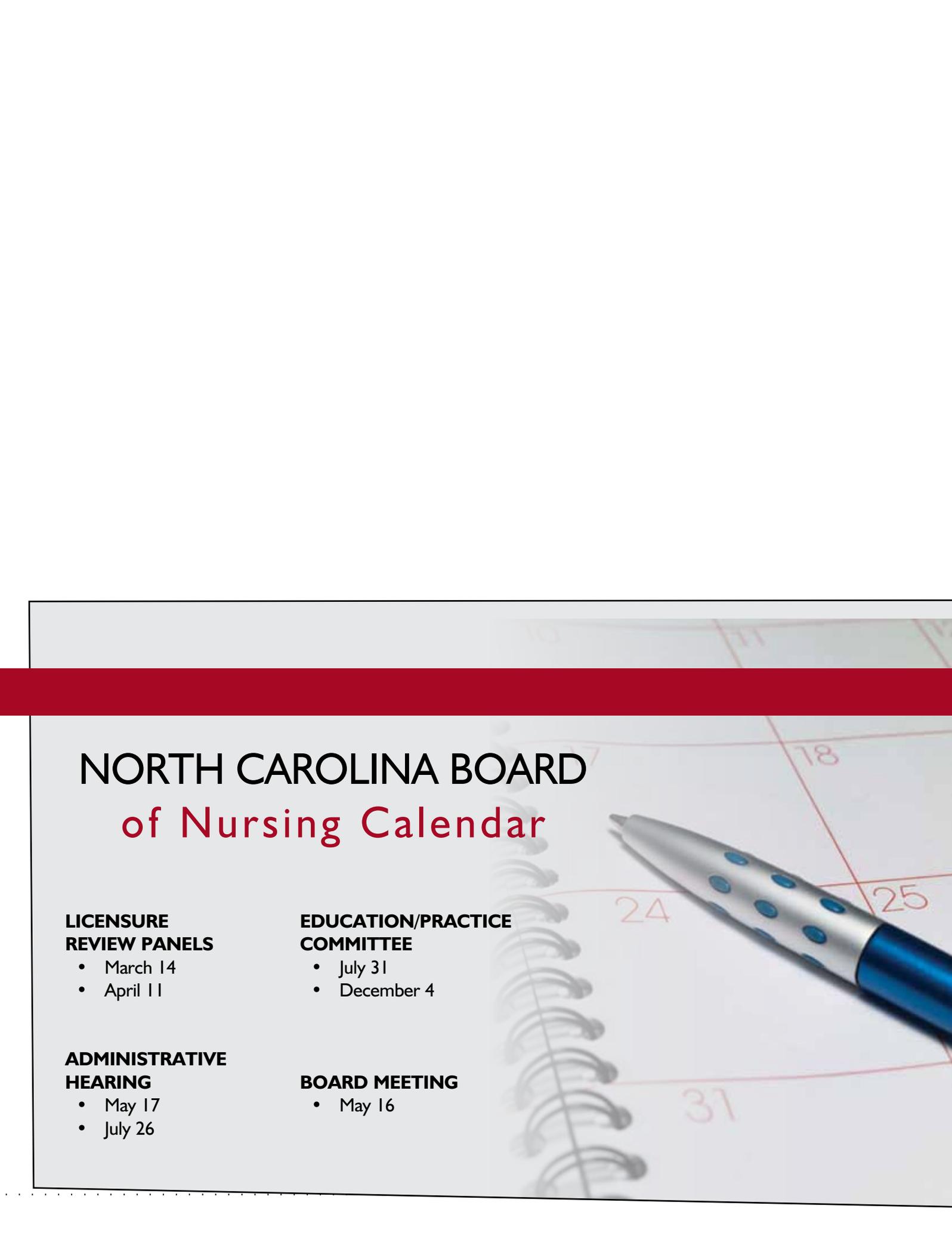
A new charge for 2013 has been assigned to the Education and Practice Committee. The committee has been asked to review Registered Nurse (RN) and Licensed Practical Nurse (LPN) delegation of nursing activities to Unlicensed Assistive Personnel, including medication administration, across diverse healthcare settings to proactively promote safe, effective care, maximizing the capabilities of licensed nurses and unlicensed care providers.

These are only two examples of the work before the Board for 2013. As members of the North Carolina Board of Nursing we serve in stewardship and governance roles guided by the mission to protect the public by regulating the practice of nursing. This work has been supported by the expertise and experience of each Board member and through the dedication of the highly talented and loyal Board staff. Hassmiller, 2012 stated "A board member's job is to help secure the organization's present and future." That is our work as today we create our future.

So in 2013, we will be paving the way for the next 110 years in nursing in North Carolina.

Dr. Peggy C. Walters, RN
Chair

Reference: Hassmiller, S. (2012). Taking the first steps to serving on a board. American Nurse Today, 7, 18-20.



NORTH CAROLINA BOARD of Nursing Calendar

LICENSURE REVIEW PANELS

- March 14
- April 11

ADMINISTRATIVE HEARING

- May 17
- July 26

EDUCATION/PRACTICE COMMITTEE

- July 31
- December 4

BOARD MEETING

- May 16

DELEGATION:

WHAT ARE THE NURSE'S RESPONSIBILITIES?



Objectives

The purpose of the article is to provide information about the delegation and to enhance the nurse's knowledge, skills and application of delegation principles.

Objectives include:

- 1) An outline of the four steps of the delegation process
- 2) A description of the roles and responsibilities of the RN, LPN, UAP and nursing administrator/manager
- 3) Identify strategies for promoting effective delegation

Introduction/Background

New technologies, medical advances, economic constraints, and governmental regulations have necessitated the restructuring of health care delivery systems and workforce. The National Council of State Boards of Nursing (2005) states the demand for nursing services has continued to escalate due to an increased client population with chronic diseases, longer life expectancies, and the delivery of healthcare in non-traditional settings. Healthcare facilities/agencies often use a skill mix of Registered Nurse (RN), Licensed Practical Nurse (LPN), and unlicensed assistive personnel (UAP) to provide safe cost-effective nursing care. As the use of UAP increases, the RN and LPN must also develop and utilize knowledge and critical thinking skills crucial to effective delegation (Ballard & Gould, 2001). Effective delegation promotes the delivery of safe client care and permits the nurse to focus on the provision of crucial nursing activities and responsibilities. Delegation

Regina, R.N., received change of shift report from the night nurse. It was communicated during report that Mr. Sharp in Room 16 had fluctuations in his blood pressure during the night. At the completion of the shift report, Regina, R.N., organized the planning of nursing care for her assigned clients. As usual she felt there was never enough time to complete the care that was needed. She noted on the staff roster that Tara, NAI, was scheduled for her assignment of clients. Regina, R.N., gathered the equipment to begin assessments and treatments. She briefly greeted Tara, NAI, in the hallway and quickly instructed her to check a blood pressure on Mr. Sharp in Room 16. Tara, NAI, reviewed her list of clients and noted that Mr. Sharp was on her schedule to have routine vital signs performed, including a blood pressure check. She then proceeded to perform the routine vital sign checks on her clients. Fifty-five minutes into the shift, Regina, R.N., having completed the care for her other clients which included sending one for dialysis and another for a surgical procedure, entered Mr. Sharp's room to perform the morning assessment. Upon entering the room, she found Mr. Sharp unresponsive. She quickly called Tara, NAI, to find out Mr. Sharp's morning blood pressure result. Tara stated she was just getting around to check his blood pressure along with his other vital signs. She had been busy checking the other clients' morning vital signs. Regina, R.N., quickly checked Mr. Sharp's blood pressure and obtained a result of 226/128. She proceeded to perform an assessment and notify the physician..

- **What were the nurse's responsibilities?**
- **What were the NAI's responsibilities?**
- **What went wrong in the delegation process and how could this incident have been prevented?**

is an essential competency of nursing practice and fosters work efficiency gained by the team approach. UAP are valuable members of the team. Nursing delegation to UAP permits a greater quantity of nursing care to be provided than one nurse could safely provide alone. The American Nurses Association (2005) emphasizes that nurses are required to provide safe competent nursing care. Therefore, nursing decisions related to the delegation of tasks/activities to UAP must always be grounded in the protection of the public and the provision of safe competent nursing care. Outcomes for quality client care and safety are dependent upon effective delegation by the nurse. To provide effective delegation to UAP, the nurse must develop delegation competencies.

Definitions

Delegation is a decision-making process that requires the nurse to use nursing knowledge and judgment, possess an

understanding of the nursing law and rules, and retain accountability for the delegation and the outcome of nursing care. Nursing practice often uses the terms of assignment and delegation inter-changeably. However, the North Carolina Nursing Administrative Code has specific definitions for delegation and assignment as well as other terms related to delegation. Listed are definitions pertinent to the nurse's responsibilities for delegation:

- authority – the power to act
- assignment – to designate responsibility for implementation of a specific activity or set of activities to a person licensed and competent to perform such activities (NCAC, 2013, p. 4).

The person licensed and competent to perform such activities is the nurse. Examples of assignment are:

- the RN assigns to other RNs and LPNS, and
- the LPN assigns to other LPNs.



- delegation – to transfer or hand-off to a competent individual the authority to perform a task/activity in a specific setting/situation (NCAC, 2013, p. 5). The term “competent individual” refers to UAP. The nurse delegates the performance of a task to UAP thereby transferring the responsibility for the performance of the task. The nurse maintains accountability for the delegation and the overall provision of nursing care. Both the RN and LPN may delegate to UAP.

- nursing care activities – tasks/activities UAP may perform as delegated by nurse
- accountability/responsibility – to be answerable for action or inaction of self, and of others in the context of delegation or assignment (NCAC, 2013, p.4).

The nurse maintains accountability for appropriate delegation. The nurse is accountable for the decision to delegate the tasks/activities and responsible for ensuring the nursing care is performed correctly in accordance with a standard of practice and facility/agency policy. The person to whom the task/activity has been delegated is accountable for performing the task correctly and according to the facility/agency policies and procedures.

- supervision – to oversee and provide guidance, direction, evaluation, and follow-up by the nurse for the performance of assigned and delegated nursing activity or set of activities (NCAC, 2013, p. 6).

The nurse maintains responsibility for supervising or monitoring UAP to whom tasks have been delegated.

- unlicensed assistive personnel (UAP) – any unlicensed person who through the delegation process provides client care activities. Titles for UAP include, but are not limited to Nurse Aide I (NAI), Nurse Aide II (NAII), Medication Aide, nurse tech, medical assistant, medical office assistant, personal care assistant, habilitation tech, etc.

Authority of the Nursing Practice Act

The Nursing Practice Act (NPA) is the General Statute through which the Board of Nursing (BON) has authority to regulate nursing practice in North Carolina. The NPA serves to protect the health, safety,

and welfare of the public. The BON’s mission statement is to protect the public by regulating the practice of nursing (North Carolina Board of Nursing). The NPA and Rules define the legal parameters for nursing practice and the criteria that must be in place for appropriate nursing delegation to UAP. Delegation is a component of the scope of practice for both the RN and LPN:

- RN – is permitted to teach, assign, delegate, and supervise licensed and unlicensed personnel for the implementation of the nursing plan of care (NPA, 2009); and
- LPN – is permitted to assign or delegate nursing interventions to other LPNs and UAP under the supervision of the RN (NPA, 2009).

The NPA authorizes the BON to identify the nursing care activities that may be delegated to UAP (NPA, 2009) and to establish the NAI and NAII Task List. The BON has also developed a Decision Tree for Delegation to UAP as a tool to guide the nurse in making appropriate delegation decisions for nursing care activities. The NAI and NAII Task Lists and the Decision Tree for Delegation to UAP are located on the BON website at www.ncbon.com.

Principles of Delegation

Delegation is a process of decision-making based on assessing, planning, assuring accountability, communicating, monitoring performance, evaluating the care provided, and modifying the nursing plan of care.

To provide appropriate delegation the nurse must be knowledgeable of the NPA and Rules, facility/agency policies and procedures, job description, and clinical competence of UAP. Decisions to delegate nursing tasks/activities to UAP are based on the RN’s assessment of the client’s nursing care needs and the following criteria (NCAC, 2013, p. 39-40):

- UAP’s knowledge and skills;
- verification of UAP’s clinical competence by an RN; and
- variables in the practice setting:
- complexity and frequency of nursing care needed;
- proximity of clients to staff;
- accessible resources;
- qualifications and number of staff;
- facility/agency policies and procedures, practices, and channels of communication that support

activities that may be delegated; and stability of the client’s condition.

Stability refers to predictability of the client’s condition which includes the absence of risk of complications and the rate of change in status that may occur. Complex and unpredictable nursing care needed by the client would require the care to be provided by a nurse (National Council of State Boards of Nursing, 2005). The delegation process consists of four essential steps:

- assessment and planning,
- communication,
- supervision and monitoring, and
- evaluation.

Step one: Assessment and Planning

Assessment and Planning require the RN to determine the appropriateness of the tasks/activities that may be legally delegated to UAP. The BON Decision Tree for Delegation to UAP provides a configuration of the assessment and planning process (North Carolina Board of Nursing). Assessment begins with the requirement that the task must be within the scope of practice of the nurse. This is followed by the RN assessment of the client’s nursing care needs. Next, the delegation decision must be made by a nurse that is competent in performing the task/activity. For example, a nurse that is competent in applying a condom catheter may determine this to be an appropriate task to delegate to an NAI; whereas a nurse who has never provided colostomy care would not be appropriate to delegate this task to an NAII. The nurse then determines whether the task/activity meets all of the criteria listed in Rule 21 NCAC 36.0221 (b) (NCAC, 2013, p.19):

- recur frequently in the daily care of the client or group of clients;
- be performed according to an established sequence of steps;
- involve little or no modification from one client care situation to another;
- be performed with a predictable outcome;
- does not involve or require ongoing assessment, interpretation, or decision making which cannot be logically separated from the procedure(s) itself; and

- does not endanger the well-being or life of the client.

After identifying tasks/activities appropriate to delegate to UAP, the RN aligns the nursing plan of care with the qualifications of UAP. Alignment of tasks/activities requires the nurse to determine whether UAP has received appropriate training and been validated by an RN as competent. The delegating nurse needs to have access to individual UAP information to assure qualification and validation of competence prior to delegating the tasks/activities. In addition, the nurse needs to be knowledgeable of UAP job descriptions. Job descriptions would provide specific guidelines for tasks/activities that may be delegated as well as the education and training required. Nursing management and administration are responsible for ensuring a mechanism for validation of competence of UAP and making this information available to nurses for purposes of delegation. After verifying RN validation of competence of UAP, the facility/agency would need to establish policies and procedures that permit UAP to perform the tasks/activities. It is important to remember that although the facility/agency policy may permit UAP to perform specific tasks/activities, the nurse is responsible for using judgment and critical thinking to ensure appropriate delegation to UAP. Delegation is made on an individual client basis and is never an all inclusive decision (Fowler, 2010). The nurse administrator/manager is responsible for developing explicit policies and procedures that guide the nurse and UAP in delegation roles and responsibilities. The next component of assessment to consider is the degree or amount of supervision required for UAP to perform the tasks/activities. The nurse is responsible for determining the amount of supervision and providing appropriate supervision/monitoring of the performance of the delegated task(s). In addition, the nurse is responsible for providing evaluation and feedback of UAP's performance of the tasks/activities (ANA, 2005). This requires the nurse to know the complexity of the task/activity to be delegated and amount of time available to supervise the performance of the task/activity. Too often, the busy nurse delegates tasks/activities to UAP with the erroneous supposition that those tasks/activities delegated are no longer his/her

responsibilities but belong solely to UAP. This supposition occurred in the opening scenario when Regina, R.N., delegated the blood pressure check to Tara, NAI, but did not follow-up on the performance of the task within an appropriate timeframe for the client's status and nursing care needs based on the information received during shift report. Delegation of a task/activity to UAP does not relieve the nurse of the accountability of the performance and outcome of the task/activity. Accountability maintained by the nurse includes:

- supervision and monitoring UAP's performance of tasks/activities;
- ensure tasks/activities are performed in accordance with the standard of practice and facility/agency policies/procedures;
- tasks/activities are performed within a timeframe appropriate to the client's nursing care needs;
- the decision to delegate the tasks/activities to UAP;
- overall delivery of nursing care and the nursing process; and
- knowledge of what can and cannot be delegated.

The nurse cannot delegate assessment, decision-making, interpretation, and nursing judgment to UAP. Therefore, tasks/activities that require those components would not be appropriate for the nurse to delegate to UAP (Fowler, 2010).

Step Two: Communication

Communication is the second step in the delegation process and is critical to effective delegation and the delivery of safe competent nursing care. Effective delegation requires on-going communication between the nurse and UAP. The nurse is responsible for providing clear instructions and guidance regarding the tasks/activities being delegated. Instructions should include:

- the tasks/activities to be performed,
- observations and client concerns that would need to be reported,
- unique needs of the client,
- priority for performing the tasks/activities, and
- required documentation (National Council of State Boards of Nursing, 2005).

The nurse should use judgment in determining the amount and detail

of information UAP would need to safely complete the delegated tasks/activities. After providing the delegation instructions, the nurse should evaluate UAP's comprehension of the instructions and performance expectations. A common delegation mistake made by nurses is the omission of ensuring UAP understand the delegated tasks/activities (Bitter & Gravlin, 2009). The opening scenario is an example of miscommunication in which Regina, R.N., did not provide the NAI adequate information about the concern and unique need of the client related to the fluctuations in his blood pressure. Nor, did Regina assist the NAI in prioritizing the delegated tasks so that the blood pressure check for Mr. Sharp would be performed within an appropriate timeframe. Delegation requires mutual understanding and trust on the part of both the nurse and UAP to foster communication that is accurate, timely, and pertinent. UAP should be allowed to ask questions, seek clarification, and request additional training.

Step Three: Supervision/Monitoring

Supervision/Monitoring requires the nurse to determine the degree or amount of supervision/monitoring/observation required for UAP to complete the delegated tasks/activities. The nurse provides oversight by monitoring UAP's performance of the tasks/activities and assuring compliance with standards of practice in accordance with facility/agency policies/procedures (National Council of State Boards of Nursing, 2005). Supervision/monitoring may be in the format of direct or indirect oversight/observation. Direct supervision/monitoring would occur when the nurse is physically present on the premises or unit to provide oversight/observation. Indirect supervision/monitoring would occur when the nurse is not physically present but is immediately available by telecommunications and available to go to the clinical site if needed. When indirect supervision/monitoring of UAP are determined appropriate, the nurse is required to provide periodic direct supervision/monitoring. The degree and frequency of supervision/monitoring is a nursing judgment and must take into consideration all of the variables indicated in Step One – Assessment and Planning.



The nurse maintains the responsibility to intervene when nursing care is performed incorrectly, care is not completed in an appropriate timeframe, or an unexpected change in the client's condition occurs. RN responsibilities for supervision/monitoring include:

- accountability for coordination and delivery of nursing care to client or group of clients;
- provide appropriate supervision and follow-up of tasks/activities delegated;
- provide direct observation of clients and evaluation of the nursing care, and
- continuous availability to participate in nursing care as necessary (NCAC, 2013, p. 23).

LPN responsibilities for supervision/monitoring are limited to on-the-job assurance that the delegated tasks/activities have been performed appropriately and in accordance with standards of practice and the facility/agency policies/procedures (NCAC, 2013, p. 24).

Fourth Step: Evaluation and Feedback

During the fourth step of Evaluation and Feedback, both the RN and LPN are responsible for the evaluation of UAP's performance of the delegated tasks/activities (National Council of State Boards of Nursing, 2005). The evaluation by the RN would also include the effectiveness of the nursing plan of care, achievement of desired outcomes, modification of the nursing plan of care as needed, and success of the delegation process. Both the RN and LPN would provide appropriate feedback to UAP regarding the performance of the delegated tasks/activities. Feedback provides an opportunity for both the nurse and UAP to improve the delegation process and delivery of safe nursing care.

Tiered Delegation Process

In many unit-based practice settings, the decision for delegation to UAP is made by a tiered process beginning with the nurse administrator, manager, or charge nurse from the previous shift. Often the delegation process is completed by multiple nurses in which the assessment and planning step is performed prior to the shift. The manager is responsible for establishing policies and procedures that specify tasks/activities that may be performed by UAP and the qualifications required. The unit clinical educator may validate the competence of

UAP, and the charge nurse may determine the staff schedule for delegation of tasks/activities for the upcoming shift. The nurse assigned to the clients is responsible for the delegation process of communication, supervision/monitoring, and evaluation of the performance of the task/activities. The nurse also maintains accountability for the decision to delegate and the provision of safe nursing care. When a change in the client's stability or condition occurs, the nurse is responsible for making clinical decisions regarding what should or should not be delegated to UAP. National Council of State Boards of Nursing (2005) cites the 5 Rights of Delegation as a framework to guide the nurse in using professional judgment and critical thinking to ensure appropriate delegation. The 5 Rights of Delegation are:

1. Right task – The task must meet all of the previously cited criteria and be appropriate to delegate.
2. Right circumstance – Delegation must be appropriate to the client population and practice setting.
3. Right person – The nurse must ensure the right task/activity is being delegated to the right person (UAP) and competence has been validated by an RN.
4. Right communication – The nurse must provide clear, concise instructions for performing the task/activity.
5. Right supervision – The nurse must provide appropriate supervision/monitoring, evaluation, and feedback of the performance of the tasks/activities.

Outlined is an overview of the roles and responsibilities for members of the delegation process:

RN roles and responsibilities

include (NCAC, 2013, p. 21-23):
assess the client's nursing care needs and determine the plan of care before identifying tasks/activities to delegate,

- assess client care needs and UAP qualification to determine activities appropriate to delegation in the context of the practice setting and client population,
- assess and validate the clinical competence of licensed and unlicensed staff, initial and on-going,
- delegate nursing care tasks/activities to

- qualified personnel,
- provide appropriate supervision/monitoring of performance of care delivered,
- evaluate UAP's performance of the tasks/activities and outcome of care,
- evaluate the nursing plan of care and modify as needed,
- provide feedback to UAP regarding performance of tasks/activities and the delegation process,
- be accountable for nursing care provided by personnel to whom activities/tasks have been delegated, and
- communicate tasks/activities that may be appropriate to delegate to UAP in the nursing plan of care.

LPN roles and responsibilities

include (NCAC, 2013, p. 24-26):

- under the supervision of the RN, delegate specific nursing tasks/activities to UAP after the RN's assessment of the client and according to the nursing plan of care,
- ensure qualifications of UAP have been validated by an RN prior to delegation of tasks/activities,
- ensure RN supervision is continuously available to the LPN, on-site or off-site as appropriate,
- provide appropriate supervision/monitoring of the performance of the tasks/activities,
- evaluate UAP's performance of the tasks/activities and provide feedback, and
- be accountable for care provided by self and other personnel to whom tasks/activities have been delegated.

UAP roles and responsibilities

include:

- accountable for accepting and performing tasks correctly and according to facility/agency policies and procedures;
- to be competent in the performance of the task and understand the delegation;
- refuse tasks that are beyond his/her knowledge, skills, competence, and not within facility/agency policy (National Council of State Boards of Nursing, 2005);
- request assistance or training in performing a task when necessary; and
- inform and maintain ongoing communication with the nurse.

RN administrator/manager roles and responsibilities include (NCAC, 2013, p. 23):

- identify, develop, implement, and update standards, policies, and procedures that relate to and promote the delivery of effective nursing care;
- define the levels of accountability and responsibility, and indicate through policy and procedure the nursing tasks/activities that may be appropriate to delegate to UAP;
- ensure the provision of training for UAP specific to responsibilities and client population being served (Ballard & Gould);
- establish mechanisms for validation of qualifications, knowledge, and skills of nurses and UAP, and for on-going validation of competence;
- documentation of staff competencies and ensuring the nurse has access to the competency information related to the delegation of care (American Nurses Association, 2005);
- ensure appropriate staffing skill mix, numbers, and qualifications to promote the delivery of safe effective nursing care;
- cultivate unit environments that support staff in the delegation process and are conducive to teamwork (Potter, Deshields, & Kuhrik, 2010);
- provide educational opportunities for nurses and UAP regarding delegation, and
- be accountable for planning and evaluating the nursing care delivery system including assessment, supervision/monitoring, validation of competence, and communication of both nurses and UAP competence related to the delegation process.

Potential Violation of the Nursing Laws and Rules

The mission of the BON is to protect the public by regulating the practice of nursing for LPNs, RNs, and advanced practice nurses. The majority of nurses are competent individuals who provide safe client care. However, incidents may occur in which the nurse has exhibited behavior or performed activities that are a violation of nursing laws and rules, which may result in disciplinary action by the BON. The potential nursing law and rule violations pertaining to delegation are (NCAC, 2013, p. 11):

- failure to provide supervision of personnel who practice only under the supervision of the nurse and/or licensed professional; this violation occurs when the nurse does not provide appropriate supervision and monitoring of the performance and outcome of tasks/activities delegated to the UAP.
- inappropriate delegation or delegating responsibilities to UAP when the nurse knows or has reason to know the UAP is not qualified to accept or perform the activity/tasks.

An example of failure to provide supervision would be a situation in which the nurse considers the task/activity delegated to UAP as no longer his/her responsibility. The nurse does not provide appropriate oversight and assurance of performance of the task or evaluation of the care provided.

Case scenario:

The LPN working in a busy rehab facility, with supervision of an RN as required by nursing law, delegated to the NAI the performance of fingerstick glucose checks for 5 clients. As the end of the shift approached, the NAI reported to the LPN that Mr. Walker in room 4B was complaining of feeling dizzy and faint. Upon arrival to the room, the LPN found Mr. Walker confused and clammy. The LPN quickly performed a fingerstick blood glucose check and obtained the result of 45. The LPN provided a source of glucose according to facility protocol. The LPN then reviewed the client's glucose results for the shift and identified that the NAI had not performed any of the client's glucose checks for that shift.

What was the potential violation of nursing law and rules?

The potential violation was failure to provide supervision/monitoring over persons who practice under the supervision of the nurse. The LPN did not provide appropriate supervision/monitoring/oversight to ensure the NAI had performed the delegated task of glucose checks. Further, the LPN did not evaluate the glucose check results within an appropriate timeframe needed for the client's nursing care. Instead, the LPN evaluated the glucose results at the end of the shift and after an incident had occurred.

What were the LPN's responsibilities?

The LPN was responsible for:

- providing supervision/monitoring/oversight of the delegated task of glucose checks to the NAI,

- ensuring the task was performed correctly in accordance with the standard of practice and the facility's policies and procedures, and
- evaluating the glucose test results within an appropriate timeframe for the client's nursing care needs.

What were the NAI's responsibilities?

The NAI was responsible for performing the fingerstick glucose checks correctly in accordance with the standard of practice and the facility's policies/procedures. The NAI was also responsible for communicating results to the nurse and keeping the nurse informed of the performance of tasks.

The other potential violation of nursing law and rules is inappropriately delegating responsibilities to UAP when the nurse knows or has reason to know the UAP is not qualified to accept or perform the activity/task. Some examples of inappropriate delegation of nursing care tasks/activities are:

- tasks/activities that require assessment, decision-making, judgment, and interpretation;
- tasks/activities that are not consistent with the criteria cited in the Rules for delegation;
- a task that requires too much nursing supervision (American Nurses Association, 2005);
- delegation of care to the UAP when the nurse knows the UAP cannot safely provide the task/activities;
- tasks/activities that are not within the facility/agency's policies and are beyond the knowledge, skill, and training of the UAP; and
- the wrong task to the wrong person for the wrong client (Kaernstedt & Bragadottir, 2012).

Case Scenario:

Terry, R.N., has 10 years of home health experience and currently works with a community home health care agency. One day as he was making a routine supervisory home care visit, the client's family requested that Jennifer, NAI, be permitted to administer the client's oral medications. The family stated that their previous home health care agency had allowed the NAI to give the client medications. Jennifer, NAI, readily stated that she had been a Med Tech and had experience administering medications in an assisted living facility. Based on the family's request and the NAI's experience, Terry, R.N., delegated to Jennifer, NAI, the



task of administering the client's oral medications.

What was the potential violation of nursing law and rules pertaining to delegation?

The potential violation was inappropriate delegation. The RN delegated to the NAI the task of administering oral medications to the client in the home care setting without utilizing the principles of delegation to guide his decision-making and determination of an appropriate delegation. The decision-making process should include whether other laws and rules as well as the employer's policies would prohibit the delegation. The employer's policies should prohibit the administration of medications by NAI (UAP) in the home care setting based on the North Carolina Division of Health Services Regulation Home Care Licensure Rules.

What were the RN's responsibilities and accountability?

The nurse was responsible for knowing and complying with nursing laws and rules and employer policies. Nursing law and rules require the delegation task to meet all of the criteria outlined in the Decision Tree for Delegation to UAP (North Carolina Board of Nursing). Included in the Delegation Decision Tree is the requirement that the NAI be properly trained in performing the task/activity and be validated as competent by the RN. In addition, the nurse is required to know the job description of the NAI and qualifications required for the tasks prior to delegation.

What were the NAI's responsibilities?

The NAI was responsible for knowing and complying with her employment job description, the facility/agency's policies, and recognizing that Med Tech responsibilities in assisted living do not transfer to the home care setting. The NAI was responsible for speaking up and refusing the delegation.

Promoting Effective Delegation

Delegation that occurs in an environment of respect, trust, and open communication promotes teamwork and safe competent nursing care. Effective delegation depends not only on the nurse making appropriate delegation decisions, but also on the skills and abilities of the nurse delegating the task and UAP receiving the delegation (Saccomano & Pinto-Zipp, 2011). Nurses often lack the knowledge, skill, and confidence to provide effective delegation. Some nurses may choose to perform the tasks themselves rather than

delegate to UAP for fear of UAP refusing the delegation (Kleinman & Saccomano, 2006). Delegation is an art and skill that needs to be developed through education, training, and practice. Education and training opportunities for nurses and UAP exist in new employee orientation sessions, staff development workshops, continuing education offerings, and preceptor/mentoring programs (National Council of State Boards of Nursing, 2005). In addition, the nurse would benefit from educational opportunities and practice sessions that focus on change of shift or hand off report, UAP delegation reports, and enhancement of supervisor skills (American Nurses Association, 2005). Nursing education programs are responsible for providing the basic curriculum foundation from which new nurses can develop effective delegation skills (Saccomano & Pinto-Zipp). Although, new nurses may have received the theory and principles of delegation in their nursing education program they have not yet developed the skill and confidence to implement it in the clinical practice setting. Therefore, employers of new nurses need to acknowledge this gap and provide opportunities to develop delegation skills. In like manner, UAP may need additional education and training for the performance of a specific task/activity, or lack the confidence in performing the task and would benefit from coaching by the nurse (Rachel, 2011).

Good communication skills are crucial to effective delegation. Both the nurse and UAP would benefit from education and training in communication and conflict resolution. The nurse must determine the appropriate amount of information to communicate to UAP to promote effective outcomes of care while at the same time acknowledging UAP workload especially when UAP are receiving delegation from multiple nurses. UAP would benefit from education and training in effective communication to enhance the ability to ask questions, clarify the task/activities being delegated, resolve conflicts, and provide appropriate feedback/follow-up to the nurse. Teamwork and partnerships between the nurse and UAP promote effective delegation and are developed through communication, integrity, and mutual respect.

Conclusion

Effective delegation promotes safe, competent, and cost effective nursing care while enabling the nurse to assume more complex nursing care assignments. The four steps of delegation principles serve as a framework to

guide the nurse in making appropriate delegation decisions. The nurse maintains the accountability/responsibility for the decision to delegate tasks/activities to UAP and for ensuring the outcome of the care delegated. Delegation is a skill that needs to be developed through education and practice. Good communication skills promote effective delegation and ensure quality care is delivered.

Reflection:

Let's reflect on the opening scenario with Regina, R.N., and explore the answers to the questions posed:

What were the nurse's responsibilities?

The nurse's responsibilities were to:

- communicate clear, concise information to the NAI regarding the delegation of the blood pressure check,
- supervise/monitor to assure the task was performed correctly in accordance with the standard of practice and agency policies/procedures,
- assure the task was performed within a timeframe consistent with the client's nursing care needs, and
- assist the NAI in prioritizing the performance of tasks/activities especially in situations in which the NAI is receiving delegation from multiple nurses.

The nurse always maintains responsibility for the overall provision of nursing care for the client and for evaluation of the performance of tasks/activities delegated to UAP, in this case the blood pressure results.

What were the NAI's responsibilities?

The NAI's responsibilities were to:

- perform the task correctly according to the standard of practice and the facility's policies/procedures,
- perform the task within an appropriate time frame for the client's nursing care needs, and
- question and clarify any delegations that were unclear.

What went wrong in the delegation process and how could this incident have been prevented?

A communication breakdown occurred between the nurse and the NAI in the delegation process. The incident could have been prevented had the nurse taken the time to provide clear delegation instructions to the

NAI prior to beginning shift responsibilities. During the delegation report the nurse would have communicated to the NAI, the importance of obtaining the blood pressure reading for Mr. Sharp because of the fluctuations in his blood pressures readings during the night. This in turn, would have assisted the NAI in prioritizing the delegated tasks. Another strategy that would have prevented communication breakdown was for the nurse to validate the NAI's understanding of the need for an immediate blood pressure reading. Lastly, instead of realizing that the blood pressure reading had not been performed 55 minutes into the shift when the client was symptomatic, the nurse should have provided appropriate supervision/monitoring and evaluation of the performance of the task within a timeframe consistent with the client's nursing care needs.

Now it's Your Turn

Read the following scenario and reflect upon the knowledge gained and information provided by this article to answer the questions.

Monique, R.N., was working a 7pm to 7am shift at an in-patient hospice setting. She was performing a complex dressing change on a client when the NAI entered the room to notify her that Mrs. Manning in Room 6 "needed something" for pain. Monique, R.N., asked the NAI if the client requested the pain medication. The NAI responded, "No, but she is groaning and complaining of back pain." The RN asked the NAI to retrieve Mrs. Manning's medication administration record (MAR). After reviewing the MAR, Monique, R.N., instructed the NAI to withdraw two Tylenol Extra-strength tablets from the medication cart. The NAI withdrew the two tablets and returned to Monique, R.N., for verification. Monique, R.N., verified that the two tablets were Tylenol Extra-strength. She then directed the NAI to crush the tablets, mix them with applesauce, and give to Mrs. Manning.

- What was the potential violation of nursing laws and rules?**
- What were the RN's responsibilities?**
- What were the NAI's responsibilities?**

Additional reference materials available on the Board of Nursing website at www.ncbon.com

- Nursing Law: select "Law and Rules", then select "Nursing Practice Act".
- Nursing Administrative Code (Rules):

select "Law and Rules", then select "Administrative Code".

- NC Board of Nursing Position Statements: select "Practice", select "Position Statements", and then select the following –
- Decision Tree for Delegation to UAP
- Delegation and Assignment of Nursing Activities
- Delegation of Immunization Administration to UAP
- Delegation: Non-Nursing
- Delegation: NAI Credentialed as EMT– I/P
- NAI and NAI Task Lists: select "Practice", select "NA", select "Tasks", then select –
- NAI Task List
- NAI Task List

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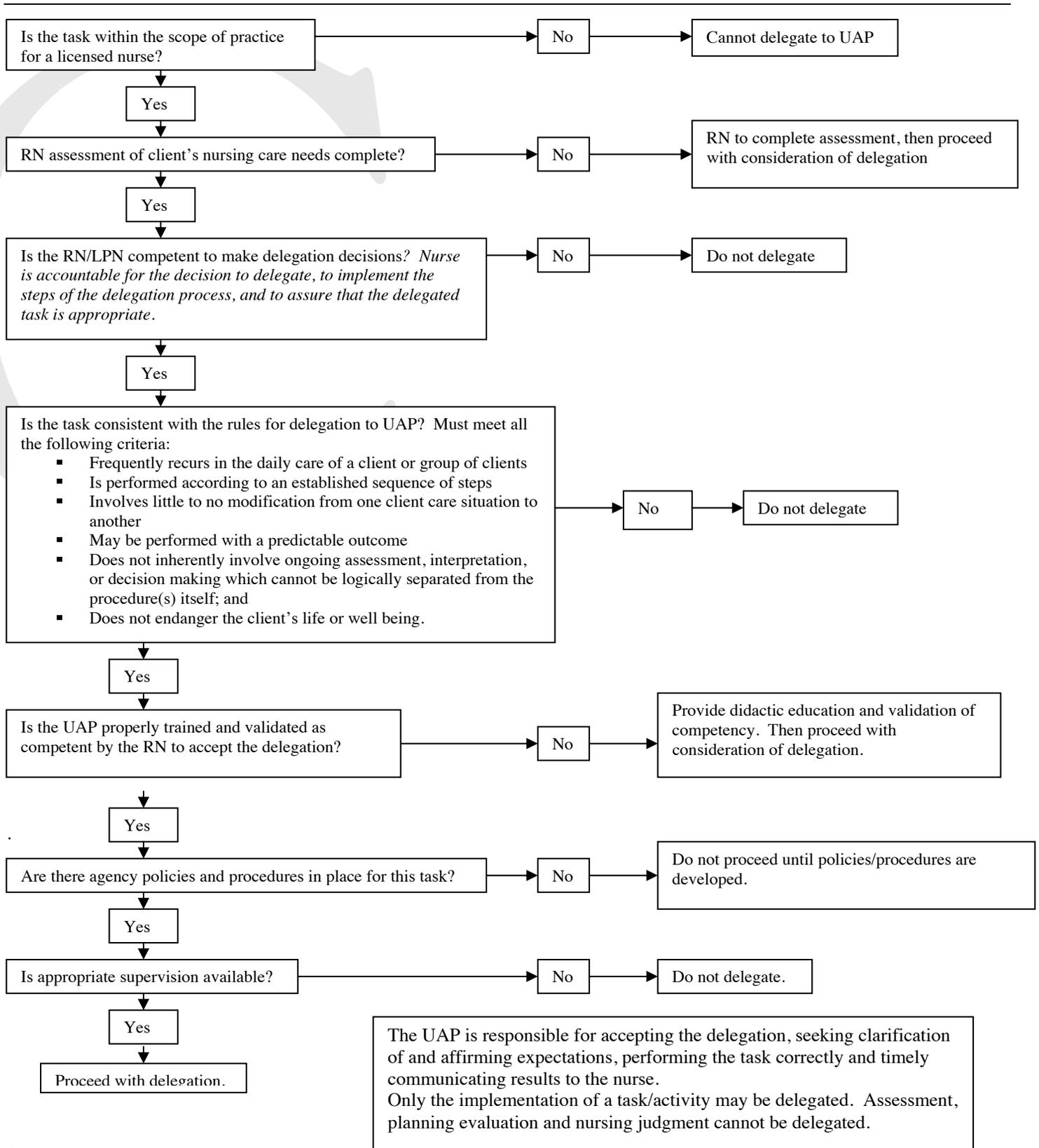
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STEP ONE: ASSESSMENT AND PLANNING

DECISION TREE FOR DELEGATION TO UAP



Origin: 5/2000
Revised 4/2007

Continued on page 16

STEP TWO – COMMUNICATION

The nurse:

The nurse:

Assess the UAP’s understanding:

- Task to be performed
- Information to report including observations and concerns
- When and how to report information
- Expectations of performance of tasks
- Individualizes for UAP and client population, practice setting, and unique client requirements
- Communicates and provides guidance and coaching
- Allows UAP opportunity for questions and clarification
- Develops and communicates plan of action in emergency situations
- Assures accountability by verifying UAP accepts delegation

The UAP:

- Ask questions and seek clarification as needed
- Inform the nurse if UAP has not performed the task before or infrequently

- Request additional training or guidance as needed
- Affirm understanding and acceptance of delegation
- Comply with communication method between nurse and UAP
- Comply with communication and emergency action plans

Documentation (if permitted by facility/agency policy):

- Record care provided in an appropriate timeframe, accurately, and completely

STEP THREE – SUPERVISION AND MONITORING

The nurse takes into consideration the:

- Client’s health stability and status
- 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
- Policies, procedures, & channels of communication established

The nurse determines:

- The amount/degree of supervision required
- Type of supervision: direct or indirect

The nurse is responsible for:

- Overall provision of nursing care delegated
- Intervening and follow-up on incidents and concerns
- Observing client response to nursing care provided and UAP’s performance of care
- Intervening when client’s condition changes

STEP FOUR – EVALUATION AND FEEDBACK

- Evaluate the effectiveness of delegation
- Provide feedback to UAP regarding performance of tasks/activities
- Evaluate the nursing care outcomes
- (RN) Evaluate the effectiveness of the nursing plan of care and modify as needed

(Adapted from National Council of State Boards of Nursing Joint Statement on Delegation ANA and NCSBN, 2005).

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

- WGo to www.ncbon.com and select “Events, Workshops & Conferences”; then select “Board Sponsored Workshops”; under “Bulletin Articles”, scroll down to the link “Delegation: What are the Nurse’s Responsibilities?” Register, complete and submit the evaluation, and print your certificate immediately.
- Registration deadline is February 1, 2015

PROVIDER ACCREDITATION

The North Carolina Board of Nursing will award 2.0 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 “Delegation: What are the Nurse’s Responsibilities?”:

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.

THE WHAT, THE WHO, AND THE WHY

A CASE FOR NURSE PRACTITIONER (NP) COMPLIANCE REVIEWS



NP Compliance Review Data
(reviews in compliance and reviews with discrepancies)
2008 – 2012

Years	2008	2009	2010	2011	2012
# Reviews in compliance	14 48%	7 23%	13 43%	11 37%	10 33%
# Reviews with discrepancies	15 52%	23 77%	17 57%	19 63%	20 67%

Nurse practitioners are very busy people. Clinical and administrative work seems never-ending, and then comes a letter or a phone call from the NC Board of Nursing (NCBON) and/or the NC Medical Board (NCMB). You think, “What’s this about?” and find that your name has been randomly selected for an NP compliance review. Not another “thing” you have to do!

Admittedly, being randomly selected for an NP Compliance Review isn’t as thrilling as having your name drawn for a trip to an exotic destination, but let’s consider that it can be of great benefit. To you, of course... but there is someone else who will also reap the benefits.

Before making our case, a little background on the NP Compliance Review Program. It started in 2008 by the NCBON and the NCMB. In 2013, it continues. Basically the process begins with a group of NPs randomly selected at the beginning of each year. Two methods are used to complete the compliance reviews:

1) site visits by representatives of one or both Boards, and 2) nurse practitioner self assessments submitted by mail to the NCBON for review and verification by Board staff.

The requirements for the site visit and mail in compliance reviews are identical and relate specifically to the NP rules. The review focuses on the NP’s continuing education, Collaborative Practice Agreement (CPA), and Quality Improvement (QI) meetings.

Speaking of reviewing, recently, 2008 – 2012 data from all of the NP compliance reviews was presented to the Joint Subcommittee. The above table pulls a section of the information:

Although the sample is small, the numbers do give one pause as the percentage of reviews with discrepancies remains high and is actually increasing! Most of the time, the discrepancies consist of missing elements in the CPA, QI meeting forms that are not detailed or may not speak to clinical issues, and the lack of continuing education hours. One may ask: what is the reason for the rising number of discrepancies, who is accountable to ensure these issues are addressed, why bother with conducting the reviews at all?

What is the reason for the rising number of discrepancies?

So many factors can account for why there are discrepancies: perhaps keeping this type of documentation seems like busywork, difficulty obtaining information to be submitted due to a lack of organization, a difficulty understanding the NP rules, a

need to access the requirements for this type of documentation in a more reader-friendly manner.

Who should address this issue?

Should it be the nurse practitioner, the supervising physician, the NCBON or the NCMB? Actually, we all have a role in this process. We just address it from different perspectives.

- The NP is responsible for understanding the NP rules and ensuring that he or she has all the elements required in the CPA, QI meetings are completed in detail and specific to clinical issues, and CE requirements are met each year prior to renewal of approval to practice.
- The supervising physician is also responsible for understanding the NP rules and for assisting in this process.
- The NCBON and NCMB not only review compliance information submitted but can be more proactive in educating NPs and physicians on the regulations and in presenting the requirements in a more digestible format for better understanding.

Why bother with conducting the reviews at all?

The case for NP compliance reviews boils down to something the NP, supervising physician, NCBON, and NCMB all have in common and that is our service to the people of North Carolina. The National Council of State Boards of Nursing (NCSBN) in its APRN (Advanced Practice Registered Nurse) Model Act and Rules

states that each APRN is accountable to patients, the nursing profession, and the Board of Nursing for complying with the regulations and for the quality of advanced nursing care rendered. In addition, the NCSBN APRN Model Rules call for random audits of APRNs for quality assurance to verify current certification and continuing education.

Each patient deserves to be treated by an NP who:

- is clear and comfortable within their scope of practice and provides the parameters for the NPs practice and the collaborative relationship. A well-defined and thorough Collaborative Practice Agreement places the patient in the hands of a nurse practitioner who is clear and comfortable within their scope of practice and provides the parameters for the NPs practice and the collaborative relationship.
- is addressing clinical issues that have an impact on their patient population. The QI meetings can serve as a mechanism for driving improvements within the practice with regard to treatment, procedures, and better outcomes for patients. The QI meeting form captures that information and can be reviewed for follow-up changes that may need implementation.
- works to expand the breadth and depth of his or her knowledge so that more effective care can be provided. Continuing education is a life-long endeavor that must be embraced if an NP wishes to provide the best care to his or her patients and excel in building a solid professional foundation.

In this vein, we'd like to ask nurse practitioners how the NCBON can assist you in better understanding the requirements presented in the NP Rules (www.ncbon.com). Your ideas, suggestions and comments can be emailed to paulette@ncbon.com with the deadline of May 1, 2013.

NOMINATION FORM FOR 2013 ELECTION

Although we just completed a successful Board of Nursing election, we are already getting ready for our next election. In 2013, the Board will have two openings; one Registered Nurse -- at large position and one LPN position. This form is for you to tear out and use. This nomination form must be completed and postmarked on or before April 1, 2013. 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, 2013.

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, 2013, for the nominee to be considered for candidacy. Petitions received before the April 1, 2013, deadline will be processed on receipt.
9. Elections will be held between July 1 and August 15, 2013. Those elected will begin their terms of office in January 2014.

Please complete and return nomination forms to 2013 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 2013

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

Registered Nurse - RN At-Large

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, 2013

NAME	SIGNATURE	CERTIFICATE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____
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Please complete and return nomination forms to 2013 Board Election, North Carolina Board of Nursing, P.O. Box 2129, Raleigh, NC 27602-2129.

IMPORTANT NURSE PRACTITIONER RULE CHANGES

NP Refresher Course Requirement – 21 NCAC 36.0804(b) and 21 NCAC 36.0808(d)

Effective January 1, 2013, the time out of practice before an NP is required to complete a refresher course decreased from 5 years to 2 years. Therefore, effective January 1, 2013, NPs who have been out of practice for greater than two years are required to complete the Board approved NP refresher course before they can be approved to practice. Visit www.ncbon.com to access information on NP Refresher Course requirements.

NP Prescribing Rule – 21 NCAC 36.0809(d)

Effective December 1, 2012, NPs shall not prescribe controlled substances, as defined by the State and Federal Controlled Substances Acts, for the nurse practitioner's own

use or that of a nurse practitioner's supervising physician; or that of a member of the nurse practitioner's immediate family, which shall mean a spouse, parent, child, sibling, parent-in-law, son or daughter-in-law, brother or sister-in-law, step-parent, step-child, step-siblings, or any other person living in the same residence as the licensee; or anyone with whom the nurse practitioner is having a sexual relationship or has a significant emotional relationship.

More information related to these rules can be found at www.ncbon.com

If you have questions, please contact Paulette Hampton, Practice Coordinator, at paulette@ncbon.com.

NCBON staff to continue COMMUNITY OUTREACH IN 2013

The New Year tends to be a time when we resolve to begin something new - something ultimately benefiting ourselves or others. Rarely do we announce our intention to continue a particular habit. But this year, the NCBON's Community Outreach Team is doing just that!

Since 2009, the team has lead NCBON staff in reaching out to those less fortunate. Staff has served at The Shepherd's Table Soup Kitchen located in Raleigh, donated food items to the Food Bank of Eastern NC, provided care packages to deployed NC nurses in Afghanistan, donated

items to the Wake County Women's Center, donated school supplies to Interact of Wake County, and continued our annual Toys for Tots Fund Drive.

2013 will be no different! Just as we are part of something greater than ourselves in protecting the public by regulating the practice of nursing, we continue to be part of the NC community of volunteers who reach out to our fellow citizens in need.

SUMMARY of ACTIVITIES

NC

ADMINISTRATIVE MATTERS

- Approved 2013 Strategic Plan Roadmap

INVESTIGATION AND MONITORING ACTIONS

Received reports and Granted Absolutions to 2 RNs and 1 LPN.

Removed probation from the license of 7 RNs and 6 LPNs

Accepted the Voluntary Surrender from 6 RNs and 5 LPNs

Suspended the license of 7 RNs and 3 LPNs

Reinstated the license of 15 RNs

Number of Participants in the Alternative Program for Chemical Dependency: 148 RNs and 7 LPNs (Total = 155)

Number of Participants in the Chemical Dependency Program

(CDDP):

83 RNs, 8 LPNs (Total = 91)

Number of Participants in the Intervention Program:

28 RNs, 8 LPNs. (Total = 36)

EDUCATION MATTERS

Ratification of Full Approval Status

Piedmont Community College, Roxboro -- ADN

Guilford Technical Community College, Jamestown -- ADN

Guilford Technical Community College, Jamestown -- PN

Sampson Community College, Clinton -- ADN

Sampson Community College, Clinton -- PN

LOOK WHAT'S COMING FOR ALL NURSES AND NURSE AIDE II

The new NC Board of Nursing Gateway will be available in the Spring of 2013.

What is the Nurse Gateway?

- A web based app for all nurses and nurse aide IIs to manage all licensure and listing functions, using one single portal
- For example: applications for renewal, endorsement, examination, APRN applications and nurse aide II listing applications

How will the Gateway help me?

Provides one single access point to submit your application status and provide a channel; check your licensure application status; provides a channel for the Board to communicate directly with the Nurse or NA II and print necessary documents.

In preparation for the use of the Nurse Gateway, all Nurses and Nurse Aide IIs must register. So visit The Board's website at www.ncbon.com to preregister. Once the Nurse Gateway functions are available in the Spring of 2013, sign onto the Gateway to manage your license/listing documents. Remember to keep retain your user name and password for future access.



NORTH CAROLINA BOARD OF NURSING PREPARING TO LAUNCH REFRESHED WEBSITE SPRING, 2013

NCBON is redefining, restructuring and redesigning its official website at www.ncbon.com. This new technologically innovative website includes an enhanced overall site functionality, expanded navigational scheme, more robust search capabilities, intuitive presentation of content, as well as, a high level of graphic theme and design. The new website is scheduled for release in Spring, 2013.





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