

# NURSING BULLETIN



**Creating a Healthy Work Environment Is  
Every Nurses' Responsibility - page 8**





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FALL 2015 BULLETIN  
NC BOARD OF NURSING  
*Nursing Bulletin* is the official  
publication of the North  
Carolina Board of Nursing.

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**Office Hours**

8 a.m. to 5 p.m.,  
Monday through Friday

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DayMeetsNight Media Services

**Mission Statement**

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from the  
**EDITOR**

Congratulations newly elected and appointed Board members

Frank DeMarco, a Clinical Operators Director at Duke University Medical Center, was elected to the Board of Nursing, coming out with the top vote count among six other candidates. DeMarco has more than 27 years of nursing experience and recently completed his MSN degree at East Carolina University.

Yolanda Hyde is a full-time Assistant Professor at UNC Greensboro in the Adult Health Nursing Department. Hyde has more than 20 years of nursing experience and she received her PhD in nursing from UNC Chapel Hill.

Carol Wilson is returning to the Board for another term. She is an LPN with more than 22 years of nursing experience. Wilson currently works in Home Health nursing.

Pat Campbell, a public member of the Board, was reappointed by Tim Moore, Speaker of the North Carolina House of Representatives.

Appointed and elected members serve for a four year term.

Should you have an interest in running for the Board please review the nomination form on P. 24. Many thanks to all those nurses who took the time to participate and vote in this year's election.

The cover story in this issue of the magazine addresses building a healthy work environment. Author Carol Walker has hit on several very important themes including: communication, collaboration, effective decision-making, staffing and leadership among others. I encourage you to read it and take advantage of the free CE offering for doing so.

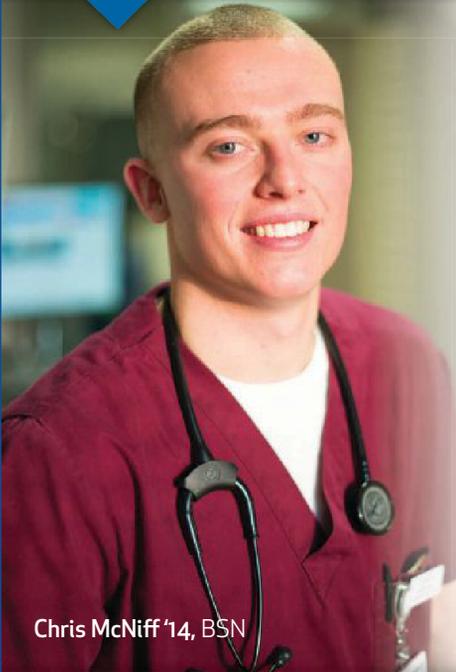
On P. 16 we are recapping data from 2014 regarding licensure, education and discipline. As our state continues to grow so does the population of licensed nurses.

Finally, should you have a nursing regulatory issue you would like to address, please do not hesitate to email me at: [david@ncbon.com](mailto:david@ncbon.com)

David Kalbacker  
 Editor

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# Nurse Practitioners Working in Mental Health...Things to Consider

The North Carolina Board of Nursing (NCBON) has been receiving inquiries regarding nurse practitioners who are not Psychiatric Mental Health Nurse Practitioners (PMHNP) working in the psych/mental health nurse practitioner role. For example Family Nurse Practitioners (FNP) or Pediatric Nurse Practitioners (PNP) may be working in the role of a PMHNP. Holding PMHNP certification provides evidence of competency to specialize in psych/mental health. Since nurse practitioner programs vary in content, and practicum experiences vary as well, NPs without PMHNP certification must consider the following in order to reach a decision regarding their personal competency to practice in this role:

1. Are you prepared from both a didactic and clinical perspective to provide the psych/mental health services considered?
2. Do you need additional education before assuming those responsibilities?
3. Would you be able to demonstrate and provide adequate evidence of exactly how your education and certification included sufficient psych/mental health knowledge, skills, and abilities to justify your practice in this arena and in providing care to the types of patients you will care for?

Please note there is no allowance in laws and rules for “on the job” education or training as part of a collaborative practice agreement when you are exploring a major change in focus such as this. You always maintain professional accountability and liability

for your practice. This can become a major issue if you practice outside of your educational preparation and advanced practice certification.

Below are the relevant NC Administrative Code Rules:

## 21 NCAC 36.0801 DEFINITIONS

(1) “Approval to Practice” means authorization by the Medical Board and the Board of Nursing for a nurse practitioner to perform medical acts within her or his area of educational preparation and certification under a collaborative practice agreement (CPA) with a licensed physician in accordance with this Section.

(9) “Nurse Practitioner” or “NP” means a currently licensed registered nurse approved to perform medical acts consistent with the nurse’s area of nurse practitioner academic educational preparation and national certification under an agreement with a licensed physician for ongoing supervision, consultation, collaboration and evaluation of the medical acts performed. Such medical acts are in addition to those nursing acts performed by virtue of registered nurse (RN) licensure. The NP is held accountable under the RN license for those nursing acts that he or she may perform.

## 21 NCAC 36 .0802 SCOPE OF PRACTICE

A nurse practitioner shall be held accountable by both Boards for the continuous and comprehensive management of a broad range of personal health services for which the nurse practitioner is educationally prepared and for which competency

has been maintained, with physician supervision and collaboration as described in Rule .0810 of this Section.

As you can see from these Rules, any change in NP practice or responsibilities must be evaluated in light of individual educational preparation and certification. Did your NP education program include a significant proportion of clinical psych/mental health practice? Did your NP Certification test and thus validate your ability to assess, diagnose, and treat psych/mental health clients in need of primary care services?

What type of patients will you be seeing in the practice setting?

Are you prepared from both a didactic and clinical perspective to provide primary care services to these type of patients? Do you need additional education and a different type of NP Certification before assuming these primary care responsibilities?

In assuring that each nurse practitioner provides safe and effective care to their clients, the appropriate education and certification for their client population is essential. For further questions please contact the NCBON.



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**Duke University**  
School of Nursing

# Creating a Healthy Work Environment Is Every Nurses' Responsibility



Carol Walker, MS, RN, FRE

## Introduction

Healthy work environments are important for the overall health of nurses for successful nurse recruitment and retention, and for the quality and safety of patient care. The North Carolina Board of Nursing's sole purpose is to protect the public by licensing nurses, practicing in NC. One way this is accomplished is by helping nurses understand the NC Nursing Practice Act and related Administrative Code Rules, especially 21 NCAC 36 .0224 the RN Components of Practice (RN Rules) and 21 NCAC 36 .0225 the LPN Components of Practice (LPN Rules).

In 2005, the American Association of Critical-Care Nurses (AACN) published a document entitled "AACN Standards for Establishing and Sustaining Healthy Work Environments" that was identified as insightful at the time and remains relevant today. In their statement, AACN listed six standards necessary to establish and sustain healthy work environments (HWE): Skilled Communication, True Collaboration, Effective Decision-making, Appropriate Staffing, Meaningful Recognition, and Authentic Leadership. This article correlates RN Rules and LPN Rules with the AACN six standards.

HWE are healing, not only for the patients being cared for, but also for the nurses and support staff who care for them. HWE are also empowering environments that support employee engagement and organizational commitment. These environments are characterized by a high level of trust between management and employees, employees who treat each other in a respectful manner, a culture that supports skilled communication and collaboration, and a place where employees feel emotionally and physically safe.



Current published research has identified that nursing is inseparably linked to patient safety. In exploring that realization we begin to become aware that everything that impacts a licensed nurse and those who assist them is directly linked to patient safety. Current nursing research focuses on fatigue, medication errors, staffing, consecutive hours

worked, and even the amount of adequate rest between assigned shifts. There has also been a plethora of articles regarding workplace violence and bullying as those issues relate to staff behavior and safety.

This article directly relates the six AACN standards to the RN Rules, especially those involving management and administration

of nursing practice. This article also recognizes the important role of the LPN in regards to communication, decision-making and true collaboration as defined in the LPN Rules. Further, this article relates how these concepts directly impact all those who provide direct patient care services under the direction and supervision of an RN, how the success or failure of these concepts impacts the nursing care provided, as well as, each individual's work environment and ultimately patient safety. A review of these components of nursing practice identifies the responsibility and accountability the licensed nurse has in establishing and maintaining HWE.

### Skilled Communication

The first HWE element listed by AACN is Skilled Communication. Successful teams must have members who are able and willing to communicate honestly, with the intent of achieving team goals and not just those of the individual. No team wins a championship by seeking only to achieve their individual goals. That said, it is necessary to obtain feedback from all team members in order to identify a goal and to develop a successful plan to achieve the goal. In healthcare, the ultimate goal must always be safe patient care.

So how does communication fit into a safe work environment? The answer - when everyone feels their work has value. I recall a story told many years ago of the janitor who worked at a NASA site and when asked what his goal was he responded, "I am working to put a man on the moon." That articulate response indicates a person who clearly knows the team's goal and that he plays a part in the team achieving that goal. How many readers clearly understand their team's primary goal, can communicate it, and know their responsibilities to achieve the team goal?

NC LPN and RN Rules require that licensed nurses communicate and receive communication accurately and timely as fits the need of the patient. Knowing that productivity is tied to communication, leaders are required to commit to intentional actions and communication such as, inclusion, recognition, clear directions, meaningful interaction and constructive feedback when building a sense of connectedness in a team. Silence has the potential to indicate acceptance of current behavior and may result in failure to direct the future behavior of team members.

NC RN Rules addressing management require an RN manager to be continuously available, assess capabilities of personnel, delegate responsibilities and evaluate performance. All of these responsibilities require clear communication. When was the last time a nurse manager expressed their appreciation to you for some specific activity you contributed to the team? Were you thanked, personally, or in public? How did you respond? When was the last time you were asked for your opinion about a situation or for your feedback regarding a patient? Do you recognize when others are unclear in their communication to you? How do you respond? How do you encourage and support clear communication?

The RN nurse administrator is required to interpret nursing laws and rules and standards of practice through policy and procedure for their agency and to ensure those policies are followed. Communication is an essential part of informing staff as to what may be implemented, by whom, and in what manner.

When communication is open, honest and expresses the communicator's thoughts and feelings, it allows the other person to do the same. It creates an atmosphere for open dialogue, sharing ideas, listening to each other and problem solving together.

Skilled communication includes writing skills. Nursing rules require that both LPNs and RNs document accurately and timely all information relevant to and involving an assigned patient. Do you review your documentation for clarity? What method(s) do you use to improve your writing/communication skills?

Communication also involves how we interact with patients and those around them. Nursing communication often requires a firm yet compassionate and empathetic manner. This includes both verbal and non-verbal communication. Approximately 80% of our communication is non-verbal. Are you mindful of your communication, both verbal and non-verbal when caring for a patient or talking with others? Or, during your time with patients do you talk with a staff member about personal issues and ignore others in the room? A breakdown in communication can cause negative outcomes. Patients and their families' trust is an important part of providing effective



nursing care. If we are not trusted, then our communication will not be trusted or followed. Our patients and/or their family members may not remember our names, but they will remember how we treated and communicated with them.

Intimidating behavior creates a culture of silence with a break down in team communication and an inability to collaborate and achieve high-quality outcomes. In a study published by AACN (2005) entitled "Silence Kills: The Seven Crucial Conversations for Healthcare" it was identified that team member struggles contribute to patient harm and unacceptable error rates, which lead to an unhealthy work environment.

The seven topics to discuss are:

1. Broken rules (taking shortcuts, not following procedures or standards that can lead to harm)
2. Poor judgment (demonstrating poor clinical judgment, inadequate assessment of patients, missing critical symptoms)
3. Lack of support (refusing to answer a question or provide patient information, complaining when asked to help, refusal to assist others)
4. Incompetence
5. Poor teamwork (nonsupport, cliques, not being dependable)
6. Disrespect
7. Micromanagement (pull rank, threaten, or forcing point of view on others)

One must actively work to put skills into action in order to make a difference. It is all about safety. Always think "How will this impact the patient and those around them?"

We can only control ourselves. However, nurse managers and administrators role model acceptable behavior and are responsible for establishing and nourishing a supportive environment and practice culture.

### True collaboration

When health care professionals are not

collaborating effectively patient safety is at risk. Lack of collaboration creates situations with a higher potential for medical errors to occur. Medical errors, especially those caused by a failure to communicate, are a pervasive problem in today's health care organizations. The Joint Commission has cited communication and collaboration failures as the leading root cause for medication errors, delays in treatment, and wrong-site surgeries.

Traditional nursing education emphasizes the importance of error-free practice, utilizing intense peer pressure to achieve perfection. Therefore, errors are perceived as failure. This atmosphere creates an environment that does not support fair, open discussion of mistakes.

The Just Culture concepts supported by the NC Board of Nursing recognize the importance for all team members to honestly communicate without fear of judgment concerning unplanned events. It is only with thorough and honest collaborative review that causes may be identified and system, as well as, individual plans for resolution may be developed and implemented. In true collaboration each party is always attempting to reach perfection, knowing that is not possible, and recognizing that when errors or near misses are identified it further strengthens that road to perfection.

Good communication encourages collaboration and helps prevent errors. When is a good time to use collaboration? Collaboration should be a daily part of patient care. Collaboration is particularly essential when solving difficult or complex problems.

True collaboration is a requirement for good outcomes. This is true of patient care as well as the care of each other and the teams within which nurses function. The goal of true collaboration should be great results, not just focusing on using collaboration itself. When teams make compromises with each other to diffuse conflict and to keep the team happy, this action is at the expense of not achieving great results. Although conflict can provide an opportunity to deepen agreement, in order for collaboration to be successful, effective communication (i.e. active listening, flexibility, developing trust) is important to create the foundation of true collaboration.

### Effective Decision-making

Effective decision-making in nursing is



rooted in evidence based practice. Critical thinking is an essential element in decision-making, which involves recognizing choices, and requires analysis and problem-solving. It is an essential activity in the role of all licensed nurse; one in which patients are dependent on nurses speaking up and presenting their needs and requests.

The process of decision-making is the nursing process in action. It involves identifying a goal, often times based on a recognized problem. In relation to patients, a goal may involve resolving complaints of pain, changes in behavior or condition, or confusion. For the nurse manager it may involve staff performance, inefficiency, carelessness, communication styles, and outcomes of care.

Effective decision-making requires the RN to receive input from all individuals having

involvement with or impact on the care of any patient or family member. Once the RN identifies areas of patient need the nurse is responsible to prioritize those needs, consider options, establish interventions, implement plan and direct actions, and evaluate results.

Decision-making also involves brainstorming. This brainstorming can be done in isolation, by obtaining the perspective of others, or through research.

Managerial decision-making has a direct impact on individuals in the workplace and on the performance of the organization. It is a process of choosing the best alternative to achieve individual and organizational objectives.

Sometimes it is not recognized that clinical decision-making is a developed art and critical skill that takes knowledge and experience.

There is no quick fix or magic to decision-making. It is important for newly licensed nurses to recognize their level of ability in decision-making, identify resources and mentors to assist them in developing the skill, and recognize when it is imperative for the safety of their patient(s) to seek guidance from a higher level of expertise, especially when they are the only nurse practicing in their environment.

A nurse manager who knows her/his own weaknesses and strengths as well as the needs and wants of others and includes others in the decision-making process is more likely to make a decision that others will accept. When nurse managers surrender to others to make decisions for them (i.e. patient care, staffing) it is likely the manager will lose the respect and support of their healthcare team.

The basic educational standards for nurses provide a foundation for decision-making. It is important for nurses to recognize their limits and seek guidance when necessary. Clinical decision-making is about the health of patients, ethical solutions to problems, and the research that supports nurses' decisions.

### **Appropriate Staffing**

Who in your practice environment determines the staffing ratio or mix? The Director of Nursing or Unit Manager/Charge Nurse? Or the Administrator or other non-direct care person? Is it a numbers issue, or are competencies, practice experience and familiarity with facility or unit considered? How often is the overall patient acuity and complexity and frequency of care considered in making or accepting an assignment? The RN and LPN Rules specifically state that the licensed nurse is expected to consider these factors each time they develop a nursing assignment, and each time they consider accepting an assignment.

The nursing literature indicates the inability to maintain a stable work force (i.e., high turnover rate), is directly related to the type of work environment provided for employees. Why do some employees remain in a position for several years, and others do not? Most report they are searching for that work environment that will provide them with job satisfaction. For the licensed nurse satisfaction is achieved when providing safe competent patient care and able to complete all their responsibilities in a realistic time frame, while

also achieving a successful balance between work and personal life.

The RN Rules state the nurse responsible for administering nursing services is responsible to allocate resources and maintain standards of practice. How does your nursing administration compare to others?

In the article, "The Pursuit of Happiness, Science, and Effective Staffing" (2015) Karlene M. Kerfoot, PhD, RN, CNAA, FAAN states that in the work environment "Happiness starts with an infrastructure that supports the employees to do the work they are inspired to do." She later states that "effective staffing is a foundational factor in creating happiness." And lastly she states, "Clearly, health care has much to learn about creating happiness that in turn creates a positive return on investment financially, as well as on patient outcomes and the well-being, growth, and productivity of staff."

Barbara Catherine Wallace, EdD, MPH, MSN, RNC, CNS (2013) reported "the success of a healthcare work environment is clearly focused on patient safety and preventable adverse outcomes. Safe staffing equals safe care."

### **Meaningful Recognition**

Meaningful Recognition (MR) is communicating acknowledgement that what a person did made a difference. AACN, in 2005, suggested this type or level of communication often stays with a person for life. It is feedback that impacts motivation and productivity as well as individual, group, and organizational outcomes.

Sometimes MR is seen as a "soft skill" and its value is not appreciated. Many nursing practice areas focus on the science of nursing, MR focuses on the art of nursing; the compassion and caring (intangible soft skills), the whole of nursing. Soft skills are now being linked to reimbursement, especially through the use of patient satisfaction surveys. Previously noted in isolation, through increased public involvement, these "soft skills" are now identified as requirements needed in order to provide efficient and effective patient care, safety for patients and staff, and provide safe work environments. These skills, in total, strengthen the entire healthcare workforce.

Although nurses understand that the quality of patient care has a direct impact on



the wellness of patients, nurse managers and administrators sometimes fail to recognize that the quality of patient care can be jeopardized by unhealthy work environments. Toxic environments are directly related to staff turnover. Maintaining a skilled, competent workforce and providing an "appropriate allocation of resources" in a nursing work environment is required in the RN Rules for those in nursing administration roles.

Cindy Lefton, PhD, RN in 2012 felt that meaningfully recognizing the extraordinary contributions of nurses is a key element in creating and sustaining HWE. Publically honoring the work of nursing reinforces those actions and behaviors that patients, families, and colleagues truly value. In 2014, Dr. Lefton described "psychological capital" as self-efficacy, hope, and resilience, and the link to a person's well-being, job satisfaction, job performance, and positive emotions. These are important to establish and maintain HWE.

### **Authentic Leadership**

Authentic leadership requires moral courage – knowing the right thing to do and stating it although individuals in an organization may not agree. Because nurses are often perceived to be the moral agents in a healthcare system, the patient, nurse, and organization all benefit from nurses' acts of moral courage. Moral courage is often seen as a managerial and administrative competency in nursing. However, all nurses are expected to demonstrate moral courage. These are leaders who consider more than rules and policies and who are self-directed toward good or what is right and routinely display acts of moral courage. Nursing leaders are responsible to create cultures that support acts of courage in nursing. The Board of Nursing several years ago embraced the concept of Just Culture. This concept encourages nurses to self-report practice errors or "near misses" rather than not revealing events as an attempt to protect themselves from disciplinary action. Reporting these events can be positively transformative; frequently leading to agency processes being

revised.

Healthcare HWE are supportive of the whole human being, are patient-focused, yet include the employee, and are joyful workplaces. A sense of “family” is commonly reported in HWE and satisfaction is evident within work teams.

Five key characteristics identify leaders: the ability to understand their own purpose, practice solid values, lead with heart, establish enduring relationships, and practice self-discipline.

Authentic leaders contribute to the growth and development of HWE by promoting patient safety and excellence in care, and by recruiting and retaining engaged and committed staff (Wong, Laschinger & Cummings, 2010). These leaders demonstrate relational transparency through open and honest communication (Wong) which leads others to being forthcoming with their ideas, challenges and perspectives. A nursing leader’s empowerment behaviors have the potential to influence individual staff members’ perceptions of empowerment.

Five ways to become more authentic nurse leaders include:

- Commit to personally becoming a more authentic leader
- Seek feedback from those you lead
- Find a mentor who is an authentic leader
- Have a strong connection between your values and your actions, and
- Work hard to build relationships.

Creating HWE in nursing practice settings is crucial to maintain an adequate nursing workforce. Leaders play a pivotal role in retention of nurses by shaping the health care practice environment to produce quality outcomes for staff nurses and patients. Authentic leadership has been described as the “glue” needed to hold together HWE (AACN, 2005). Additional characteristics of authentic leadership are: genuineness, trustworthiness, reliability, compassion, and believability. Healthy environments are created by engaging employees to promote positive behaviors.

The June 24, 2015, Harvard Business Review published the article “The Top Complaints from Employees About Their Leaders” by Lou Solomon, and reported these results:

- 63% - not recognizing employee achievements
- 57% - not giving clear directions
- 52% - not having time to meet with employees
- 51% - refusing to talk to subordinates, and
- 47% - taking credit for others’ ideas.

The RN Rules are specific for nurse managers and administrators, especially those who have 24/7 responsibility and accountability, and clearly define the responsibilities of authentic leaders. In part, those responsibilities are: continuous availability, assessing capabilities of personnel providing care, delegating and assigning patient care responsibilities, providing adequate staffing resources, and assuring that competencies are maintained.

### Conclusion

The intent of this article is to support nurses licensed in NC to recognize the value of establishing and maintaining HWE, and the specific role(s) they have in achieving these outcomes. AACN’s 2005 publication “Standards for Establishing and Sustaining Healthy Work Environments” purpose was and continues to be patient safety and protection through the establishment of HWE. The document addresses the overall health of nurses and its importance for successful nurse recruitment and retention, and for the quality and safety of patient care. Six standards have been identified as being necessary to establish and sustain HWE: Skilled Communication, True Collaboration, Effective Decision-making, Appropriate Staffing, Meaningful Recognition, and Authentic Leadership.

The NC Board of Nursing’s sole purpose is to protect the public by licensing nurses practicing in NC. The NC Nursing Practice Act and related RN and LPN Rules correlate, in part, with the six standards identified by AACN. This article directly relates the six standards to the NC RN Rules, and especially those involved with management and administration of nursing practice. In addition, this article recognizes the important role of the LPN regarding communication, decision-making and true collaboration.

Further, this article relates how these concepts directly impact all who provide

direct patient care services under the direction and supervision of an RN, how the success or failure of these concepts impacts the nursing care provided, as well as, each individual’s work environment and ultimately patient safety. A review of these components of nursing practice identifies the responsibility and accountability the licensed nurse has in establishing and maintaining HWE.

HWE have been recognized as empowering environments that support employee engagement and organizational commitment. These environments are characterized by a high level of trust between management and employees, by employees who treat each other in a respectful manner, by a culture that supports skilled communication and collaboration, and where employees feel emotionally and physically safe.

Current nursing research focuses on fatigue, medication errors, staffing, consecutive hours worked, the amount of adequate rest between assigned shifts, and workplace violence and bullying. HWE provide the atmosphere for nurses and all healthcare workers, as well as patients, to thrive and succeed.

Hopefully, you have been able to recognize some of your current behaviors, and have identified options to explore. Creating HWE is an on-going developmental process and not an isolated act, and every nurses’ responsibility.

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## **EARN CE CREDIT**

“Creating a Healthy Work Environment Is Every Nurses’ Responsibility”

### **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](http://www.ncbon.com) and scroll over “Nursing Education”; under “Continuing Education” select “Board Sponsored Bulletin Offerings,” scroll down to the link, “Creating a Healthy Work Environment is Every Nurses’ Responsibility.” Register, be sure to write down your confirmation number, complete and submit the evaluation, and print your certificate immediately.

Registration deadline is November 1, 2018.

### **PROVIDER ACCREDITATION**

The North Carolina Board of Nursing will award 1.0 contact hour 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 “Creating a Healthy Work Environment is Every Nurses’ Responsibility.”

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.

# SUMMARY of ACTIVITIES



## ADMINISTRATIVE MATTERS

Approved proposed new rule for Reporting Criteria for the Controlled Substance Reporting System. In accordance with Session Law 2013-152 Section 3, in order to receive reports from the Department of Health and Human Services of data from the controlled substances reporting system, the Board is required to adopt rules setting criteria for DHHS to provide reports. The report encompasses inappropriate or excessive prescribing of opioids by licensees as part of a concerted statewide effort to stem prescription drug abuse, addiction and deaths due to overdose. Find the proposed new rule on P. 26.

A Public Hearing on the proposed new Rule will be scheduled in December. Visit our website at <http://www.ncbon.com/dcp/i/laws-rules-administrative-code-rules-proposed-rule-changes> for specific details as they are available. Additional information will also be published in subsequent issues of the magazine.

## EDUCATION MATTERS:

Ratification of Full Approval Status – 6 programs  
Ratification of Expansion in Enrollment – 2 programs  
FYI Accreditation Decision by CCNE – 1 program

## REGULATORY COMPLIANCE ACTIONS

Received reports and Granted Absolutions to 3 RNs and 0 LPNs.  
Removed probation from the license of 17 RNs and 0 LPNs.  
Accepted the Voluntary Surrender from 9 RNs and 0 LPNs.  
Suspended the license of 8 RNs and 5 LPNs.  
Reinstated the license of 9 RNs and 0 LPNs.  
Number of Participants in the Alternative Program for Chemical Dependency: 156 RNs and 12 LPNs (Total = 168)  
Number of Participants in the Chemical Dependency Program (CDDP): 106 RNs, 9 LPNs (Total = 115)  
Number of Participants in Illicit Drug and Alcohol/Intervention Program: 32 RNs, 7 LPNs (Total = 39)

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## NORTH CAROLINA BOARD of Nursing Calendar

### Licensure Review Panels

November 12, 2015

December 10, 2015

January 14, 2016

February 11, 2016

### Administrative Hearings

December 3, 2015

February 25, 2016

### Education/Practice Committee

December 2, 2015

### Board Meeting

January 21-22, 2016

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# A Look Back:

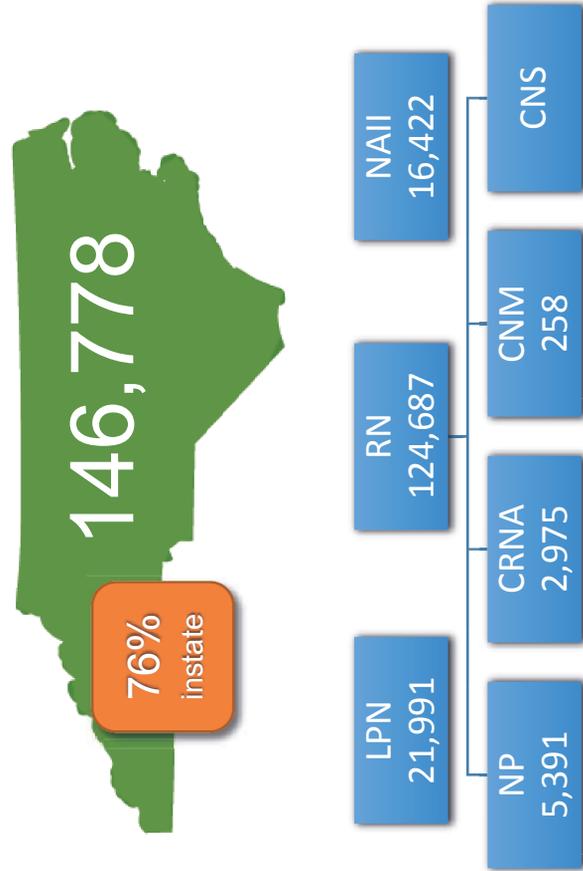
Recapping data from 2014

Data reflects information for the calendar year beginning January 1, 2014 and ending December 31, 2014.

## TOTAL LICENSES ISSUED



## TOTAL LICENSEE POPULATION



\*NC licenses RN's & LPN's, issues Approvals to Practice for NP, CRNA, CNM, & CNS, and lists NAII's.

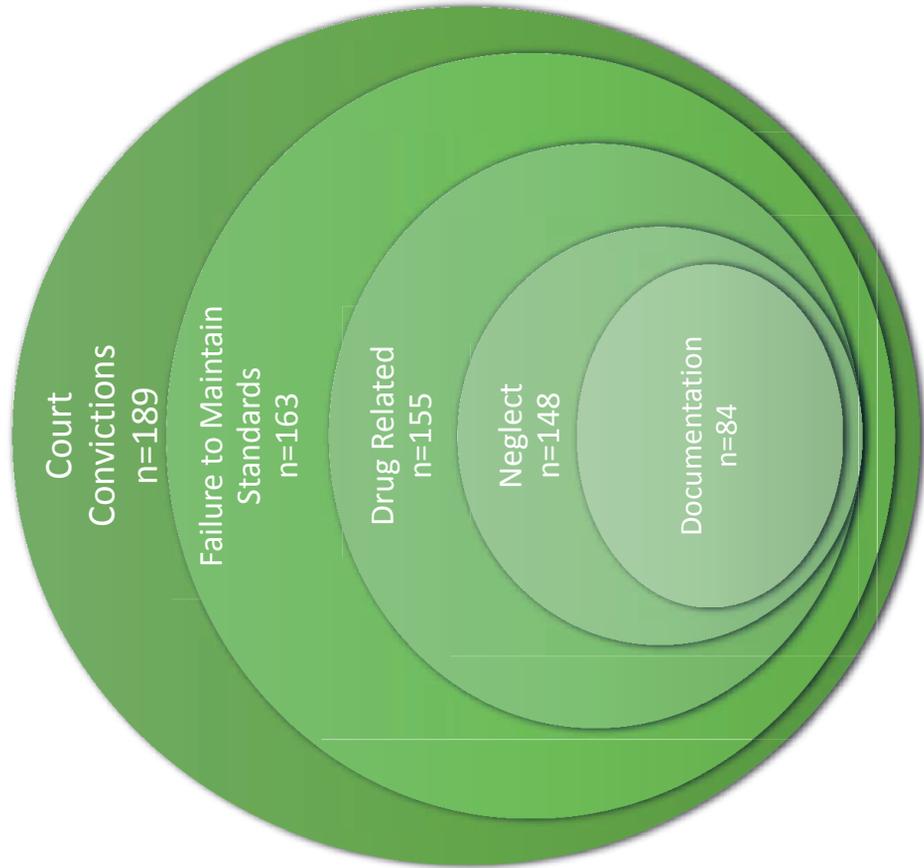
## PASS RATE PERFORMANCE/FIRST TIME NCLEX CANDIDATES EDUCATED IN NC SCHOOLS



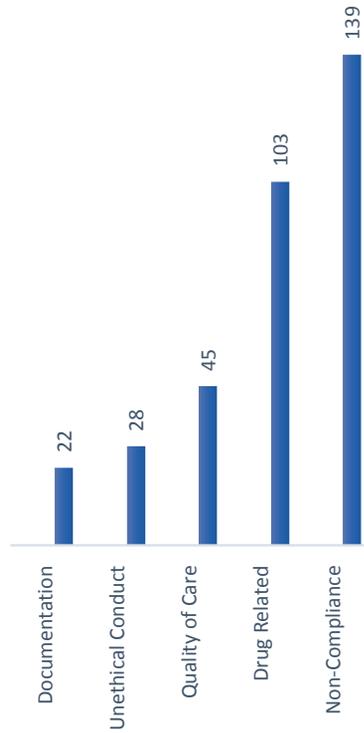
## NC APPROVED PRE-LICENSURE NURSING PROGRAMS



## TOP 5 COMPLAINT ALLEGATIONS



## TOP 5 VIOLATIONS RESULTING IN PUBLIC DISCIPLINE



## ENFORCEMENT ACTIVITIES

### Private



### Public



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

[www.ncbon.com](http://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](mailto:lindab@ncbon.com)

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

## Online Bulletin Articles

**Creating a Healthy Work Environment is Every Nurses' Responsibility (1 CH)**  
No fee required

**Who's Your Supervisor or Manager? Nursing Practice: The Management and Supervision of Nursing Services (1 CH)**  
No fee required

**Getting to Know your Licensing Board: the North Carolina Board of Nursing at a Glance (1 CH)**  
No fee required

**Uh oh...the Board of Nursing called...Complaint Reporting & Resolution (1 CH)**  
No fee required

**Social Networking and Nurses (1 CH)**  
No fee required

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

More offerings on website

## Webcasts/Podcast

### 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](mailto:pamela@ncbon.com)

### PODCAST

**Continuing Competence Requirements**

<http://www.ncbon.com/dc/pi/news-resources-podcasts>  
(No CH provided)

## 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 5, 2015  
March 9, 2016  
April 20, 2016  
September 14, 2016  
November 3, 2016

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

**Register online at [www.ncbon.com](http://www.ncbon.com).**

Registration at least two weeks in advance of a scheduled session is required.

Seating is limited. 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  
[paulette@ncbon.com](mailto:paulette@ncbon.com)

## 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.
- **Delegation: Responsibility of the Nurse** - 1 CH – 1 hour - Provides information about delegation that would enhance the nurse's knowledge, skills, and application of delegation principles to ensure the provision of safe competent nursing care.
- **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.
- **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.

# Election Results for 2015

Yolanda Hyde, Assistant Professor at UNC Greensboro in the Adult Health Nursing Department and part-time Patient Placement Coordinator at First Health of the Carolinas – Moore Regional Hospital in Pinehurst, NC, was elected as Nurse Educator to the NC Board of Nursing. Ms. Hyde has more than 20 years of nursing experience and has been in nursing education for more than 15 years.

Frank Demarco, Clinical Operations Director at Duke University Hospital's Emergency Department in Durham, NC, was elected as Nurse Administrator. Mr. Demarco has 27 years of community and

tertiary healthcare experience.

Carol Wilson, an LPN with more than 22 years of nursing experience, was elected to the Board to serve a 4 year term, after serving as an appointed member to fulfil a vacant LPN position. Ms. Wilson works in home health dealing with trach/vent clients.

Pat Campbell, an experienced nurse, was re-named to the Board by the N.C. General Assembly Speaker, Tim Moore.

## Chair and Vice-Chair Elected

Martha Ann Harrell, public member, was re-elected to Chair the Board for 2015 and public member, Pat Campbell, was elected as

## Winstead Completes Regulatory Fellowship

Joyce Winstead, RN, MSN, FRE Practice Consultant 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. Winstead's research focused on the outcomes and impacts of a regulatory continuing education workshop for nurse leaders.

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See [SUprograms.info](http://SUprograms.info) for program duration, tuition, fees and other costs, median debt, salary data, alumni success, and other important info.

# Fatigue & Commitment to Care

We all know the scenario. You've just finished your shift and all you want to do is get home to rest before waking up for your next shift. You groggily grab a cup of coffee and head out the front door towards your car, where you sit down in the driver's seat, turn the key in the ignition and let out a huge sigh of relief that your shift is finally over and you're headed home. Your body relaxes for the first time since you arrived at work and you begin your commute across town, only to find yourself woken up by a jolt as you slam into the car ahead of you. When the officer arrives on the scene, you admit you had fallen asleep behind the wheel of your car, causing the horrific accident. And you later learn that the victim you hit suffered permanent disabilities.

You were not intoxicated. You were not under the influence of drugs. But you were impaired. Your judgement, cognitive recognition and physical abilities were all impaired. You are suffering from fatigue. Fatigue is defined as "an overwhelming sense of tiredness, lack of energy, and a feeling of exhaustion." And while this may not be an everyday occurrence, there is an important point to be made. The nurse who fell asleep behind the wheel of their car works in a profession whose job is to provide care and unfortunately, the act of driving a vehicle while impaired from exhaustion and fatigue directly contradicts that commitment to care.

The professional accountability of nursing carries a responsibility to be in a safe condition to care for patients, according to the article "Fitness for Duty Includes Getting Your ZZZs" from the Winter 2012 edition of the NCBON Nursing Bulletin written by Deborah Simmons, PhD(c), RN, CCRN, CCNS and Cindy Zolnieriek, MSN, RN. The term "fitness for duty" is used to describe this condition. Nurses may not be aware of what factors influence fitness for duty and how easily human performance limitations – emotional, cognitive, and physical components – can contribute to errors, including fatigue.

Fatigue can be described as an internal



human factor that crosses both our emotional state and physical abilities. We often think of impaired practice due to alcohol or other substance use when we hear the term "fitness for duty," but fitness for duty is actually a broader concept that encompasses any factor that may affect the nurse's ability to perform competently and safely. Fatigue is one such factor that has been studied thoroughly in other industries, but only recently applied to healthcare.

Rotating shift workers are especially challenged to manage fatigue and experience increased difficulty in maintaining wake-sleep cycles. Night shift hours predispose individuals to sleep deprivations due to their circadian rhythm and likely interruptions in sleep schedules on days off. Twelve-hour shifts are popular with nurses, but they easily lead to fatigue at the end of a shift. Fatigue may seem unavoidable for the nursing profession but it's important to recognize the possible side effects of fatigue impairment. To put the scenario into perspective, you wouldn't drive your car or let a friend drive their car under the influence of alcohol, not only because it's illegal but because you could cause serious risk or harm to yourself or others on the road. The same is true if you're under the influence of fatigue, as

evidenced by the nurse in the example who fell asleep while driving, causing a vehicular accident.

The responsibility to practice safely and fatigue-free ultimately lands on both the nurse providing the care and the nurse staffing a unit. So, as a health care professional, what can you do to protect yourself and others from accidents caused by fatigue and maintain a commitment to care? If feeling exhausted after completing a shift and you're unable to drive home without risking the lives of yourself and others it's always best to call a family member or friend for a ride. Also, a nurse staffing a unit or creating a schedule must also consider the effects of fatigue on their nurses and appropriately staff to maintain the responsibility of care, both on and off the job. While not fool proof, consider these guidelines to limit your fatigue during and after shifts.

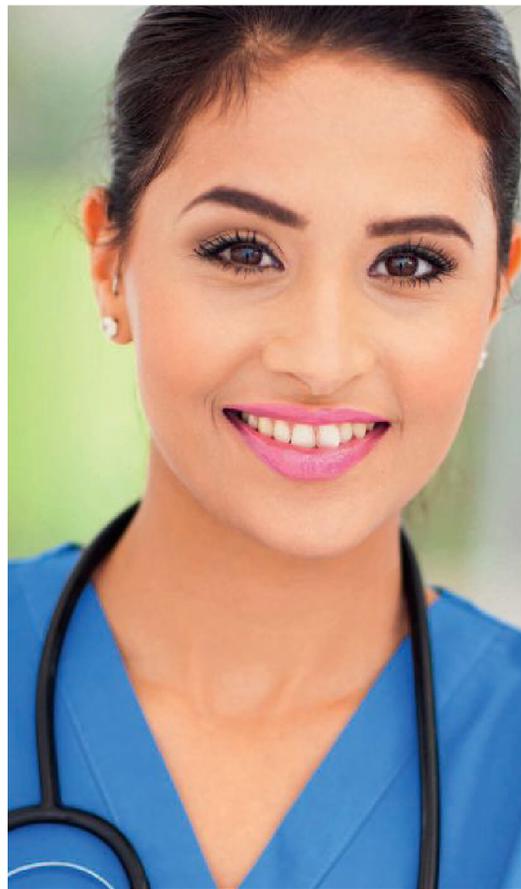
- Get 7-8 hours of sleep per 24 hour period
- Do not work more than 48 hours in a 7 day period
- If you must work 12 hour shifts:
  - o Do not work more than 3 shifts without a day off
  - o Take breaks free from patient care responsibilities
  - o Take 10-12 hours off between shifts to obtain adequate sleep
- If you work night shifts, take a nap prior to your shift

The NCBON has a statement on "Staffing and Patient Safety" (<http://www.ncbon.com/myfiles/downloads/position-statements-decision-trees/staffing-and-patient-safety.pdf>) that discusses extended work hours and patient safety. Let us begin to extend our commitment to care outside of the workplace and recognize when we are suffering from fatigue and how to combat it. Fatigue is a very real side effect of your nursing profession and unfortunately accidents outside of the workplace can and have happened as a result.

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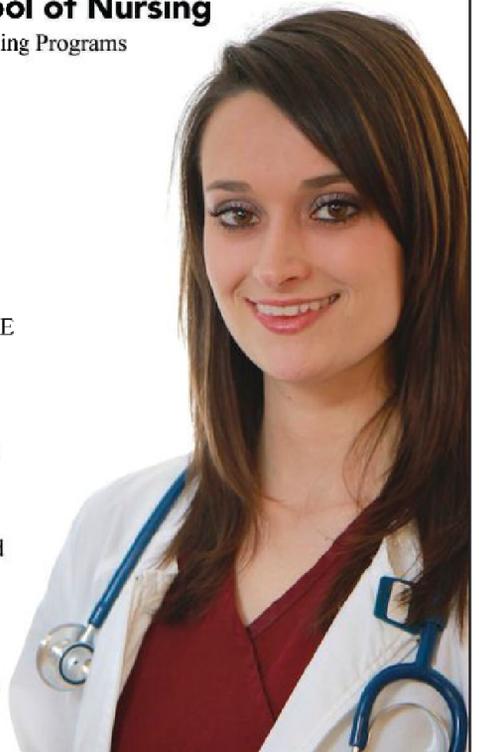
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# NOMINATION FORM FOR 2016 ELECTION

Although we just completed a successful Board of Nursing election, we are already getting ready for our next election. In 2016, the Board will have three openings: APRN, Staff Nurse, Nurse Educator – PN. This form is for you to tear out and use. This nomination form must be completed on or before April 1, 2016. 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.

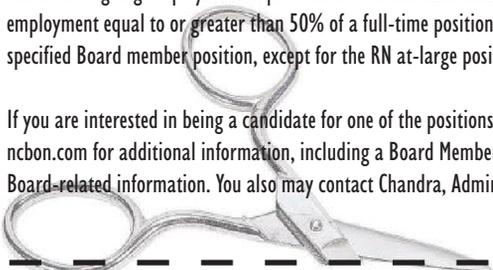
If you are interested in being a candidate for one of the positions, visit our website at [www.ncbon.com](http://www.ncbon.com) for additional information, including a Board Member Job Description and other Board-related information. You also may contact Chandra, Administrative Coordinator, at

[chandra@ncbon.com](mailto: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, 2016.

## Guidelines for Nomination

1. RNs can petition only for RN nominations and LPNs can petition only for LPN nominations.
2. Only petitions submitted on the nomination form will be considered. Photocopies or faxes are not acceptable
3. The certificate number of the nominee and each petitioner must be listed on the form.
4. Names and certificate numbers (for each petitioner) must be legible and accurate.
5. Each petition shall be verified with the records of the Board to validate that each nominee and petitioner holds appropriate North Carolina licensure.
6. If the license of the nominee is not current, the petition shall be declared invalid.
7. If the license of any petitioner listed on the nomination form is not current, and that finding decreases the number of petitioners to fewer than ten, the petition shall be declared invalid.
8. The envelope containing the petition must be postmarked on or before April 1, 2016, for the nominee to be considered for candidacy. Petitions received before the April 1, 2016, deadline will be processed on receipt.
9. Elections will be held between July 1 and August 15, 2016. Those elected will begin their terms of office in January 2017.

*Please complete and return nomination forms to 2016 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 2016

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):

APRN    Staff Nurse    Nurse Educator – PN

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, 2016

NAME	SIGNATURE	CERTIFICATE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____
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Please complete and return nomination forms to 2016 Board Election, North Carolina Board of Nursing, P.O. Box 2129, Raleigh, NC 27602-2129.



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### For further info, contact:

**Peggy Quagliano, RN**  
984.255.6078

[Margaret.Quagliano@ncdps.gov](mailto:Margaret.Quagliano@ncdps.gov)

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# PROPOSED NEW RULE

21 NCAC 36. 0815 is proposed for adoption as follows:

## 21 NCAC 36 .0815 REPORTING CRITERIA

(a) The Department of Health and Human Services (“Department”) may report to the North Carolina Board of Nursing (“Board”) information regarding the prescribing practices of those nurse practitioners (“prescribers”) whose prescribing:

- (1) falls within the top one percent of those prescribing 100 milligrams of morphine equivalents (“MME”) per patient per day; or
- (2) falls within the top one percent of those prescribing 100 MME’s per patient per day in combination with any benzodiazepine and who are within the top one percent of all controlled substance prescribers by volume.

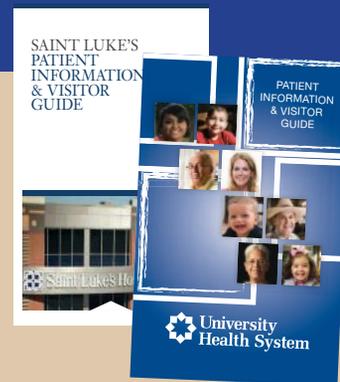
(b) In addition, the Department may report to the Board information regarding prescribers who have had two or more patient deaths in the preceding 12 months due to opioid poisoning.

(c) The Department may submit these reports to the Board upon request and may include the information described in G.S. 90-113.73(b).

(d) The reports and communications between the Department and the Board shall remain confidential pursuant to G.S. 90-113.74.

Authority G.S. 90-113.74.

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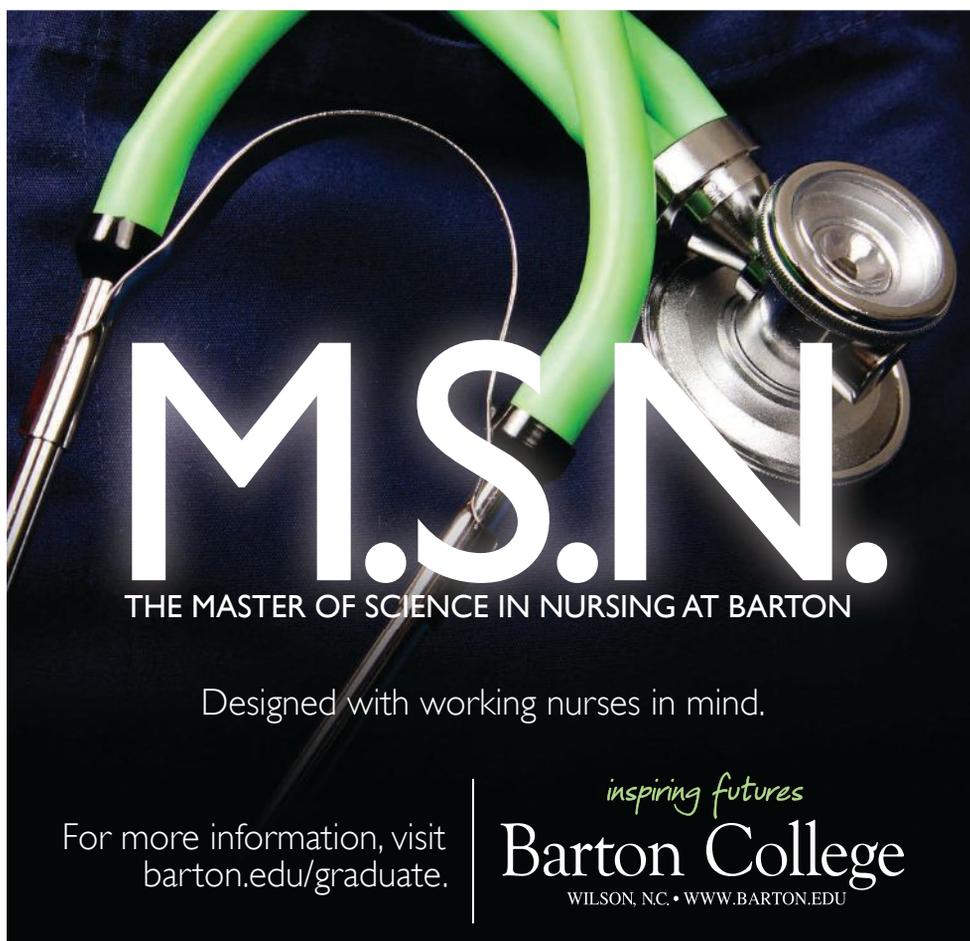
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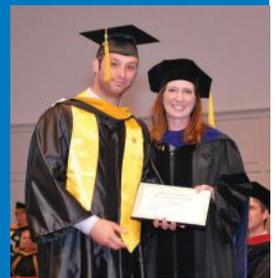
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for distribution to families across central and eastern NC. Along with 2 other groups of volunteers, we were able to bag 4,800 lbs of sweet potatoes that will provide roughly 4,042 meals.

In addition to our time volunteering at the food bank, we hosted our own food drive at our offices in Raleigh, to benefit the food bank. At this food drive, staff donated 308 lbs of canned and non-perishable goods, which equates to 259 meals for those in need.

Staff has also participated in 2 other events that ring near and dear to lots of our hearts. These events include the Ovarian Cancer Walk in September and the Making Strides Walk in October. The Making Strides Walk benefits breast cancer research and so far, our organization has raised nearly \$1,200.

We plan to continue our community outreach as the year comes to a close by participating in several holiday charity drives. Just as we are part of something greater than ourselves in protecting the public by regulating the practice of nursing, we continue to be a part of the NC community of volunteers who reach out to our fellow citizens in need.

As a part of our SEATS (Staff Engagement And Team Spirit) Community Outreach initiative, the NC Board of Nursing staff takes giving back to the community seriously. In 2015, staff have had several successful events, including a food drive and local charity benefits.

Since 2009, the team has lead NCBON staff in reaching out to those less fortunate. In 2015, staff have served 3 times at the Food Bank of Central and Eastern North Carolina and plan to rally a large group again in December. Our most recent trip involved sorting and bagging sweet potatoes





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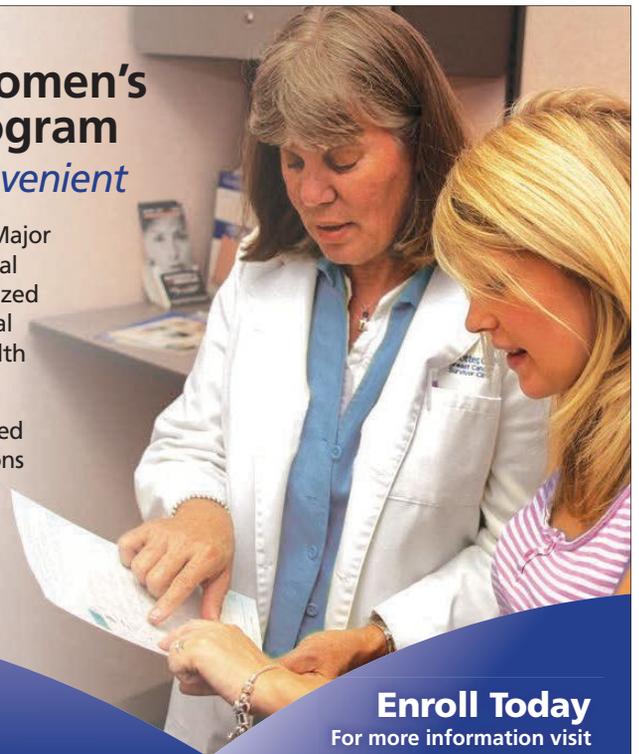
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