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SUMMER 2016 BULLETIN
NC BOARD OF NURSING
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NC BOARD OF NURSING
**NURSING
BULLETIN**

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from the **EDITOR**

One to act on, one to keep an eye on...

I want to discuss two topics in this letter. The first topic is the Board of Nursing annual election. I know there has been a lot in the news lately about elections, political parties and PAC money, but let me assure you the Board of Nursing annual election has NONE of this. What we do have are nurses, like yourselves, who are taking the time to serve on the North Carolina Board of Nursing if elected.

Service on the Board of Nursing is an important public service commitment. In the 2016 Nursing Board election, you have 3 candidates running for the APRN position, 5 candidates for the Staff nurse position and PN Educator running unopposed. Please take the time to vote. Your participation is greatly appreciated.

The second topic is the new Nurse Licensure Compact (NLC), which is on the horizon for us next year.

NC was one of the early adopters of the original NLC, which began in 1999. The NLC has worked well for nurses, employers, regulation and public safety. However, several states were reluctant to join the Compact because all states did not require federal criminal background checks and did not have uniform license requirements. Adoption of the NLC slowed, with only half the states participating by 2015.

Nursing decided to use "lessons learned" from years of experience with adoption of the NLC. National Council of State Boards of Nursing (NCSBN) convened stakeholders and discussed how to improve the compact so that all states would participate. The Enhanced Nurse Licensure Compact was designed and approved by NCSBN in May 2015.

The new compact has uniform license requirements, including authority to require federal criminal background checks. To date 10 states have passed legislation to adopt the new, enhanced compact.

It will be important for NC to update our Nursing Practice Act to adopt the new, enhanced compact language. We hope to have this on the 2017 legislative agenda and keep North Carolina nurses as mobile as desired and as accessible to patients as needed!

David Kalbacker
Editor, NC Nursing Bulletin

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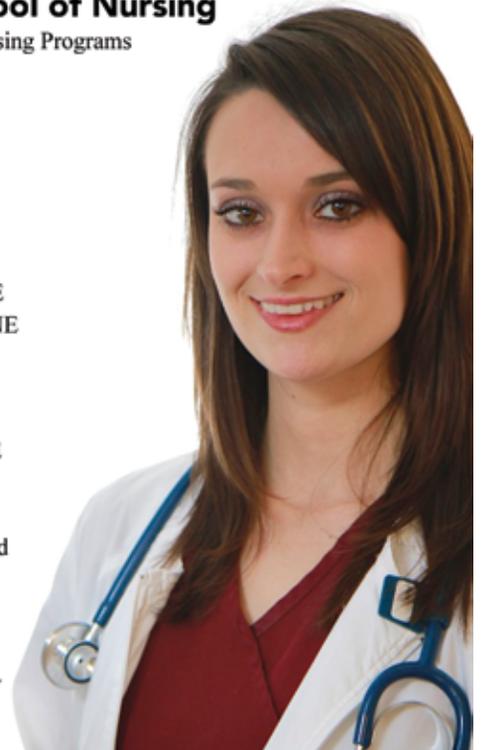
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NORTH CAROLINA NURSES VOTE 2016!

Purpose:

To provide information and instructions about nominations, qualifications, and elections for members of the North Carolina Board of Nursing.

Objective:

Discuss the privilege held by North Carolina nurses to nominate and elect the nursing members of the North Carolina Board of Nursing.

The mission of the North Carolina Board of Nursing (Board) is to protect the public through the regulation of nursing practice. Over the years, the Board has grown to license more than 147,300 nurses (125,389 registered nurses and 21,976 license practical nurses).

DO YOU KNOW

- **North Carolina licensed nurses have a privilege not held by other nurses in the United States. The North Carolina licensed nurse has the privilege to nominate, vote, and elect the nursing members to the North Carolina Board of Nursing.**
- **Elections for members of the North Carolina Board of Nursing are conducted annually. Elections are held from July 1st to August 15th.**

- **The percentage of nurses that voted in the 2015 election was 3%.**
- **Every nurse holding an active North Carolina nursing license is eligible to vote in the annual North Carolina Board of Nursing elections. Candidate positions for the 2016 NC Board of Nursing Elections of nurse members are: Nurse Educator - Practical Nurse Educator, Advanced Practice Registered Nurse, and Registered Nurse – Staff Nurse.**
- **Nurses of North Carolina can preserve their privilege to elect members to the Board of Nursing by participating in the annual elections. Nurses of North Carolina have been given a great privilege to elect the members of the Board of Nursing. This privilege is sustained through active voting by the nurses of North Carolina. VOTE!**

In the Beginning: A Brief History of the North Carolina Board of Nursing

In 1903, the North Carolina Legislature passed a law creating the Board of Nurse Examiners, later to be known as the Board of Nursing. The Bill was signed by Governor Charles Aycock and made North Carolina the first state in the nation to have a Board of Nursing and to mandate nursing registration for nurses. The first North Carolina Board of Nurse Examiners was composed of two physicians (elected by the North Carolina Medical Society) and three nurses from the North Carolina State Nurses' Association. The nurses to first serve on the newly formed Board of Nurse

Examiners were Constance E. Pfohl of Winston-Salem, Mrs. Marion H. Laurance of Raleigh, and Mary L. Wyche of Durham.

North Carolina is the only state in the nation in which the nurses have the privilege to nominate and elect nursing members to the Board. Eleven of the 14 Board of Nursing members are nurses and are elected by nurses holding a valid North Carolina nursing license. Participating in the election of Board members enables nurses to pro-actively and significantly influence the decisions and directions of nursing practice in North Carolina.

Composition of the Board of Nursing

The Board of Nursing consists of 14 members composed of eight elected registered nurses; three elected licensed practical nurses; and three public members appointed, one by the Governor and two by the General Assembly. Members of the Board serve a four-year term. The four-year terms are staggered so that vacancies are consistently filled while maintaining a Board of experienced members. A Board member may not serve on the Board for more than two consecutive four-year terms or eight consecutive years.

Qualifications of Members Elected to the Board of Nursing

Elected Board members are composed of eight registered nurses and three licensed practical nurses. The minimum employment requirement for each registered nurse and licensed practical nurse on the Board is continuous employment equal to or greater than fifty percent (50%) of a full-time position.

The qualifications for each registered nurse position are:

- Nurse administrator (1 position) – is



employed by a hospital or a hospital system, has accountability for the administration of nursing services, and is not directly involved in patient care;

- Advanced Practice Registered Nurse (APRN) (1 position) – meets the requirements to practice as a certified registered nurse anesthetist, a certified nurse midwife, a clinical nurse specialist, or a nurse practitioner;
- Staff nurses (2 positions) – individuals primarily involved in direct patient care regardless of the practice setting;
- At-large registered nurse (1 position) – registered nurse that is not currently an educator in a nursing program that leads to licensure or granting a degree;
- Nurse Educators (3 positions): must meet the minimum education requirements established by the Board's education program standards for nurse faculty. The positions are:

- o Practical nurse educator (1 position)
- o Associate degree or diploma nurse educator (1 position)
- o Baccalaureate or higher degree nurse educator (1 position)

- Hold a current, unencumbered license to practice as a registered nurse in North Carolina and be a resident of North Carolina;
- Have a minimum of five years of experience as a registered nurse;
- 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; and
- Provide evidence that the registered nurse's employer is aware of the nurse's intentions to serve on the Board.

The APRN member (nurse practitioner, certified registered nurse anesthetist, certified nurse midwife, or clinical nurse specialist) is a registered nurse that:

- Graduated from or completed a graduate level advanced practice nursing education program accredited by a national accrediting body,
- Maintains current certification or recertification by a national credentialing body approved by the Board or meets

other requirements established by rules adopted by the Board, and

- Practices in a manner consistent with rules adopted by the Board and other applicable law.

The qualifications for the three licensed practical nurse positions are:

- Hold a current, unencumbered license to practice as a licensed practical nurse in North Carolina and be a resident of North Carolina;
- Have a minimum of five years of experience as a licensed practical nurse;
- Have been engaged continuously in the position of a licensed practical nurse for at least three years immediately preceding election; and
- Provide evidence that the employer of the licensed practical nurse is aware that the nurse intends to serve on the Board.

Powers and Duties of the Board of Nursing [G.S. 90-171.23]

The North Carolina Board of Nursing is charged by General Statute to hold at least two meetings each year for the transaction of business. The Board meets three (3) times per year in the following months: January, May, and September. Board meetings are open to the public and attendance is encouraged. The duties and responsibilities empowered to the Board by the Nursing Practice Act (NPA) are:

- Administer and issue interpretations of the NPA.
- Adopt, amend, or repeal rules and regulation necessary to implement the NPA.
- Establish qualifications and employ an executive officer who shall be a registered nurse and who is not a member of the elected Board.
- Employ other personnel to implement the NPA.
- Examine, license, and renew the licenses of duly qualified applicants for nursing licensure.
- Investigate and take appropriate disciplinary action for all persons violating the NPA.
- Establish standards for nursing education programs; to include standards to be met by students, faculty, curricula,

facilities, resources, and administration of the programs.

- Grant or deny approval for nursing programs, and review all nursing education programs at least every eight years or more often as necessary.
- Grant or deny approval of continuing education programs for nurses.
- Maintain records of all proceedings and provide an annual summary of actions.
- Appoint as necessary, advisory committees to deal with any issue under study.
- Appoint and maintain a subcommittee of the Board to work jointly with the subcommittee of the Board of Medical Examiners to develop rules and regulations to govern the performance of medical acts by registered nurses.
- Recommend and collect fees for licensure, renewals, examinations, and re-examinations.
- Implement the interstate compacts to facilitate the practice and regulation of nursing.
- Establish and provide programs for aiding in the recovery and rehabilitation of nurses who experience chemical addiction or abuse, or mental or physical disabilities.
- Request criminal background checks for applicants applying for licensure.
- Implement and regulate continuing competence in the practice of nursing at the time of license renewal or reinstatement.
- Order the production of any records concerning the practice of nursing relevant to a complaint received, an inquiry, or investigation by the NCBON.

Elections of Board of Nursing Members

Elections for Board members are held annually by the Board to fill vacancies of nurse members for the upcoming year. Nominations for candidates for election (RN and LPN) to the Board member vacancies are submitted to the Board annually between January 1st and April 1st:

- Candidates nominated for election of registered nurse members would need to submit the written petition of nomination (available from the Board) along with at least 10 registered nurses' signatures endorsing the nomination.

The endorsing registered nurses must be eligible to vote in the election.

- Candidates nominated for election of licensed practical nurse members would need to submit a written petition of nomination (available from the Board) along with at least 10 licensed practical nurses' signatures endorsing the nomination. The licensed practical nurses must be eligible to vote in the election.
- Eligibility requirements for voting for Board members are:
 - Registered nurses with an active North Carolina license are eligible to vote in the election of the registered nurse Board members.
 - Licensed practical nurses with an active North Carolina license are eligible to vote in the election of the licensed practical nurse Board members.
- Appointments of public Board members are: one by the Governor and two by the General Assembly.

Perspectives from Former Board Members

Gene Tranbarger, EdD, RN, MSN, FAAN, served in a registered nurse position as a member of the Board from 1979 to 1986 and provides a perspective of his service.

In the 1970's appointment to the Board of Nursing was by the Governor. The only qualification required for appointment was a current, unrestricted license to practice nursing in North Carolina as a Registered Nurse or Licensed Practical Nurse. The Governor also appointed two physicians licensed to practice in North Carolina and two Hospital Administrators.

The Task-force of nurse leaders charged with rewriting the practice act determined the need for additional numbers of nurses due to a significant increase in the work demanded of the nurse members. In those days, the nurse members of the Board administered the licensure examinations and the Joint Sub-Committee of the Board of Medical Examiners and Board of Nursing reviewed applications for approval of Nurse Practitioners and their supervising Physician. Additionally it was felt that it would be useful to have nurses with a variety of nursing expertise to strengthen the Boards regulation of practice.

Conversations between the Governor and

a representative of the Task-force indicated the Governor was not supportive of listing multiple qualifications for appointment to Boards. Discussion by the Task-force led eventually to a decision to change appointment by the Governor to election by individuals licensed to practice as registered nurses in NC for the RN members and by individuals licensed to practice as LPNs for the LPN members. The general wisdom was the election versus governor appointment could be used as a bargaining chip to succeed in writing in qualifications for appointment to the Board.

No one in the Governor's Office challenged the election and the qualifications and increased numbers of RN members of the Board was agreed to, written into the draft of the Act and adopted by the General Assembly.

The draft of the Practice Act established a transition period of four years. Each year an election would be held and one fourth of the existing Board would be replaced by the elected members. This would allow for transition to the new Board while continuing to have experienced members of the Board remain to assure continuing expertise during the transition period. Non-nurse stakeholders objected to the transition plan and demanded a total Board replacement by the first election. This was drafted into the Act and passed the General Assembly.

North Carolina has now had an elected Board since 1980 and remains the only Board of Nursing in the United States where licensees elect the members of the Board. The election process is not inexpensive and participation in the election is not impressive. Most individuals motivated to serve on the Board of Nursing over the years have served the Board with distinction. The Board of Nursing has continued to demonstrate excellence in regulating nursing practice. The public has been well-served by an elected Board. Our responsibility is to continue to demand excellence by monitoring the election process and vot-

ing for the best qualified candidates.

Patricia A Beverage, LPN served as a licensed practical nurse member on the NCBON from 1996 to 2001 and shares her perspective.

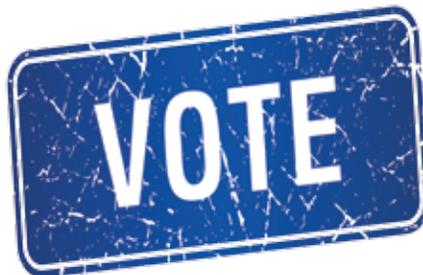
I have recently retired after serving as a Licensed Practical Nurse for 41 years. As most new retirees do, I reflect on my professional experiences, and look forward to the future. Beyond working with the many patients, I can honestly say that being an active North Carolina Board member was especially rewarding. There was so much to learn about the process of regulation, education and practice of our profession. During my two terms I participated in numerous hearings keeping the goal of protecting the public foremost, while maintaining compassion for the licensees who appeared before the Board. In addition, as a Board member I was afforded the opportunity to travel and was privileged to meet others in the nursing profession on a state and national level.

We are so privileged to be able to vote for the representatives on our Nursing Board. I believe it gives nurses genuine input into regulating our own profession, as opposed to outsiders telling us what needs to be done. In North Carolina the Board is independent, as opposed to an "umbrella" agency. This independence allows Board members and staff opportunities to research many topics to improve nursing not only for those in practice, but for those we care for.

I cannot encourage NC nurses enough to take the time to serve on their Board of Nursing. The privilege of being able to vote for that representation should be exercised by ALL RNs and LPNs in this state. It is comparable to political voting, if you don't vote, then your voice is not heard.

I want to take this opportunity to thank the many nurses who voted for me during my two terms on the Board. They made it possible for me to serve all the citizens of North Carolina in a very meaningful way. I am also indebted to NC Board Executive Directors Carol Osman and Polly Johnson and to the Board staff for the guidance and friendship they extended to me during my tenure.

In closing, not only do I recommend that each licensed nurse vote in North Carolina, but I also recommend that you consider running for the Board yourself should you have inclination. I can't help but think that you will find it a most rewarding experience.



A NURSING PRIVILEGE

The opportunity to elect nursing members to the Board of Nursing is a privilege held by nurses of the state of North Carolina. In the words of former Board member, Patricia Beverage, LPN "... not only do I recommend that each licensed nurse vote in North Carolina, but I also recommend that you consider running for the Board yourself should you have inclination. I can't help but think that you will find it a most rewarding experience." VOTE July 1 – August 15th, 2016!

Instructions for Voting

Voting begins July 1, 2016 and continues to August 15, 2016 at midnight



NC

Voting for Board members is as easy as a clicking a computer mouse. Vote online from any location via computer, 24 hours a day, 7 days a week!

Vote with or without Receiving Continuing Education Credit

Steps for voting are:

- Have available your nursing license number and year of birth
 - An easy way to obtain your license number is to verify it on-line at the NCBON website www.ncbon.com, select "Verify License" and enter your name or social security number.
- Access the NCBON website if not already done so at www.ncbon.com
- On the Homepage, click on the vote logo under Information Spotlight.
- Then follow the instructions as indicated.
- You will have two options:
 1. Vote and receive Continuing Education Contact Hours (See EARN CE CREDIT below for instructions), or
 2. Vote without Receiving Continuing Education Credit.
- Follow the instructions on the appropriate link.

EARN CE CREDIT - "NORTH CAROLINA NURSES VOTE in 2016!" (2 CH)

INSTRUCTIONS

Read the article. There is not a test requirement, although reading for comprehension and self-assessment of knowledge is encouraged.

RECEIVE CONTACT HOUR CERTIFICATE

Go to www.ncbon.com and scroll over "Nursing Education"; under "Continuing Education" select "Board Sponsored Bulletin Offerings," scroll down to the link, NORTH CAROLINA NURSES VOTE in 2016!

Register, be sure to write down your confirmation number, complete and submit the evaluation, and print your certificate immediately.

If you experience issues with printing your CE certificate, please email practice@ncbon.com. In the email, please provide your full name and the name of the CE offering (North Carolina Nurses Vote in 2016).

Registration deadline is 8-15-2016.

PROVIDER ACCREDITATION

The North Carolina Board of Nursing will award 2.0 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 "NORTH CAROLINA NURSES VOTE in 2016!"

Participants must read the CE article 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 Board invites you to take the opportunity to learn more about the candidates nominated for the upcoming Board member nominations. The candidates' positions on nursing issues are provided with biographical information and a brief interview with each of the candidates. **Voting begins July 1, 2016 and continues to August 15, 2016 at midnight**

SLATE OF CANDIDATES

Candidates



Candidate	Sharon Moore	Victoria Pollucci	Glenda Parker	Kathy Daley
	PN – Educator	APRN	APRN	APRN
Biographical	<p>I graduated from UNC-Greensboro with a BSN in 1982 and a MSN-Education from UNC-Charlotte in 2011. I have 32 years of experience in acute care as a staff nurse and head nurse. In 1992, I became adjunct faculty with the ADN program at Forsyth Technical Community College as a clinical and lab instructor. I joined the Practical Nursing program at Forsyth Tech in 1999 as full time faculty. I have been the Department Chair for Practical Nursing for 11 years. I am a member of the NC Council of Practical Nurse Educators and the NC League for Nursing.</p>	<p>I am a master's prepared Acute Care Nurse Practitioner working in oncology at the Duke Cancer Center in Raleigh. I received my Master's Degree from Duke University and I am currently pursuing a PhD in Educational Leadership for Health Professionals with a goal of completion by 2017. My research focus is in communication and hope for terminally ill patients. In my 23-year career, I have worked predominantly in the ICU/Critical Care setting until becoming a Nurse Practitioner in Oncology. I have held positions as a Nurse Manager and most recently Advanced Practice Lead for Outpatient Neurology.</p>	<p>I received my diploma in nursing from Cabarrus Memorial Hospital School of Nursing, my baccalaureate from Wingate University and my Master of Science/Family Nurse Practitioner from UNC Charlotte. I worked at Cabarrus Memorial Hospital/North Medical Center for 31 years on various units: medical surgical, ICU, surgery with cross training to pre-op/post-op care with CNOR certification, cardiovascular surgery and nursing/surgical technology faculty. I have also worked for Cabarrus Family Medicine Urgent Care and William Hefner VA Medical Center in acute psychiatry. I am currently a Family Nurse Practitioner in retail healthcare for Minute Clinic and nursing instructor at Cabarrus College of Health Sciences/Carolinas Healthcare System. I am a member of NCNA, AANP, NLN and Sigma Theta Tau.</p>	<p>I earned my diploma from Presbyterian Hospital School of Nursing (1979), BSN from UNC Charlotte (1983), MNS from University of Phoenix (2004), and a Post-Masters Clinical Nurse Specialist Certificate from East Carolina University (2014). I hold certifications as a ACNS-BC, CCRN-CMC-CSC, and CPAN. I have been a staff nurse, preceptor, mentor in the PACU and critical care units at Presbyterian Hospital and Missions Hospitals. At Mission Hospitals, I also held the position of CNS for CV Surgery and Research. Since 2010, I have been the Critical Care and Procedural Care CNS at the Charles George VAMC in Asheville, NC.</p>



Candidate	Lakisha McDonald	Jan'e Powell Muriithi	Patricia Mahaley	Clarissa Autumn Hickman	Lisa Hallman
	Staff Nurse	Staff Nurse	Staff Nurse	Staff Nurse	Staff Nurse
Biographical	<p>I am a wife, mother and a Nurse. Central Piedmont Community College (RN) and Winston-Salem State University (RN-BSN program) provided a great foundation that has led to this place in my 13-year career. The passion I have for this profession seeps from my pores. Being currently employed as a Travel Nurse for Carolinas Healthcare System and Cirrus Medical Staffing has provided amazing opportunities for education and growth. I have worked multiple healthcare areas to include Medical/Surgical, Neurology, Trauma, Oncology, Orthopedics and Clinical Quality Improvement. Serving my colleagues across the State would be an amazing honor and a privilege.</p>	<p>My name is Jan'e Muriithi. I am a Mother/Baby Nurse and I work at Duke Regional Hospital as a Clinical Team Lead for my unit. I graduated from Watts School of Nursing with a diploma in nursing and UNC-Chapel Hill with a BSN. I have been a nurse since 2008. I started in the Mother/Baby Unit and I have been there for 8 years. I love teaching new parents about their new babies and helping them get ready to take care of themselves and their babies at home. I teach a postpartum/newborn class to new parents in my spare time.</p>	<p>I graduated from Rowan Hospital School of Nursing in Salisbury with a diploma. I spent the next 38 years at Rowan enjoying different genres. Interacting with patients is my preference. I worked OB and nursery, med-surg, ICU, CCU, PACU (with a short time as nurse manager), IR and cardiac cath lab. In 1994 I graduated from WSSU with a BSN degree. For the last 8 years I have functioned as a staff nurse in the Imaging Department at WFBH-Lexington Medical Center. My responsibilities include conscious sedation, insertion of PICC lines, assisting and monitoring radiology patients for procedures, and cardiac stress testing.</p>	<p>I earned my Associate's Degree in nursing from Midlands Technical College in West Columbia, SC. I began my career with Lexington Medical Center where I initially completed a critical care internship then transitioned to the intensive care unit. I obtained my ACLS and PALS certifications in addition to serving on various departmental and hospital-wide committees. I have gained experience in the endoscopy field where I earned my gastroenterology certification. I have also served as office infusion nurse in endocrinology and rheumatology office practices. Currently, I serve as a staff nurse in Medical Oncology at CHS Blue Ridge – Valdese Cancer Center.</p>	<p>I have been a registered nurse for twenty-one years and have recently obtained my BSN. I plan on pursuing an MSN with certification as a psychiatric nurse practitioner. I am currently working as a nurse manager at Johnston Correctional Institution with the Department of Public Safety. I've been with NCDPS for six years. It was my first job in North Carolina. I came here as a travel nurse and loved it so much that I decided to make Raleigh my home. I am originally from Pennsylvania and have worked in mental health, pediatrics and corrections most of my career. I have held various positions from staff nurse to Director of Nursing.</p>

Candidate	Sharon Moore	Victoria Pollucci	Glenda Parker	Kathy Daley
	PN – Educator	APRN	APRN	APRN
I would like to serve on the North Carolina Board of Nursing because...	It would be an honor to serve the citizens of NC as a representative on the BON. Serving on the Board for the last 4 years has been a rewarding experience that I hope to continue for another term. I bring to the position years of experience and a passion for excellence in nursing practice.	My experience has made me passionate about the profession of nursing. As I pursue my PhD, I look forward to the day that I may impact the next generation of nursing by providing the support, education and mentorship needed to empower them to new heights. This position as representative for the Advanced Practice role will provide me the opportunity to make a difference at a state level.	I have always had a desire for knowledge, a passion for nursing and an interest in healthcare trends. At this time, transformation in nursing education and practice are necessary to meet emerging healthcare needs. I see it as a great opportunity to partner with other board members to promote the necessary changes in nursing and education to advance overall public health.	It would be an honor and privilege to serve North Carolina in this capacity. This is an exciting time in advanced practice nursing; as roles evolve and the scope of practices defines for all APRNs to have the ability to practice to the full scope of their educational training. With over 36 years of nursing experience, this is the perfect opportunity for me to give back to the profession I love.
What do I have to offer the public of North Carolina if I am elected to the Board of Nursing?	In my practice as both a staff nurse and educator, I have always promoted the role of the nurse as a patient advocate. My experience as a bedside nurse, manager and educator has provided me with an understanding of the attributes of safe and competent nursing practice that will facilitate my understanding of practice issues and guide me in the decision making process.	As a seasoned professional I have worked in various settings from a nursing home/subacute hospital to a large metropolitan trauma center and now as an Advanced Practice provide to terminal cancer patients. This has afforded me an understanding of patient needs in many different areas of healthcare. I have mentored many new nurses and nurse practitioners which has allowed me to be aware of what is needed to support our nurses as their education and experience grows.	A comprehensive background in nursing and education upon which public safety has always been the priority. I work for Minute Clinic which is a division of CVS Health, which is the largest pharmacy health care provider in the United States. Our purpose is to help people on a path to better health. I also work Carolinas Healthcare System which is one of the nation's leading and most innovative healthcare organizations. I have learned through innovation and collaboration, that a small group of thoughtful, committed citizens can change things.	I offer my enthusiasm, integrity and devotion to nursing to serve North Carolina as an advanced practice nurse. I will utilize my years of nursing experience in North Carolina to promote the standards of professional nursing practice that is "best" practice. I challenge the mindset of "that's the way we have always done it". I support and practice high quality care by promoting evidence based practices.
How do you think you can enhance public protection through your actions on the Board of Nursing?	I embrace the responsibility of enhancement of public safety through my role in decision making regarding disciplinary actions and activities that involve education and practice rules. In all decisions as a member of the board, public safety is our primary concern.	I believe the NCBON Members need to consist of experienced dedicated professionals whose mission is to promote safe, best practices in an evidence based fashion for all nurses practicing in the State of North Carolina. I see my role as a defender of the rights of our patients to receive quality nursing care with the strength, education and commitment that comes from the nurses we want to represent our state.	The core value of my entire nursing career has been patient advocacy and adherence to a higher standard of care. I always taught my nursing students to take care of people in the way that they would want to be taken care of and to be aware of complacency in their nursing career. I will continue to stick to my core values and utilize my vast experience to enhance public safety through my responsibilities as a board member.	Reducing health inequities is a priority, and serving the American Veteran has enhanced my awareness of disparities in access to health care. My experience will help bring attention to these issues. The importance of professional accountability in the delivery of safe, competent nursing care for all is paramount. As a clinical nurse specialist, I will use the knowledge I have gained through my practice to move forward the agenda of improving outcomes.

Candidate	Lakisha McDonald	Jan'e Powell Muriithi	Patricia Mahaley	Clarissa Autumn Hickman	Lisa Hallman
	Staff Nurse	Staff Nurse	Staff Nurse	Staff Nurse	Staff Nurse
I would like to serve on the North Carolina Board of Nursing because...	The changes in healthcare that are on the horizon will absolutely require that our nursing voices be heard. I would like to be a part of the body and voice of my colleagues.	I would like to serve on the NCBON because I want to give back to the field of nursing. We owe it to our field to be involved and to encourage our comrades. I feel having this position will be a great start.	I would like to be a part of the team that leads us to the level of professionalism that I believe we can achieve. I'm proud of the profession which I have chosen and I want others in our profession to feel the same. I have seen many changes in my 46 years of nursing. Change is inevitable. I would like to help shape the future of nursing.	I would like to experience how the Board of Nursing functions in order to gain an insight into the governing body of the nursing profession of which I am a part. I desire this growth professionally and feel that immersing myself in different areas will help to give me broader understanding and appreciation, as the public may see, of nursing.	I strongly believe that nurses have a voice. I feel it is not only my duty as a nurse to serve my fellow nurses, but it is also a privilege.
What do I have to offer the public of North Carolina if I am elected to the Board of Nursing	A sincere, compassionate, non-biased and open-minded view from the staff nurse's perspective. I take a daily walk in the staff nurse's shoes, providing direct patient care. To truly be on the front line could afford valuable insight for a holistic approach to care across the continuum.	I am very dedicated to anything I am involved in, and I can be counted on to follow through on all my commitments. I am also known for being fair and making sure everyone's situations are understood.	Basically experience. Education is one of the best ways to have patients participating in their own care. Nurses teach on a daily basis. As a "Great 100" nurse from NC, I believe the public sees nurses that are recognized as someone that cares about their health and nurses that care about being a great nurse.	I offer the public of North Carolina my honesty, integrity and desire to uphold a certain trust of the profession of a registered nurse. I can accomplish this by listening to the questions and concerns of the public, serving as a vessel in order to bring the issues to the NC Board of Nursing and provide feedback.	My 21 years of nursing experience, coupled with my recent BSN have shaped me into a nurse that is proud of the profession. My passion for nursing has been re-ignited and I am excited to be a part of an ever-evolving field.
How do you think you can enhance public protection through your actions on the Board of Nursing?	Be ensuring patient safety is truly a priority.	I think I can enhance public protection through my actions on the BON by helping others to understand the scopes of practice of each position governed by the Board of Nursing. A lot of times this can get confusing by what facility we work in and it would be good to have someone like me to help navigate it.	By ensuring that licensed nurses in NC are competent to safely practice nursing, we are protecting and promoting the basic health of our patients. Nurses that are certified in their area of expertise show the public that we care about what we do. I have been a nationally certified CPAN for 27 years.	I can enhance public protection by bringing first-hand experience from over 17 years as a staff nurse. I have interacted and heard directly from the patients and families. I can enhance public protection through further education of myself, diligent participation on the Board of Nursing, and sharing gained knowledge and education with other nurses in order to put in effect the process necessary to protect all.	My various experiences as a nurse have helped me to see things from many different perspectives. I have become very well rounded in my profession and believe in fairness and equality while maintaining the integrity of nursing.

Candidate	Sharon Moore	Victoria Pollucci	Glenda Parker	Kathy Daley
	PN – Educator	APRN	APRN	APRN
How will the experience you have had as a nurse contribute to the Board's work?	I have a total of 34 years of nursing practice, 32 years in direct patient care and 17 years as an educator. I will use these years of experience to guide me in understanding the needs of nurses and the public to provide/receive the best nursing care in a variety of care settings.	My 23 years of experience as a nurse offers the Board personal insight into various aspects of nursing from AD to BSN to MSN/ NP roles. This in turn can aide informed decision-making. I have worked in multiple different areas of healthcare from long-term care to critical-care and now to outpatient as a provider. I have care for patients at all levels of healthcare and illness and pride myself in my ability to provide good nursing care.	I have multifaceted nursing career in overall clinical practice education and health promotion and an understanding of healthcare delivery from the ground up. I have developed practice standards, participated in the accreditation of educational programs, maintained multiple licensure and I care. I currently work for a company that has utilized nurses to transform healthcare delivery and is committed to advancement of overall health. I believe that I have insight into the Board of Nursing responsibilities.	I started my career as a diploma nurse and have been a CNS for the last 12 years. I offer a broad spectrum of knowledge and experiences that will help me make useful contributions to the Board regarding our profession and practice. I have been actively involved in specialty professional nursing organizations such as ASPAN, AACN, NACNS and NOVA on a national, state and local level.
Some perceive nursing as a job and others perceive it as a profession. How do you perceive nursing and why?	Nursing is a profession made up of individuals who have received a specialized education in planning and delivering care to individuals, families and communities. Our practice is guided by research, critical thinking and judgements in order to provide the highest level of patient care. As a profession we abide by a code of ethics and practice standards that demonstrate our commitment to excellent care.	I look at a “job” as task oriented, short term, for the end result of a paycheck. Nursing, on the contrary, is a profession. It involves high quality education, critical thinking and reflection, dedication to the well-being of others not just yourself. It requires advocacy and commitment. It also requires lifelong learning and the desire to work collaboratively with multiple other professionals all with the goal of safe and effective patient care.	Professionals are governed by professional bodies therefore nursing is a profession. The Nurse Practice Act governs the practice of nursing in every state enforced by each states nursing board. I perceive nursing as a profession based on the art of caring. To be a nurse, it takes intelligence, commitment and compassion to care for people.	Nursing is more than a profession; it is my life’s “calling”. Throughout my career, I have sought out specialized education and training to validate my practice, not only with my “professional licensure”, but with nationally recognized certifications. My ideals, ethical and practice standards have fortified my practice to empower me to be the best nurse that I can be. I am proud to be a member of the nursing profession!

SLATE OF CANDIDATES

Candidates



Candidate	Lakisha McDonald	Jan’e Powell Muriithi	Patricia Mahaley	Clarissa Autumn Hickman	Lisa Hallman
	Staff Nurse	Staff Nurse	Staff Nurse	Staff Nurse	Staff Nurse
How will the experience you have had as a nurse contribute to the Board’s work?	As a travel nurse I’ve worked within Healthcare Systems across the state. This experience may help to shed light on processes that can be shared and will promote patient safety.	The experience I have had as a nurse will contribute to the Board’s work when it comes to OB/GYN nursing. I can use my expertise in this field of nursing to help with any situations that arise.	I have learned many skills while working in different areas of the hospital. Each area requires a specific set of standards. With new areas come more education and a new learning curve. I have taught BLS, ACLS, and PALS for many years- these classes change also with each new research study. I believe that all of our experiences contribute to the professionalism of each nurse.	My experience will contribute to the Board’s work because I have been immersed in the interactions of patients for many years. I have a genuine desire to bring the public’s concerns and experiences to the forefront in order to assist the continued growth of the relationship between the nursing profession and the public.	I have worked in many levels of nursing, from the frontline to administration. I’ve been the new nurse and I’ve been the seasoned nurse. I’ve had the privilege of working around many influential people who have helped me become the nurse I am today. I feel I am a fair representation of where nursing has come from, what it is today, and the direction it is headed in the future.
Some perceive nursing as a job and others perceive it as a profession. How do you perceive nursing and why?	Nursing is my profession. A job is simply work. A profession is that which is done with purpose and passion.	I perceive nursing as a profession. A job is a place with no opportunity or growth. In the field of nursing the possibilities are endless. I feel I could work in a different entity of nursing every day and still learn something new every day. If you are willing to put the work in, nursing can take you anywhere you want to go in life.	I definitely believe nursing to be a profession. A profession allows you to grow within yourself and the work you are doing. This growth comes from the education and skill development which nurses must achieve to do their best work. The professional knows that “caring” must come from the heart or it’s just a “job”.	I perceive nursing as a profession because it embodies the very essence of humanity. This essence I believe to be is the desire to be cared for, loved and shown guidance. I perceive nursing as a profession because I am a nurse. It is not what I am but who I am. My care comes from the heart.	Nursing is an honorable profession, definitely not “just a job”. I feel our profession is based on compassion and integrity, two crucial components to a well-functioning society.



**NORTH CAROLINA BOARD
of Nursing Calendar**

Board Meeting:
September 22 – 23, 2016

Administrative Hearings:
July 21, 2016
September 22, 2016

Education/Practice Committee:
August 3, 2016

Hearing Committee:
August 25, 2016

Licensure Review Panels:
July 14, 2016
September 8, 2016
October 13, 2016

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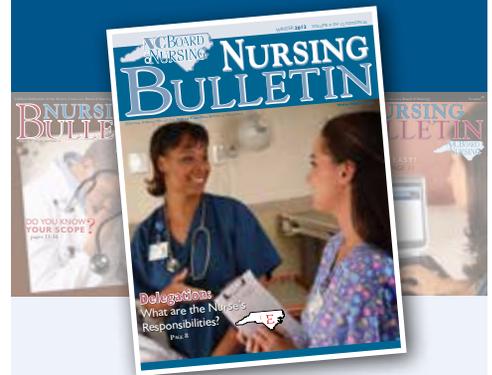
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SUMMARY of ACTIVITIES

Administrative Matters:

- Approved the proposed fiscal year 2016-2017 budget and designation of funds
- Approved 21 NCAC 36 .0815 Reporting Criteria (Effective April 1, 2016)
In accordance with Session Law 2013-152 Section 3, the Board adopted 21 NCAC 36 .0815 Reporting Criteria.

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 MMEs 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.

History Note:

Authority G.S. 90-113.74;
Eff. April 1, 2016.

- Approved Policy for the Use of Opiates for the Treatment of Pain. Policy available on the NC Board of Nursing website at the following link: <http://www.ncbon.com/myfiles/downloads/use-of-opiates-policy.pdf>
- Approved proposed revisions to the following Rules and directed staff to proceed with rulemaking:
 - o 21 NCAC 36 .0120 Definitions
 - o 21 NCAC 36 .0302 Establishment of a Nursing Program – Initial Approval
 - o 21 NCAC 36 .0303 Existing Nursing Program
 - o 21 NCAC 36 .0309 Process for Closure of a Program
 - o 21 NCAC 36 .0317 Administration
 - o 21 NCAC 36 .0318 Faculty
 - o 21 NCAC 36 .0320 Students
 - o 21 NCAC 36 .0321 Curriculum
 - o 21 NCAC 36 .0322 Facilities
 - o 21 NCAC 36 .0323 Records and Reports

Proposed revisions to Rules available on the NC Board of Nursing website at the following link: <http://www.ncbon.com/dcp/i/laws-rules-administrative-code-rules-proposed-rules>

Regulatory Compliance Matters

Received reports and Granted Absolutions to 2 RNs and 0 LPNs.
Removed probation from the license of 14 RNs and 3 LPNs.
Accepted the Voluntary Surrender from 10 RNs and 1 LPNs.
Suspended the license of 19 RNs and 4 LPNs.
Reinstated the license of 0 RNs and 0 LPNs.
Number of Participants in the Alternative Program for Chemical Dependency: 150 RNs and 10 LPNs (Total = 160)
Number of Participants in the Chemical Dependency Program (CDDP): 96 RNs, 10 LPNs (Total = 106)
Number of Participants in Illicit Drug and Alcohol/Intervention Program: 33 RNs, 15 LPNs (Total = 48)

Education Matters

Initial Approval Status

- 1) Northeastern University, Charlotte --- ABSN

Initial to Full Approval Status

- 1) ECPI, Charlotte --- ADN

Ratification of Full Approval Status

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

Ratification of Expansion

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

ACEN Accreditation Decision

- 1) Gardner-Webb University, (Master’s) Boiling Springs
- 2) Mitchell Community College, Statesville --- ADN
- 3) Davidson County Community College, Lexington --- ADN
- 4) Wingate University, Wingate --- BSN
- 5) Catawba Valley Community College, Hickory – ADN

Practice Matters

Approved Telehealth/Telenursing Position Statement
Approved Distance Education Position Statement
Revised Complementary Therapies Position Statement
Revised Staffing and Patient/Client Safety Position Statement

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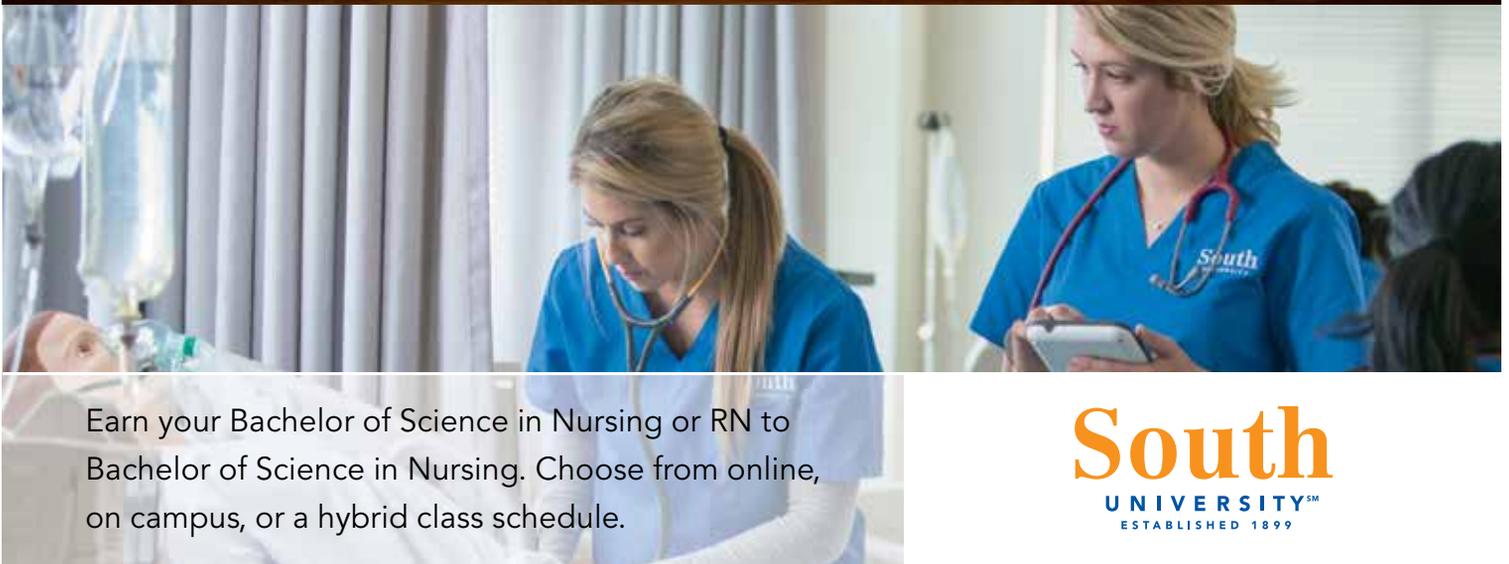
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Distance Education Position Statement

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

Definitions:

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

Guidelines for DE in Prelicensure Nursing Programs:

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

References

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



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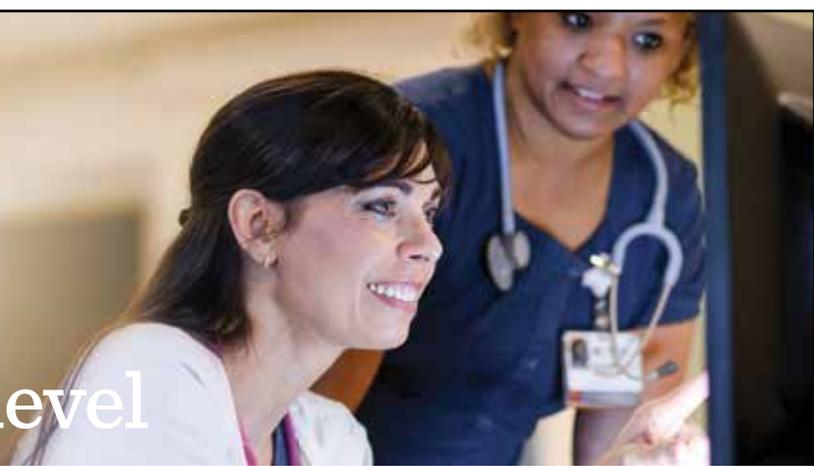
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Questions re: Online Bulletin Articles or Orientation Sessions?

Contact: Paulette Hampton
919-782-3211 ext. 244
paulette@ncbon.com

For Webcasts see bottom of columns for contact info.

Online Bulletin Articles

Development of Sanctioning Guidelines for Public Discipline in Nursing Regulation: The North Carolina Board of Nursing Journey (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)
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Social Networking and Nurses (1 CH)
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Questions:
Pamela Trantham
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pamela@ncbon.com

PODCAST

Continuing Competence Requirements

<http://www.ncbon.com/dcp/i/news-resources-podcasts>
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Session Dates

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- **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.

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STAFFING and PATIENT SAFETY

Position Statement for RN and LPN Practice

Introduction:

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

Issue: EXTENDED WORK HOURS

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



through the following interpretation of nursing law and rules.

RN & LPN Role:

1. Inherent in the mandate to accept only those assignments that the licensed nurse is safe and competent to perform is the expectation that the licensed nurse will not accept any assignment for which she/he may be unsafe due to lack of sleep, fatigue, or prolonged work hours.
2. Nursing law and rules mandate that the RN manager/administrator is accountable for assessing the capabilities of personnel in relation to client need and plan of nursing care, prior to assigning nursing activities, to assure personnel are qualified to

assume such responsibilities and to perform such functions.

3. It is imperative that licensed nurses and RN managers/administrators give thoughtful consideration to the evidence that extended work hours may adversely impact client safety and carefully consider safety to practice prior to giving or accepting an assignment.
4. Cumulative work hours resulting from multiple work commitments or from scheduled work hours in combination with actual hours worked while fulfilling "on-call" assignments must be considered carefully by licensed nurses and RN managers/administrators.
5. Based on existing evidence, caution should be exercised whenever an assignment is expected to exceed 12 hours in a 24 hour time period or 60 hours in a 7-day time period.

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

Issue: SHORT STAFFING

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

- a. acquiring additional or a different mix of staff;
- b. negotiating "periodic" assistance from the immediate supervisor or another staff member for delivery of specific



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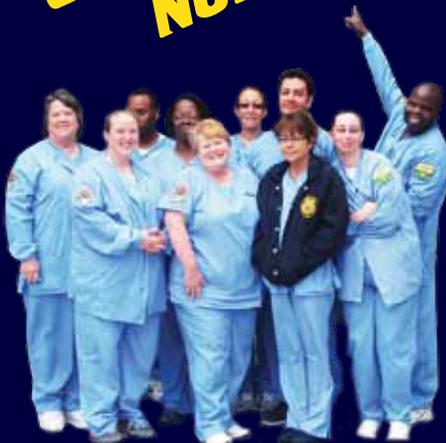
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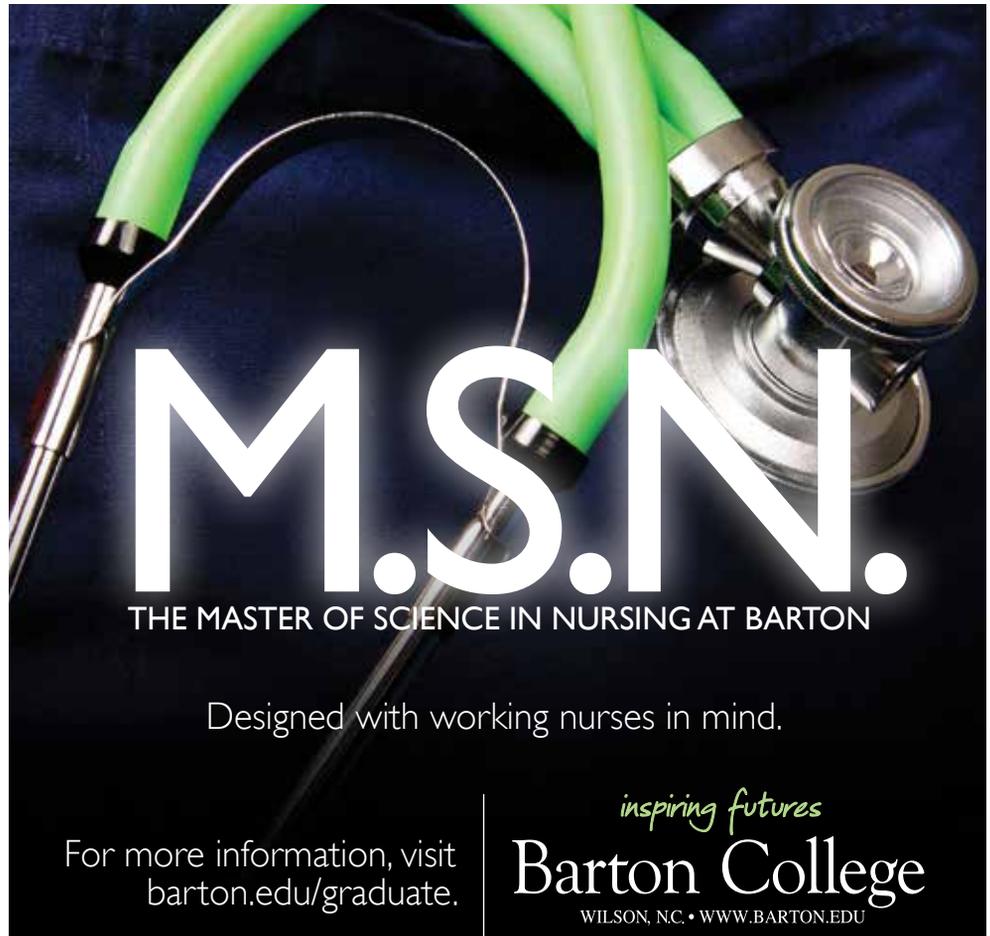


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- client care activities;
- c. prioritizing the client care activities that will be delivered during that shift or tour of duty; and/or,
- d. notifying other health care providers regarding the limitations in providing optimal care during periods of understaffing.

RN & LPN Role:

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

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

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

1. If a nurse has agreed to extend his/her hours of duty due to short staffing, but has informed the RN manager/administrator of a limit to the extra hours they will work, the RN manager/administrator is responsible to provide a nurse who can accept the report and

- responsibility for the clients from the over-time nurse at the agreed-upon time.
- 2. If a replacement nurse cannot be found, the RN manager/administrator is responsible for providing the coverage.
- 3. Failure of the RN manager/administrator to respond to calls from the nurse on duty does not alleviate her/him of responsibility for providing coverage or of the accountability for the care of the clients.
- 4. Nursing laws and rules require that the RN manager/administrator assess the capabilities and competence of any nurse before assigning client care responsibilities to her/him. When the RN manager/administrator has or should have reason to believe that the licensed nurse is impaired due to physical (including illness, fatigue, and sleep deprivation) or psychological conditions, the assignment of extended tours of duty, mandated overtime, or scheduled work hours in combination with actual hours worked while fulfilling "on-call" assignments is not appropriate.

Issue: ABANDONMENT

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

RN & LPN Role:

1. Once the licensed nurse has accepted an assignment, she/he remains responsible and accountable for client care and safety until another qualified licensed nurse or other qualified person has accepted responsibility for that client.
- a. This transfer of responsibility includes a report of client status and may vary based on work setting and client care needs including, but not limited to: at the end of a scheduled acute care or skilled nursing shift; when a nurse leaves a work area for a limited purpose (e.g., to

transport another client or take a break); or when a home care nurse is not making a scheduled visit.

- b. In home care settings, this transfer of responsibility may include release to client self-care or transfer of care to an authorized/approved/trained caregiver as provided for in the client plan of care.
2. A violation of nursing law and rules may result from abandoning a client who is in need of nursing care, without making reasonable arrangements for the continuation of care and providing adequate notification to the immediate supervisor.
3. However, when a nurse refuses to remain on duty for an extra shift or partial shift beyond his/her established schedule, it is not considered abandonment when the nurse leaves at the end of the regular shift, providing she/he has appropriately reported off client status to another nurse or authorized/approved/trained caregiver and has given management notice that the nurse is leaving.
4. On-call assignments require availability and response of the nurse within agency guidelines. Failure of a nurse to respond and report for on-call client care responsibilities without adequate notification to the immediate supervisor, or failure of an on-call RN supervisor/manager/administrator to respond to a call from client care staff, may result in a violation of nursing law and rules for abandonment.
5. It is not considered abandonment under Board of Nursing regulations if a nurse is "no call, no show"; resigns without fulfilling a previously posted work schedule; or reports for work but then declines an assignment.

Issue: NEGLECT

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

RN & LPN Role:

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

Issue: EMERGENCY PREPAREDNESS AND WORKPLACE VIOLENCE

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

References:

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



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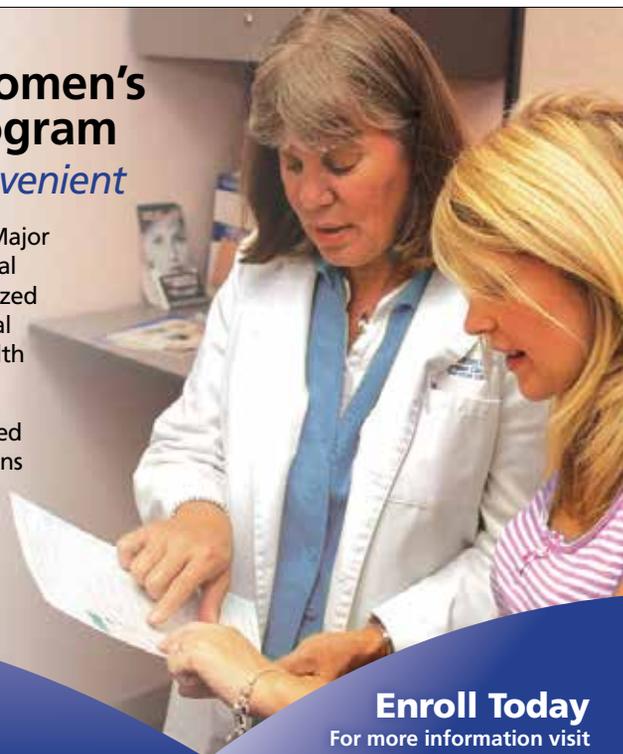
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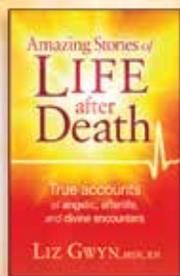
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