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NC Board of Nursing

Nursing Bulletin

Development of Sanctioning Guidelines for Public Discipline in Nursing Regulation: The North Carolina Board of Nursing Journey

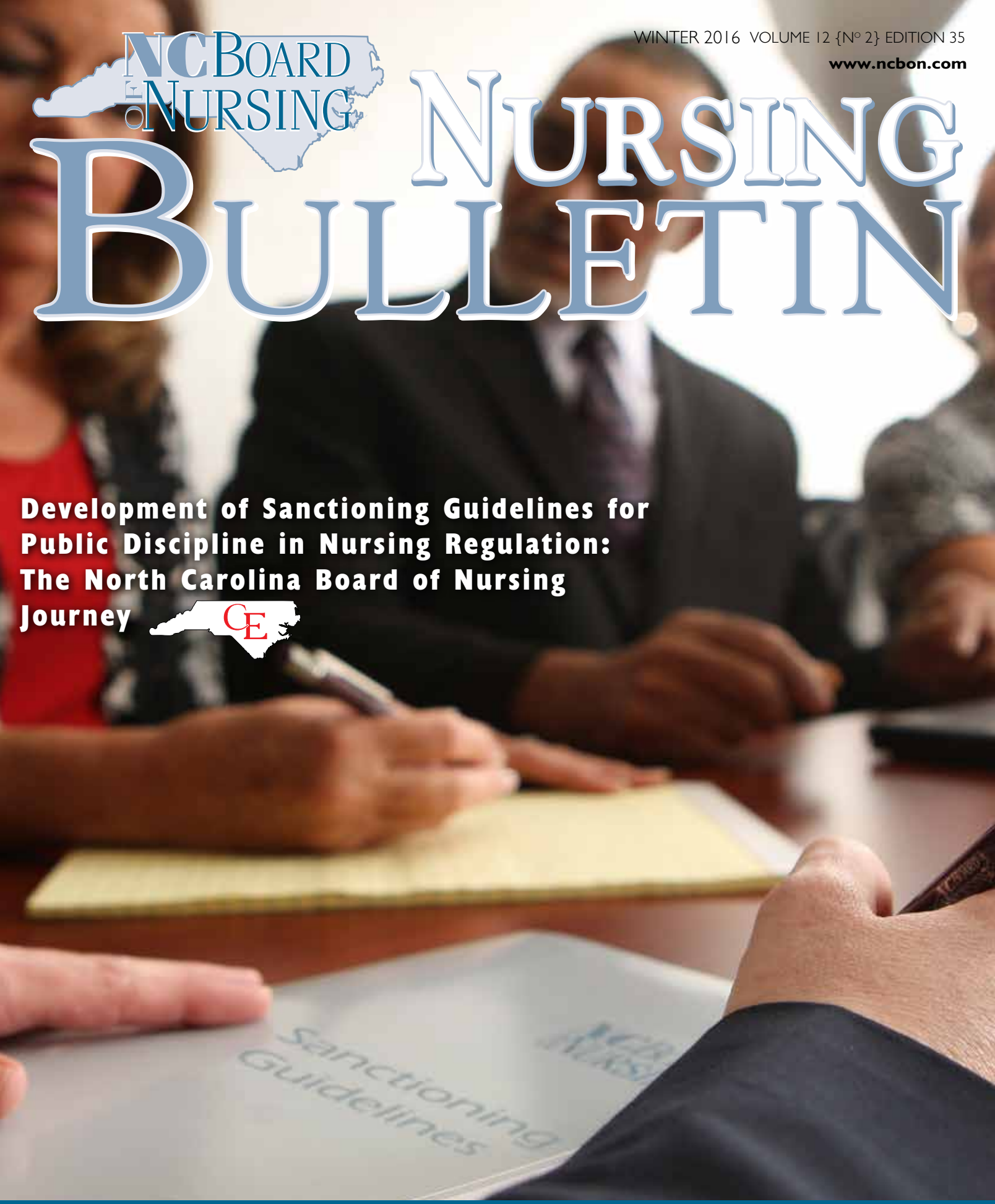

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Table of Contents

VOLUME 12{ Nº 2} EDITION 35

6 Registration Now Open!
NCBON 13th Annual Education Summit
April 4, 2016 • Friday Center, Chapel Hill

8 Development of Sanctioning Guidelines for Public Discipline in Nursing Regulation: The North Carolina Board of Nursing Journey

12 Public Protection through Opioid Prescription Monitoring and Reporting: A New Era in Evidence-Based Nursing Regulation

16 Attention: All Programs Offering Education Leading to NAII Listing

18 Proposed New Rule

20 CE Opportunities 2016

22 Meeting your Board of Nursing Members

26 Prepping for Practice: Scenarios & Answers to Common Nursing Questions

DEPARTMENTS:

4 From the Editor
18 Summary of Activities
30 Classifieds

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from the EDITOR

Getting the vote out!!!

In numerous previous issues of the **Nursing Bulletin**, I have written articles encouraging nurses to make the effort to vote in the Board's annual election for Board members. Rest assured I will be repeating that request in the summer issue of this magazine in June.

This request to vote is a departure from all others, in that I am asking for you to participate in the state's primary election on March 15th. (The state's primary for U.S. Congressional seats has been rescheduled for Tuesday, June 7th.) Why am I asking you to vote in an election that is not Board related? That is a fair question. My answer is that a primary election can be very important because it refines the general election ballot choices in November. A primary election, in some races for the NC General Assembly, may be THE election as the winner of the primary may end up having no opposition in the November general election. Additionally, even in a presidential year the number of voters in a primary is substantially less than the number of voters who turn out for the general election in November. Consequently, your individual ballot may make more of a difference than you could possibly imagine.

As a local election official for more than ten years, I have heard of several contests that were won or lost by just a handful of votes, especially in primary elections.

Furthermore, while health, healthcare and mental healthcare, may not currently be hot topics in the media's coverage of the primary, I can promise you that those three areas will be high up on the agenda of the new President, US Congress and the NC General Assembly when they convene in 2017.

Here are a few key dates to remember:

- March 3rd – "one –stop voting" begins
- March 12th – last day of "one-stop voting"
- March 15th – Primary Election Day

Oh, yes don't forget to bring a picture ID with you. According to the State Board of Elections, acceptable forms of ID include:

- A driver's license issued by the NC Division of Motor Vehicles, including a learner's permit or a provisional license
- A current passport issued by the United States
- A veteran's card issued by the Department of Veterans Affairs
- A United States military ID issued by the U.S. Department of Defense
- A tribal ID for a federally recognized tribe or a tribal ID card for a state-recognized tribe approved by the State Board of Elections
- A driver's license issued by another state or the District of Columbia. In order to use this card, the voter must have registered to vote 90 days or fewer prior to the election in question.

See you at the polls
David Kalbacker
Editor, NC Nursing Bulletin

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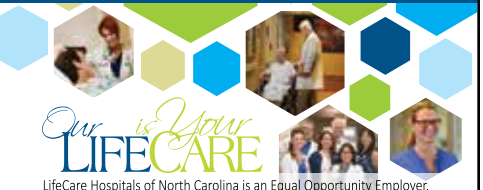

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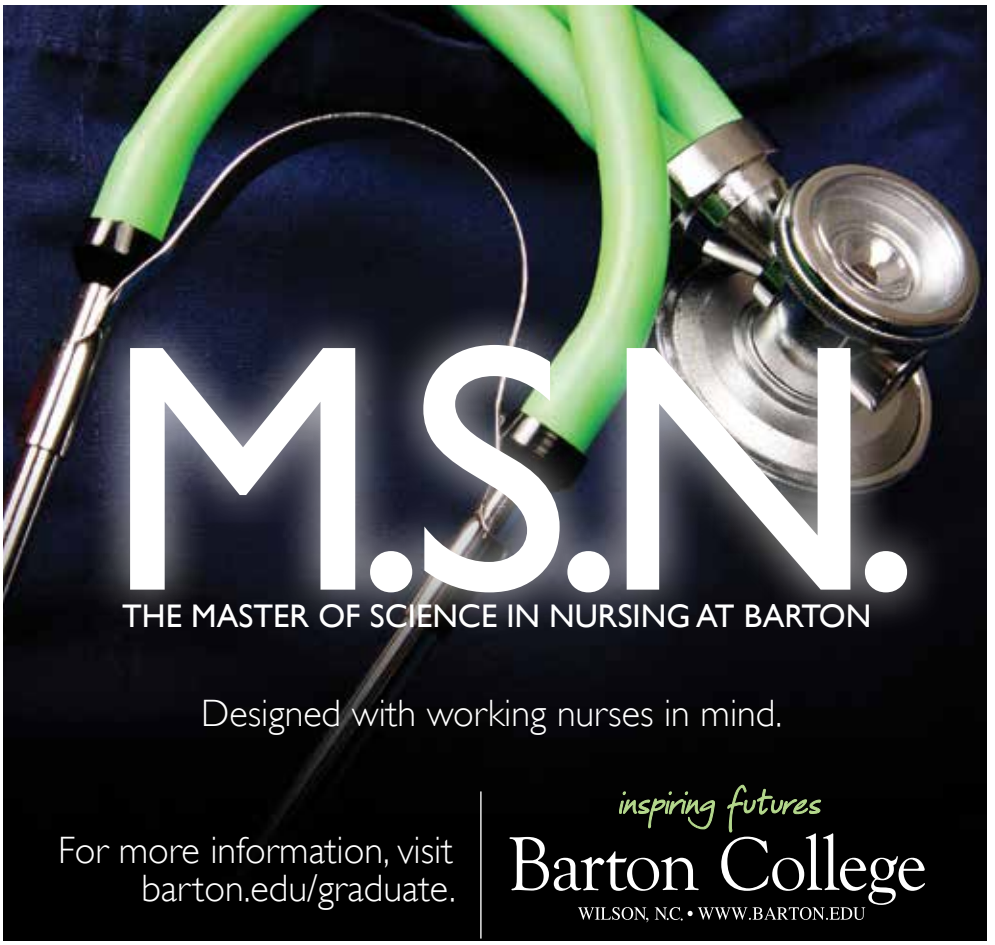

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Readership Survey

The NC Board of Nursing utilizes the Nursing Bulletin as a tool to promote communication with licensees that is consistent, accurate and timely. The Board's duty to protect the public manifests itself in articles throughout the Bulletin. Past topics have focused on promoting the delivery of safe and effective care, generating public awareness of the Board's mission, enhancing participation in Board activities and creating an open dialogue among the Board's many publics.

As a part of our communication efforts, we want to make sure that you're receiving valuable, applicable, and thought provoking information in every issue you read. We have developed a survey related to the information contained in the Nursing Bulletin and whether or not it meets your needs, as a nurse. The survey will be available on our website under News & Announcements, located at the following URL: http://www.ncbon.com/dcp/i/news-resources-statistics-news-announcements, until May 1, 2016. Please help us provide you with a valuable nursing resource by completing the survey, at your convenience.

Registration Now Open! NCBON 13th Annual Education Summit

April 4, 2016 • Friday Center, Chapel Hill

Presenters and topics include:

Marilyn Oermann, PhD, RN, ANEF, FAAN
Duke University - Professor of Nursing Director of Evaluation and Educational Research
Topic: Evaluation and Testing

Theresa Raphel-Grimm, PhD, CNS
UNC-Chapel Hill – Associate Professor
Topic: Working with Difficult Students

Joyce Winsted, MSN, RN, FRE
NC Board of Nursing – Practice Consultant
Topic: Integration of Delegation into the Curriculum

We encourage nursing program directors and faculty to invite their clinical practice partners and allied healthcare program faculty to participate. Registration information is available on the homepage of the NCBON website.

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Development of Sanctioning Guidelines for Public Discipline in Nursing Regulation: The North Carolina Board of Nursing Journey

By Jennifer G. Lewis, MBA, MSN, RN, CI, and Tammy Horne, BS, CI

Area of Opportunity in Nursing Regulation

State legislatures grant Boards of Nursing (BONs) authority to provide for the enforcement of the rules set forth by the BON. However, determining consistent, appropriate sanctions for substantiated violations of the Nursing Practice Act is challenging without a defined frame of reference.

The North Carolina Board of Nursing (NCBON) took on the challenge of developing a guideline for the implementation of disciplinary sanctions for those substantiated violations considered a risk to the public. Board members decided to embrace the Just Culture philosophy, a systematic method that can be used to increase patient safety. Just Culture holds individuals accountable for reckless behavior or repeated behavior that poses increased risk to patients, but does not expect individuals to assume accountability for system flaws over which they had no control (The Ohio Board of Nursing, 2010).

A Just Culture shifts the generally accepted notion to find blame in the last person in contact with the patient prior to the error occurring, towards examining the circumstances preceding, during, and after an error is committed while also examining the behaviors of the individuals involved in the error (Outcomes Engenuity, 2014). The Just Culture philosophy challenged North Carolina nurse regulators to focus more attention on licensees' behavioral choices rather than on the patient outcomes that may result from those choices.

To fully embrace this objective, the NCBON needed to reflect on its current approach to imposing discipline sanctions and make necessary process revisions that protect the citizens of North Carolina, and authorized board staff to investigate the possible use of sanctioning guidelines as an option to improve disciplinary processes.

A Brief Review of the Literature

There have been few studies examining disciplinary actions by BONs and there is little research involving the development and use of sanctioning guidelines as part of the discipline process for BONs. There is, however, information available highlighting the pervasive culture of blame within the health care industry when errors occur. Dr. Lucian Leape's historical congressional testimony highlighted the need for health care to move past a punitive system (Leape, 2000). Khatri, Brown, and Hicks (2009) also assert that measured steps are needed for organizations to move from a blame culture to a Just Culture given that medical errors and poor quality of care result from this punitive culture.

A search of several databases revealed no information about sanctioning tool development for the nursing regulatory community, therefore the search was expanded to include other occupations.

Relevant information on sanction guideline development was discovered within the legal community. The ABA Model Rules for Lawyer Disciplinary Enforcement are used by state supreme courts and bar associations in reviewing their disciplinary systems, and have been used by other occupations as a frame of

reference in crafting their own disciplinary programs (American Bar Association [ABA] 2005). The Model Rules state the following factors are taken into consideration when imposing sanctions: whether a duty to a client, to the public, to the legal system or to the profession was violated; whether the action was intentional or negligent; the amount of the actual or potential injury; and the existence of any aggravating or mitigating factors (ABA, 1989, Rule 10 #3).

Development of Sanctioning Guidelines for Public Discipline in North Carolina

NCBON staff conducted an internal review of disposed cases to get baseline information regarding sanctioning practices of the Board, and reviewed sanctioning guidelines from California, Washington, Oregon and Texas. NCBON staff were able to analyze these established protocols in conjunction with the information available from the ABA to determine commonalities, structure and feasibility of replication within NCBON legislative mandates.

Phase One

Board staff performed a three-year review (years 2007, 2008 and 2009) of disciplinary actions imposed by the NCBON, according to violation (law and rule citations) and sanction(s) applied. Board staff then extrapolated common factors applicable in many cases involving the same or similar law and rule violations. For example, in a diversion (theft) of controlled substances case, it was determined that nurses were more strictly sanctioned if they had also substituted the patient's medication. The first phase focused on developing a guideline to address licensee mishandling of controlled substances and discrepancies in the documentation of controlled substances. These violations accounted for a significant portion of complaints and warranted immediate attention due to the risk to the public.

Similarities were noted among the common factors considered in sanctioning decisions when guidelines from the four regulatory bodies were reviewed. For example, the actual or potential harm to the public, the licensee's prior disciplinary record, time elapsed since the act(s) occurred and licensee admissions of wrongdoing were factors for at least three of the four state BONs in determining appropriate sanctions. The sanctioning guideline tools are developed so that each factor or criterion is independent of the others, with no weight or preference given to a specific criterion. Criteria are grouped together by the potential risk for harm to the public, categorized as low, moderate or high risk. In the substitution example noted previously, it was determined that the factor of "substitution" should fall within the highest risk category.

When reviewing previous cases involving substitution of medications, board staff determined that some similarities existed among the sanctions issued to the nurses engaged in this conduct. Based on this information, NCBON offered suggestions for sanctions that correspond to the risk-taking behavior of the licensee for each category. Of course, as no two cases are alike, provisions to account for the circumstances unique to each case were needed. Board staff chose to allow for the evaluation of non-defined aggravating and mitigating factors that may influence the sanctioning decision. For the purposes of the NCBON sanctioning guidelines, aggravating and mitigating factors are those circumstances that do not occur with such frequency as to be considered an independent factor for consideration with each case review; however, they provide information that is relevant to the case and influence the reviewers' decision-making in the sanction rendered. Aggravating factors present in a case review may influence the evaluator to increase the sanction offered, whereas mitigating factors may be indicative that a lesser sanction is more appropriate.

Phase Two

Once the initial sanctioning guideline was developed, board staff began to use the tool on a limited basis in the investigation and evaluation of reported cases involving allegations of diversion of, or inaccurate documentation of, controlled substances. This introductory phase allowed for controlled use of the guideline but provided feedback by a limited number of users with regard to clarity of the factors, ease of use and applicability to the cases reviewed. These individuals consulted each other to make sure that each reviewer was consistently using the guidelines prior to offering a settlement to the licensee based on the sanction recommended in the guideline. As the pilot phase of the project began, board staff continued to work on the development of guideline tools for practice-related and other misconduct violations, resulting in 15 sanctioning guidelines covering a variety of practice violations, including abandonment, neglect and exceeding scope of practice.

Phase Three

The third phase of tool implementation revolved around the use of the sanctioning guideline tools with senior staff in conjunction with training on tool use for all investigators. Round table reviews of previously disposed cases were conducted as a forum to introduce investigative staff to the applicable and relevant factors and to ensure inter-rater reliability in the use of the tool. Having knowledge of relevant guideline factors allowed investigators to incorporate the information into their investigative plans for future complaint investigations. Additionally, the sanctioning guidelines were approved by the NCBON board members which granted board investigators authority to utilize them for Published Consent Orders (stipulated agreements that may be offered if a nurse acknowledges a violation of the Nursing Practice Act and would like an expedited settlement of a non-contested practice complaint).

Results

Implementation of these sanctioning guidelines resulted in decreased cycle times for case disposition, decreased numbers of contested cases and decreased costs associated with administrative hearings. In addition, consistency in sanctions rendered, based on allegation and relevant factors, increased and efficiencies were gained through effective resource allocation.

By virtue of having an established guideline in place, all reviewers have at their disposal a tool to help direct their evaluation of case criterion in a standard format which promotes fairness for licensees and helps assure that sanctions are not rendered arbitrarily. Tool use may also reinforce the defensibility of rendered sanctions while maintaining the need for flexibility in the disposition of cases through consideration of case-specific circumstances. The guidelines reduce evaluator bias by providing a forum for which common factors are consistently applied for similar violations and guideline use allows for transparency in decision-making.

In addition, appreciable time and financial savings attributable to case resolution through Published Consent Orders (PCOs) for licensees were achieved. Between the years of 2009 and 2011 there was a 164 percent increase in the use of the PCOs. There was a 42 percent decrease in the cycle time (investigation time) required to resolve all cases resulting in formal discipline in the year 2011 when compared to cycle times in the year 2009. This reduction was attributed to the increased use of PCOs made possible by the sanctioning guidelines. Offers of resolution could be made much earlier in the investigative process without the need for additional staff involvement, thereby promoting efficient use of Board resources.

Implications for Future Use

Implications for use of consistent, evidence-based sanctioning guidelines are evident at the state and national levels. BONs committed to providing effective regulatory enforcement can assure that these guidelines will be applied and considered equitably in sanctioning decisions. Moreover, use of the sanctioning guidelines may provide opportunities within and across BONs for shared learning and benchmarking by providing a common frame of reference in disciplinary processes, thus promoting consistency in the disciplinary processes of multiple jurisdictions and increased uniformity in nursing regulation.

The NCBON has and continues to promote a Just Culture where open communication of system breaches and learning opportunities are celebrated within a framework that holds licensees accountable for risk-taking behavior. The tool they developed aligns the investigative and disciplinary process with the current Mission, Vision and Values of the NCBON.

Many thanks to the remaining members of the NCBON PCO team, Carrie Linehan, Brian Stewart, Kathleen Privette, and Kathy Chastain, for their steadfast commitment to public protection and work developing the sanctioning guidelines.

REQUIRED ONLINE READING

The Just Culture in Nursing Regulation Instruction Booklet provides supporting evidence for sanctioning guidelines. The location of the booklet can be found in the "Earn CE Credit" section.

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EARN CE CREDIT

"Development of Sanctioning Guidelines for Public Discipline in Nursing Regulation: The North Carolina Board of Nursing Journey." (1 CH)

INSTRUCTIONS

Read the article and required online reading (The Just Culture in Nursing Regulation Instruction Booklet).*

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, "Development of Sanctioning Guidelines for Public Discipline in Nursing Regulation: The North Carolina Board of Nursing Journey." Register, be sure to write down your confirmation number, complete and submit the evaluation, and print your certificate immediately.

*You will find the Just Culture in Nursing Regulation Instruction Booklet under the above-mentioned heading.

Registration deadline is July 1, 2018.

PROVIDER ACCREDITATION

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

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Participants must read the CE article and required online reading 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.

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NORTH CAROLINA BOARD of Nursing Calendar

Board Meeting:
May 19 – 20

Licensure Review Panels:
March 10, April 14, May 12, June 9

Administrative Hearings:
May 19, July 21

Education/Practice Committee:
April 6, August 3

Public Protection through Opioid Prescription Monitoring and Reporting: A New Era in Evidence-Based Nursing Regulation

Authors: Bobby Lowery, Ph.D. FNP-BC, FAANP and Kathleen Privette, MSN, NEA-BC, FRE

Purpose: To encourage all advanced practice registered nurses (APRNs) with prescriptive authority to utilize evidence-based opioid management guidelines and the North Carolina Controlled Substance Reporting System (NCCSRS), a prescription drug monitoring program as best practice in delivery of safe patient care.

Objectives:

- Recognize the value of the NCCSRS in enhancing public safety
- Promote the use of NCCSRS in routine patient care
- Provide instructions on how the APRN may register with NCCSRS
- Recognize the public protection measures aspects of 21 NCAC 36.0815

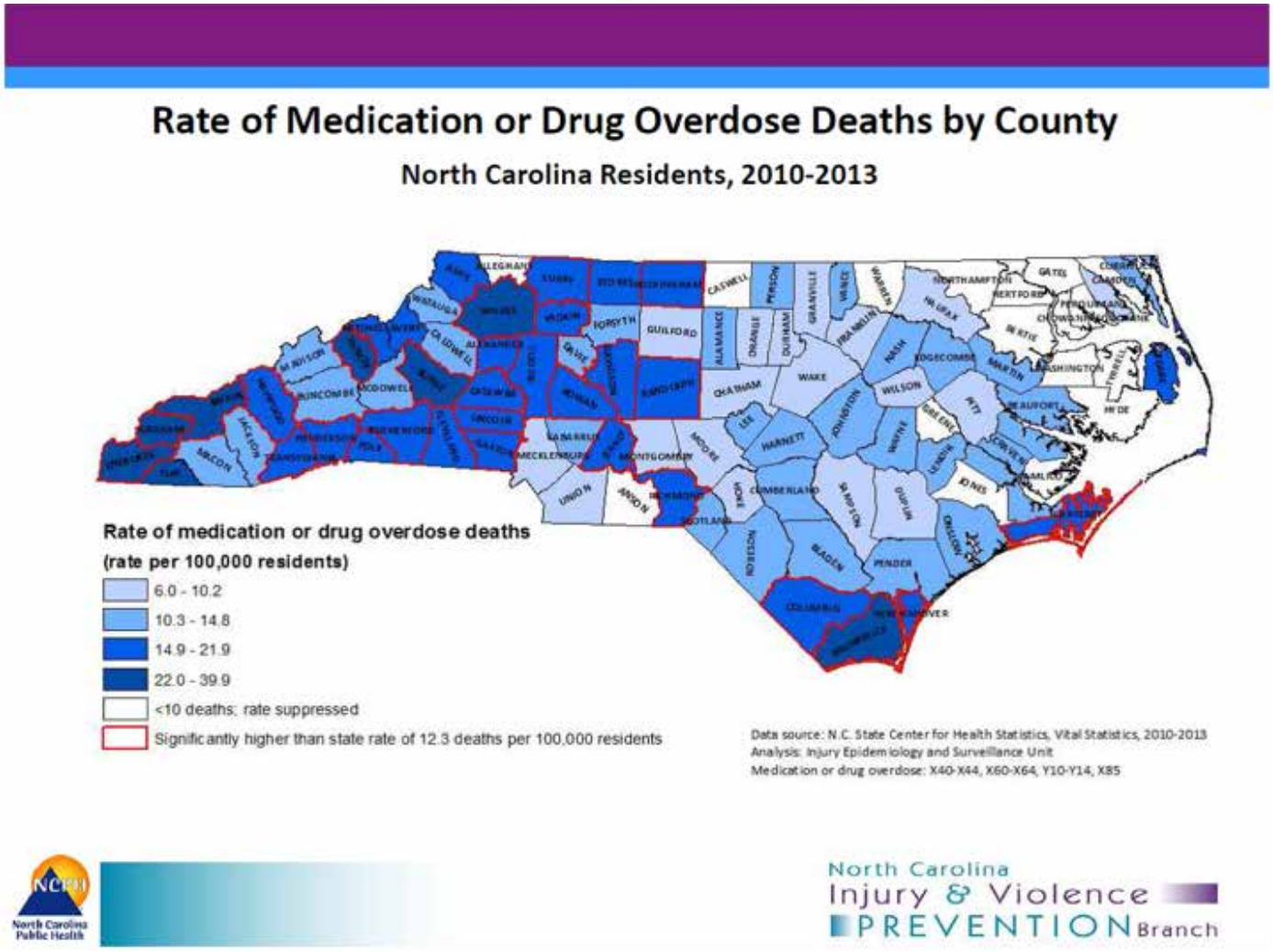

Figure 3
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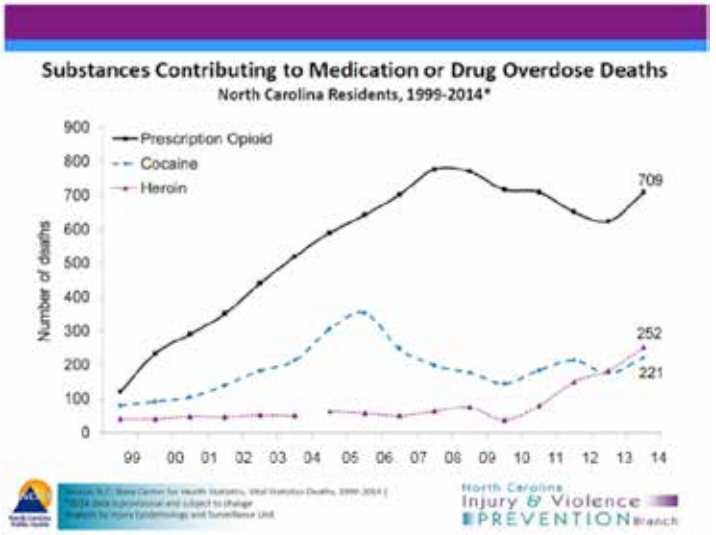

Figure 1
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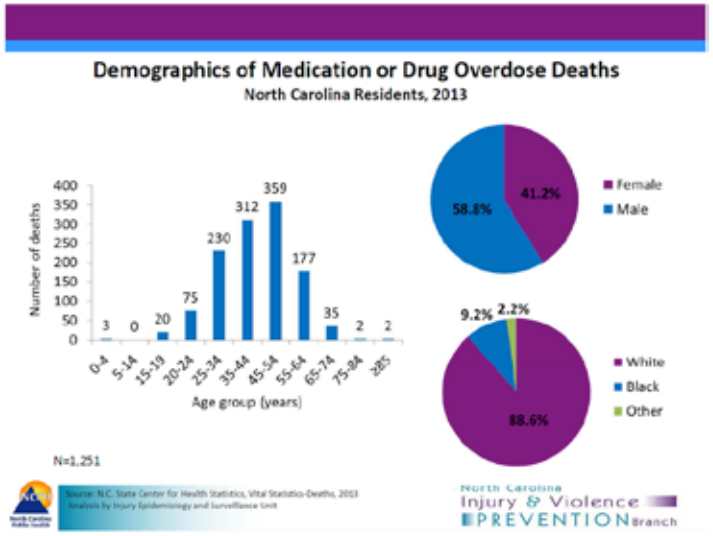

Figure 2
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Introduction

Prescription drug abuse has reached epidemic proportions in the United States creating a public health crisis that impacts the safety of consumers and calls for increased vigilance for evidence-based opioid management. Each year approximately 16,000 deaths in the US result from an overdose of prescription narcotics, specifically opioids including Hydrocodone, Oxycodone and Oxymorphone (Alexandre G.C. & Gielen, 2016; Centers for Disease Control and Prevention, 2015).

In the period between 1999 and 2013, the CDC reports that the opiate related death rate has quadrupled in direct proportion to the increase in prescriptions for opiate medications. Moreover, nearly 2 million Americans abused or were dependent on opioids during this same surveillance period (Centers for Disease Control and Prevention, 2015). Prescription drug use continues to escalate nationally with an increasing burden of suffering. The annual direct total costs for all conditions requiring opioid management was $386 million in 2013, with outpatient visits serving as the primary cost driver (Park et al., 2015).

North Carolina Impact

Shifting national and state demographics have yielded a consumer pool with increasing multiple chronic conditions (MCC), including chronic pain. Today, 12.7% of North Carolina's population is over 65 but this will rise to 17.6% by 2030. Thirty nine percent of the elderly are living with disability and MCC; often requiring chronic opioid management and who may be at risk for opioid poisoning (Swindell, A., Farmer-Butterfield, J., 2011). However, the opioid epidemic is not solely an issue for the geriatric population.

Epidemiological reports indicate a 300 percent increase in unintentional poisoning deaths in between 1999 and 2014 with 57 percent of those deaths resulting from opioid poisoning among adolescents and adults as noted in figure 1 (N.C. DHHS, 2014)

Moreover, deaths from opioid poisoning disproportionately affects middle-aged, white males living in western North Carolina as noted in figures 2 and 3, respectively (Sachdeva, 2015). This public health crisis has amplified the need for regulators to evaluate public safety measures for clinicians credentialed to prescribe opioids.

Controlled Substance Monitoring Program

After prescription drug abuse was declared a matter of public health and safety, state prescription drug monitoring programs began to emerge. The North Carolina Controlled Substance Act (NC General Assembly, 1971) led to the development of NC's prescription drug monitoring program (NCCSRS) administered by the NC Department of Health and Human Services (DHHS)(NC BON, 2015a). This electronic database records all prescriptions for controlled substances for any patient in NC within seven (7) days of the medication being dispensed. The database is designed for use by clinicians with prescriptive authority

to enhance patient safety through early detection of problems related to patients' prescriptions for controlled substances. Potential problems include but are not limited to a patient's use of multiple providers to obtain a controlled substance, use of multiple pharmacies for medication fills, overlapping prescriptions and/or patterns of early re-fills.

In addition to providing information for clinicians, DHHS is using the NCCSRS database to proactively alert providers if or when there is suspicious activity identified with one or more of their patients. Alerts serve to enhance public safety by empowering the prescribing clinician to verify clinical validity for the activity. In September 2015, DHHS began notifying APRNs through these proactive alerts, when potentially abnormal activity has been identified.

The Department of Health and Human Services (DHHS) has implemented an additional safety-net reporting system, in addition to the implementation of proactive alerts, in an effort to promote evidence-based opioid prescribing and to identify prescribers who may be placing consumers at risk by inappropriate or excessive prescribing of opioids (Green & Pfenning, 2015). This reporting system will allow DHHS to collect data from NCCSRS and to confidentially report to the appropriate regulatory board those prescribers 1) who fall within the top one percent of those prescribing 100 milligrams of morphine equivalents (MME's) per patient per day; 2) 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, or 3) those prescribers who have had two or more patient deaths in the preceding 12 months due to opioid poisoning (NC BON, 2015c). This reporting structure requires a rule change that has been reviewed and approved by the NCBON to proceed with the proposed adoption of 21 NCAC 36 .0815 Reporting Criteria in compliance with the rule making process pursuant to G.S. 150B-21.3A(c)(2). This proposed rule amendment is consistent with the NCBON mission to protect the public (NC BON, 2015b).

Public Protection

The North Carolina Board of Nursing has a rich history of protecting the public through the regulation of nursing practice (NC BON, 2015b). Just as other regulatory agencies are evaluating how to ensure public protection relating to pain management using opioid products (NC Medical Board, 2014) the NCBON is in process of evaluating measures to safeguard the public by ensuring evidence-based opioid management for appropriately credentialed advanced practice nursing (APRN) prescribers which may include nurse practitioners (NPs) or certified nurse midwives (CNMs)(NC BON 2015c).

Advanced practice registered nurses provide safe, effective healthcare, including evidence-based opioid management. Consistent with national data, NC APRN's experience a low incidence of discipline including but not limited to opioid management issues (Hudspeth, 2015). Utilization of the NCCSRS and the proposed adoption of 21 NCAC 36 .0815 Reporting Criteria will provide additional tools to enhance APRNs' safe, evidence-based opioid management in diverse practice settings. When appropriate opioid management exceeds the CSRS threshold, documentation of physician consultation and inclusion of opioid practice parameters in the collaborative practice agreement ensures public protection through due diligence by the APRN.

If not yet registered, APRNs are encouraged to initiate the process by going to the Board's website (NC BON, 2015a): http://www.ncbon.com/dcp/i/licensurelisting-advanced-practice-registered-nurse-controlled-substances-reporting-system. Once registered with the NCCSRS, the APRN has immediate access to review and evaluate each patient's profile before ordering or re-ordering controlled substances. After reviewing a patient's NCCSRS profile, the APRN can use the information to make clinical decisions and to educate the patient on risks, benefits and alternatives to continued use of controlled substances and/or to refer a patient for treatment of a substance use disorder, if indicated.

Conclusion

Chronic pain is a public health issue, exacting an enormous human and economic burden of suffering in the U.S.A. Advanced practice nurses who prescribe controlled substances are key leaders in ensuring the safe, evidence-based management of chronic pain and opioid management. It is essential that APRNs utilize the NCCSRS and document evidence-based opioid management for their clients. When appropriate clinical management requires levels of opioids or other controlled substances that are beyond the recommended evidence, documentation of appropriate consultation will ensure optimal safety for the public and clinicians, alike. The NCBON is a resource to APRNs and the public, working to extend its rich history of public protection through evidence-based regulation ensuring evidence-based guidance in opioid management.

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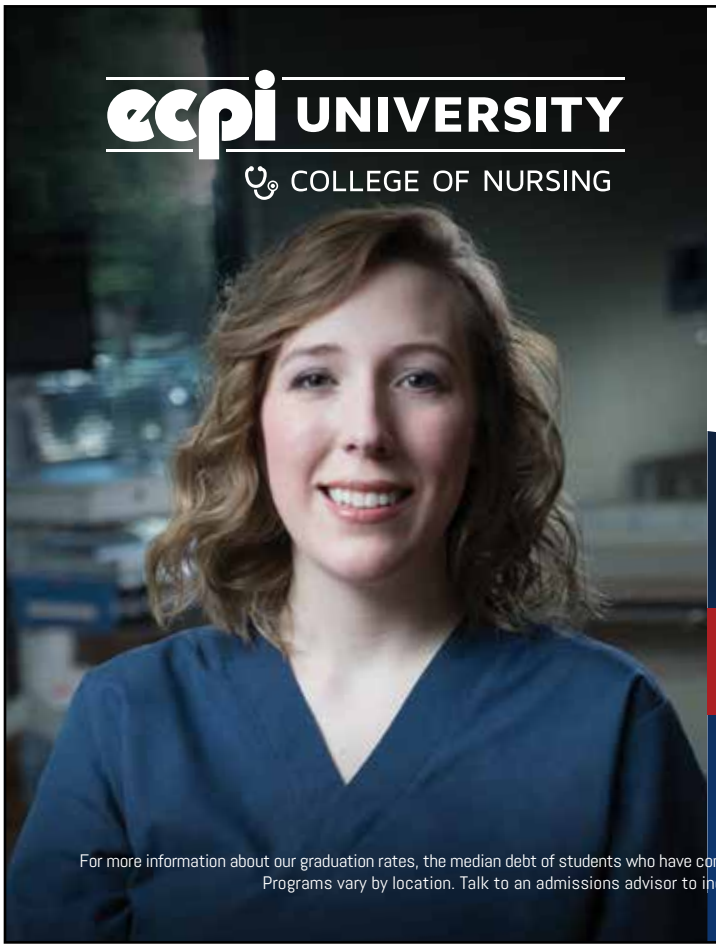

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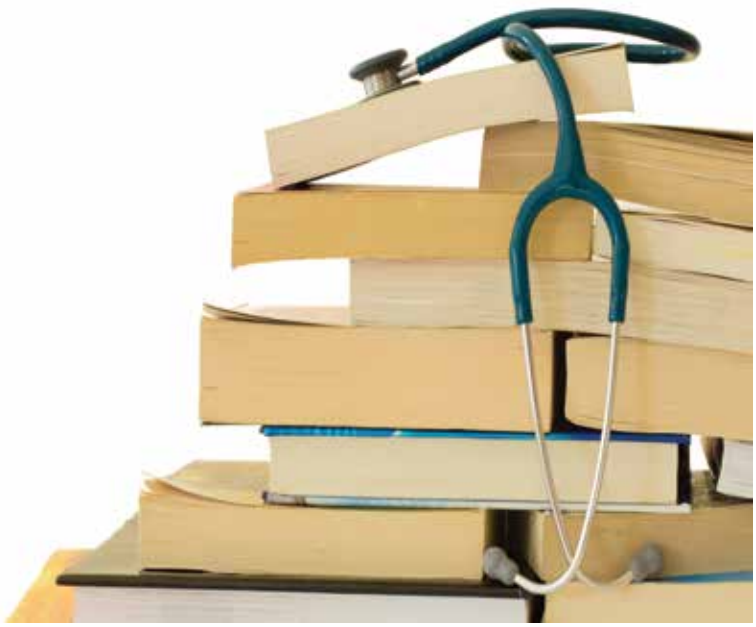
Clarification of Site Selection for NAII Clinical Experience:

When a circumstance arises that results in an agency being removed from the list of agencies approved to offer or participate in offering clinical placement for nurse aide training or competency evaluation, a letter is sent to the agency by the North Carolina Department of Health and Human Services Division of Health Service Regulations. Removal of the agency from the approved list includes removal of approval for that agency to participate in clinical placement for ANY nurse aide education or competency assessment, including NAI+4 and NAII.

It is the responsibility of an agency representative to decline requests for nurse aide student placement if they have been removed from the approved list. Please confer with the agency directly to determine agency ability to provide clinical placement for nurse aide students. If you are an approved nurse aide program, or currently have an application being reviewed for approval, and have a question regarding the status of a specific agency after talking directly with the agency representative, you may contact Vicki Fore, RN, MSN, Education Consultant at DHSR. Vicki can be reached at 919-855-3985 or vickie.fore@dhhs.nc.gov.



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SUMMARY of ACTIVITIES

MIDWIFERY JOINT COMMITTEE - 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 Midwifery Joint Committee 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 below.

A Public Hearing on the proposed new Rule is scheduled for February 26, 2016.

Visit our website at http://www.ncbon.com/dcp/i/laws-rules-proposed-rule-adoption--midwifery-joint-committee for specific details as they are available. Additional information will also be published in subsequent issues of the magazine.

REGULATORY COMPLIANCE ACTIONS
Received reports and Granted Absolutions to 1 RN and 0 LPNs.
Removed probation from the license of 16 RNs and 4 LPNs.
Accepted the Voluntary Surrender from 11 RNs and 4 LPNs.
Suspended the license of 7 RNs and 2 LPNs.
Reinstated the license of 4 RNs and 2 LPNs.
Number of Participants in the Alternative Program for Chemical Dependency: 165 RNs and 10 LPNs (Total = 175)
Number of Participants in the Chemical Dependency Program (CDDP): 101 RNs, 10 LPNs (Total = 111)
Number of Participants in Illicit Drug and Alcohol/Intervention Program: 31 RNs, 15 LPNs (Total = 46)

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 prescibers 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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Contact: Paulette Hampton
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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
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Nursing Practice: The Management and Supervision of Nursing Services
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Getting to Know your Licensing Board: the North Carolina Board of Nursing at a Glance
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Uh oh… the Board of Nursing called…Complaint Reporting & Resolution
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Social Networking and Nurses
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Understanding the Scope of Practice and Role of the LPN (1 CH)
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Legal Scope of Practice (2.3 CHs)
Provides information and clarification regarding the legal scope of practice parameters for licensed nurses in North Carolina.

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http://www.ncbon.com/dcp/i/news-resources-podcasts
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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.

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November 3, 2016

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Seating is limited. 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.
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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.

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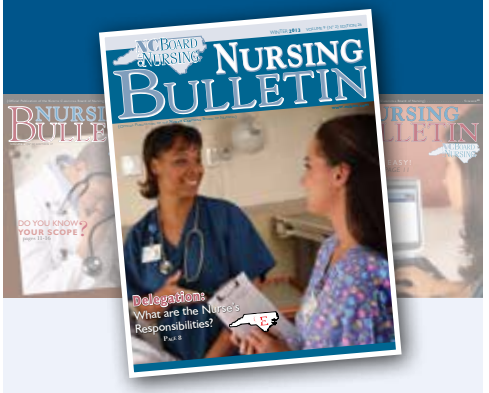

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Martha Ann Harrell, Public Member and re-elected as Board Chair.

Pat Campbell, Public Member was re-appointed for her second term and elected as the Board Vice-Chair.

Margaret Conklin, Public Member is serving her first term.

Frank DeMarco, RN was elected in the 2015 election and is serving his first term on the Board, in the Nursing Administrator category.

Yolanda Hyde, RN was elected in the 2015 election and is serving her first term on the Board, in the BSN/Higher Degree Nurse Educator position.

Mary Jones, LPN is serving her first term in the LPN category.

Bob Newsom, LPN is serving his second term in the LPN category.

Peggy Walters, RN is serving in the ADN/Diploma Nurse Educator category.

Cheryl Duke, RN is an Advanced Practice Nurse serving her first term in the APRN category.

Deborah Herring, RN is serving her first term in the RN-at-large category.

Jennifer Kaylor, RN is serving her first term in the RN staff nurse category.

Sharon Moore, RN is serving her first term in the PN-Nurse Educator category.

Christina Weaver, RN is serving her first term in the RN-staff nurse category.

Carol Wilson, LPN was re-elected in 2015 and is serving her second term in the LPN category.

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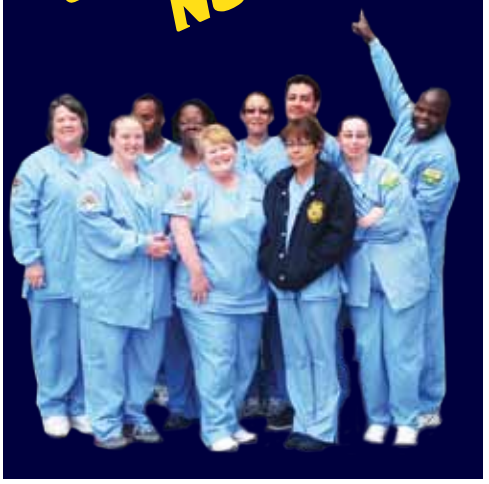

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NOMINATION FORM FOR 2016 ELECTION

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 for additional information, including a Board Member Job Description and other Board-related information. You also may contact Chandra, Administrative Coordinator, at chandra@ncbon.com or (919) 782-3211, ext. 232. After careful review of the information packet, you must complete the nomination form and submit it to the Board office by April 1, 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

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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Scenario #1:
An LPN employed in a Long Term Care/Nursing Home facility is regularly assigned to work 16 hour shifts each Saturday and Sunday. The Director of Nursing for the facility contacts the LPN on Friday at 2pm and informs the nurse that they MUST work the 3:00 pm to 11:30 pm shift beginning in 1 ½ hours, and return the next two days (Saturday and Sunday) to work 16 consecutive hours each day.

Board response:
There is nothing in North Carolina nursing laws and rules that prohibits the nurse manager/administrator from offering this assignment, or the LPN from accepting the assignment. The LPN is responsible to determine if they are adequately rested and competent to accept the Friday assignment and return the next day at 6:30am and work 16 hours in 24 for two consecutive days.

In addition, the nurse manager/administrator approving/offering the assignment is equally responsible to determine if there is evidence this nurse, or ANY nurse, has the potential to competently work 40 hours out of 56 consecutive hours. Nursing research and literature does not support this decision.

The Board's authority enters only when a negative nursing practice event is reported. North Carolina nursing laws and rules provide nurses the opportunity to make reasonable and responsible decisions as affects their practice and those they employ.

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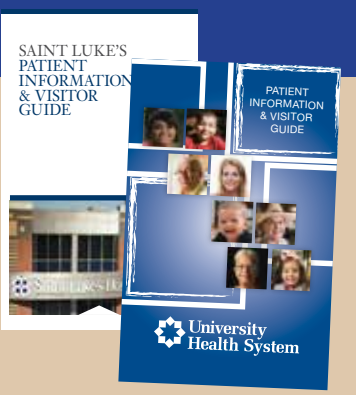

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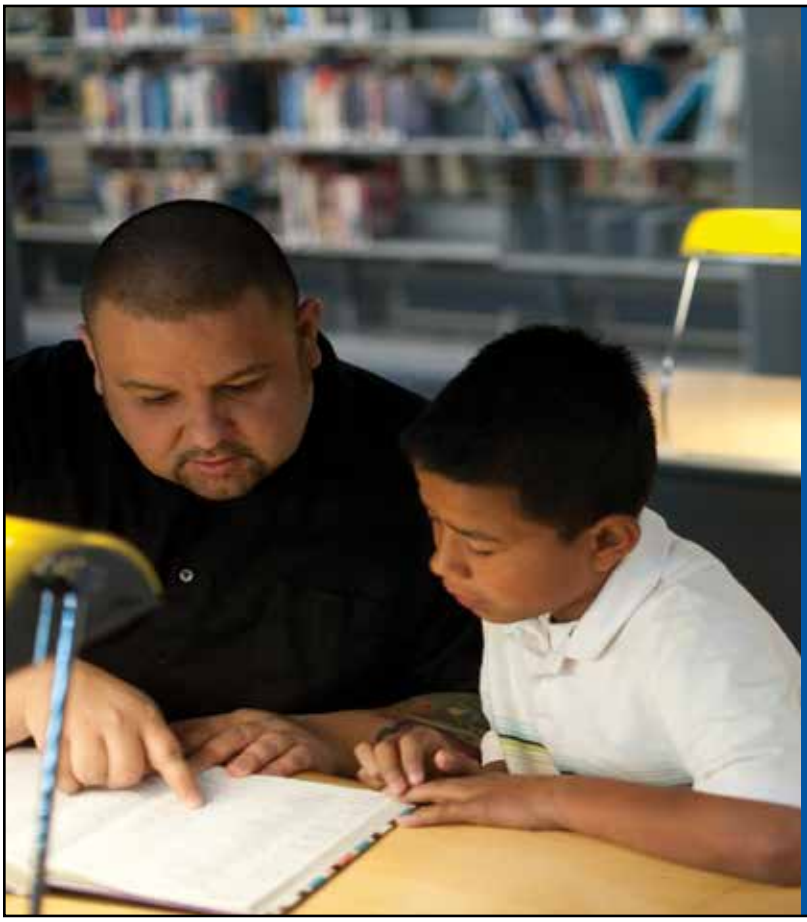

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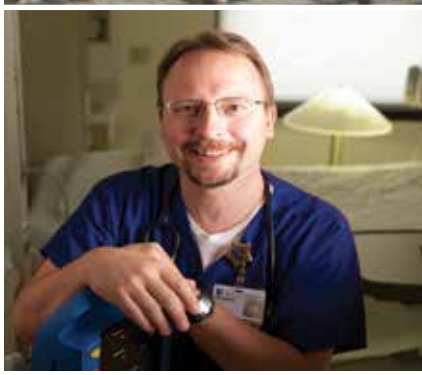

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