What Nurses Need to Know about Informatics, Social Media and Security!

– page 6
Nursing Incentives at NHRMC

Experienced Nurses

New Hanover Regional Medical Center in Wilmington, North Carolina offers opportunities for nurses to increase their knowledge and advance their careers.

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- Education Resource Fund
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- Nursing Congress
- Certification Reimbursement
- Shared Governance Model

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New Hanover Regional Medical Center
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To hear how NHRMC offers a broad range of opportunities in a supportive environment, watch our video at

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*Restrictions apply
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157,000 copies of this document were printed and mailed for a cost of $0.22 per copy.

The North Carolina Board of Nursing is an equal opportunity employer.
The approaching fall season reminds us that the only constant is change. The fading summer and impending cooler weather remind us that the world and our surroundings are always changing and evolving. Unfortunately, the prevalence of tragedy and natural disasters lately, has reminded us of the same. But it’s in these times of crisis that we’re reminded of the selfless and heroic acts of first responders, including nurses and other healthcare professionals. For that, we thank you.

The NC Board of Nursing is also experiencing change, as we have a host of announcements and information to share with you.

First, I’d like to welcome our newest Board Members, Pamela Edwards, RN and Lori Lewis, LPN who were elected to serve the state of North Carolina, with terms beginning in January 2018. Additionally, Ashley Dixon, a local Raleigh real estate professional, was appointed by the NC Senate to serve as one of your three public members.

As of the end of September, the NC Board of Nursing has a newly redesigned website that will facilitate easier navigation to resources and a user-friendly content structure for nurses and the public. In addition to our new website, the NCBON will be launching its own Facebook page at the end of October. This will allow us to connect with nurses across the state and keep you up to date on important meetings, regulatory information and rule changes that may impact your practice.

Finally, we’d like to thank our legislative sponsors, especially Representative John Szoka for his hard work and dedication to getting the Enhanced Nurse Licensure Compact legislation passed and signed into law. This updated version of the Nurse Licensure Compact will facilitate greater access to nursing care across the nation. For more information on possible effects to your nursing license, please read the eNLC article on page 16.

Sincerely,
Elizabeth Langdon
Managing Editor, NC Nursing Bulletin
LEARN LIV E THRIVE

Be transformed.

Enroll in our 100% online RN to BSN or MSN programs.

You take your nursing career advancement seriously. We take it personally, and we’ll be there to help you succeed every step of the way.

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But all I did was share a photo of my patient’s wound with one friend... you couldn’t even see his face!

What Nurses Need to Know about Informatics, Social Media, and Security!

Denise Hirst, RN, MSN

Purpose:
Advances in technology, telehealth, and an increasing global focus have had major impacts on the health care workforce. The purpose of this article is to provide information about current trends related to electronic information use and social networking as related to nursing practice.

Outcome:
Recognize healthcare information security advantages and risks. Identify appropriate and inappropriate use of social media.

Advances in technology have changed the way in which healthcare is delivered. These advances have made significant impacts on how nurses deliver and document patient care and communicate nursing issues (National Council of State Boards of Nursing Regulator Staff, 2015). The Pew Research Center reports that 88% of people in the United States use some form of internet-based social media (Pew Center, 2017). Ninety-four percent of respondents between the ages of 18 to 64 years, use social media. Further, respondents age 65 years or older reported a lower, yet significant utilization of social media at 64% (Pew Center, 2017). These data provide clear evidence that the information we place on the internet may be seen by roughly nine out of ten adults.

As technology continues to evolve and advance, it is critical that nurses understand technology’s impact on healthcare delivery. With the wide variety of entertainment, educational, and information-technology advances, it is essential that we keep in mind ethical, legal, and security issues when considering use of these technologies. The opportunity to use a wide variety of web-based programs, including social media, to provide education and resources to the public and healthcare professionals is an impactful use of technology advances. However, as we use these tools, it is important to recognize the regulatory and legal implications.

Healthcare and Informatics Historical Perspective

Informatics is an enigma to some and a way of life to others. The term informatics is simply defined as “the collection, classification, storage, retrieval and dissemination of recorded knowledge” (Merriam-Webster, 2017) and can be broadly described as the practice of creating, storing, finding, manipulating, and sharing information. From as early as 1937 with the introduction of the first computer, a Model K Adder, to 1971, with the implementation of personal computing (Computer History Museum, 2017); society has integrated the use of technology for information management into almost all aspects of life. In healthcare, informatics provides advantages and poses risks.

Advantages
• Wellness and fitness information is readily available.
• Disease and illness information can be found through a simple web search.
• Electronic health records provide a method for documentation of care and treatment.
• Electronic health information is available across health care systems and individual healthcare providers.
• Patients have easy access to personal health information (PHI) and direct communication to their healthcare providers.

Risks
• Internet information may be misleading or inaccurate.
• Disease and illness information retrieved from the internet may be misunderstood, misinterpreted, or put to erroneous use.
• PHI can be compromised due to unauthorized access.
• Healthcare system data breaches pose a threat to health and personal data of all system participants.

J. Weaver (2017) reported that 80 percent of Americans who use the internet have searched for health-related topics. Nurses, aware of this evidence...
should develop and implement strategies that will have a positive impact. In addition to directly providing healthcare education and information via electronic means, nurses can provide much-needed education and guidance with regards to the public’s use of healthcare information retrieved from the internet. Nurses can implement strategies to provide safe evidence-based care and reduce risk of PHI compromise, by:

1. identifying and anticipating risks,
2. develop policies and procedures which provide for consistent electronic patient education practices
3. close monitoring and assessment for existing and emerging risks.

Protection and security of healthcare information in the electronic environment requires ongoing assessment, continuous monitoring and improvement of safeguards and security practices. The model shown in FIGURE A, developed by the Department of Health and Human Services (n.d.) demonstrates a cycle of monitoring to promote security and reduction of risks for breach of confidentiality, integrity and availability of private information.

**Figure A**

![Health IT Environment (Technology, Procedures & Personnel)](image1)

**Identify & Assess New Risks & Update Security Policies**

**Safeguards (Administrative, Physical & Technical)**

Monitor effectiveness of safeguards to ensure Confidentiality, Integrity, and Availability.

*(US Department of Health and Human Services, n.d.)*

**Patient Trust and Confidentiality**

According to the January 2017 Gallup poll, nursing continues to be ranked the most trusted profession in the United States (The Advisory Board Company, 2017). Protecting those who entrust us with their healthcare and safety is not only a nurse’s professional responsibility, it is a required by the North Carolina (NC) law and rules which regulate nursing practice. Ensuring that today’s nurses remain competent in this responsibility in our modern era requires knowledge and understanding and correct application of evolving technologies used in healthcare.

As the information age continues to evolve, a multitude of electronic devices and software applications are available. Preserving our patient’s trust and confidentiality can sometimes be a challenge. The “Health Insurance Portability and Accountability Act (HIPAA) and the privacy and security rules outline how individuals, including nurses, at covered entities should collect, use and handle protected health information” (Borten, 2017). This federal law and rules have prompted those covered healthcare agencies and services to develop and utilize policies and procedures to protect PHI. Nurses and other healthcare providers should follow these policies and procedures as they plan and implement patient education, sharing of information, and networking.

**Social Media**

American adults have increased their use of social media from 5% in 2005 to 69% in 2016 (Pew Research, 2017, January). One might assume that the information posted online is private because most sites require a personal login and password. Unfortunately, personal privacy settings on social media provide a false sense of security. Anything posted online on social media accounts has the potential to be viewed by the public. For example, posts shared with a friend may end up being viewed. As nurses, we have an ethical responsibility to self-regulate that which we post on social media accounts. These accounts have unlimited potential as a communications tool to help us educate our clients and share reliable healthcare information resources. However, caution should be the rule, whenever posting anything work related to social media or elsewhere on the internet.
The National Council of State Boards of Nursing (NCSBN) and the American Nurses Association (ANA) developed guidelines for upholding professional boundaries with regards to social media. The NCSBN provides several resources for download free of charge at https://www.ncsbn.org/3739.htm. These resources provide information to guide nurses in the use of social media. They provide tips for using social media appropriately while avoiding disclosure of confidential information. Although there are cases of intentional abuse and malicious intent with social media, most often the exposure of private and/or confidential information is unintentional. Nurses must remember that there is an opportunity for confusion between a patient’s right to disclose personal information about themselves and the need for healthcare providers not to reveal or share client information without a care-related need for the disclosure.

The NCSBN has summarized the following list of common myths and misunderstandings of Social Media to heighten awareness of risk related to false beliefs (NCSBN, 2011).

**MYTH:** Communication or post is private and accessible only to the intended recipient.
**FACT:** The nurse may fail to recognize that content once posted or sent can be disseminated to others.

**MYTH:** Content deleted from a site is no longer accessible.
**FACT:** The moment something is posted, it lives on a server that can always be discoverable by others, including in a court of law.

**MYTH:** It is harmless if private information about patients is disclosed if the communication is accessed only by the intended recipient.
**FACT:** This is still a breach of confidentiality.

**MYTH:** It is acceptable to discuss or refer to patients if they are not identified by name, but referred to by a nickname, room number, diagnosis or condition.
**FACT:** This, too, is a breach of confidentiality and demonstrates disrespect for patient privacy.

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**Minimize Risk when using Social Networking**

The American Nurses Association (ANA) has developed guidelines for using social media and a social networking principles toolkit (American Nurses Association, 2017). The ANA’s principles for social networking are:

**Nurses**
- must not transmit or place online individually identifiable patient information;
- must observe ethically prescribed professional patient-nurse boundaries;
- should understand that patients, colleagues, institutions, and employers may view postings;
- should take advantage of privacy settings and seek to separate personal and professional information online;
- should bring content that could harm a patient’s privacy, rights, or welfare to the attention of appropriate authorities; and,
- should participate in developing institutional policies governing online conduct.

(American Nurses Association, 2017)
Consequences for Nurses

Whether intentional or unintentional, the potential consequences for the nurse’s inappropriate use of electronic social media and networking can be severe. The consequences are variable and dependent on the specific details of each incident or event. NCSBN (Spector, Kappel, 2012) reports that a Board of Nursing (BON) may investigate the nurse if a reported event or incident includes:

- Unprofessional conduct;
- Unethical conduct;
- Moral turpitude (a malicious way of behaving);
- Management of patient records;
- Revealing a privileged communication; and,
- Breach of confidentiality.

If the NCBON finds the allegations to be true, the nurse may receive disciplinary action. Disciplinary actions by the BON can range from a letter of concern, to a reprimand, or up to sanctions that result in loss of licensure privileges. Additionally, if employment policy and/or regulations are not followed, the employer may take disciplinary action or termination. In March 2012, the NCSBN conducted a survey of executive officers and of the 30 respondents, 63% reported that they had received complaints against nurses for inappropriate use of social media. Of the 63% who reported complaints, 64% reported that they had disciplined the nurses (Spector, Kappel, 2012). In addition to violation of the Nurse Practice Act for failing to maintain patient confidentiality and safety, the nurse who discloses confidential or personal health information may be subject to prosecution by state and/or federal law enforcement.

Illustrative Stories:
The following illustrative stories (based on actual cases) are intended to highlight risky situations that could be avoided.

Public Debriefing
A nurse takes a picture of a patient room and posts it on a popular social media site along with a detailed account of his workday experiences caring for a challenging patient. The hospital room includes soiled linens with the hospital logo clearly visible, several personal patient items, and papers with printed type on a bedside table. The nurse’s account of the day is posted under the photo and includes the patient’s diagnosis and prognosis along with descriptions of an incontinence event and subsequent bathing. The photo was noticed by a friend of the patient due to the personal items on the bedside table. They were able to enlarge the photo and identify the patient’s name on the papers on the bedside table. A complaint was made to the healthcare agency regarding the breach of confidentiality and disclosure of personal health information. In addition, the comments regarding the incontinence event were considered humiliating and demeaning. The nurse was identified by the healthcare agency and terminated immediately. Further, the nurse’s actions were reported to the Board of Nursing. After an investigation by the Board of Nursing, the Board found that the nurse had violated the confidentiality requirements of the Nursing Practice Act. The nurse received a disciplinary action that will be permanently noted on their nurse license records.

Photographic Disclosure
Two nurses working in an emergency room used their cell phones to take a picture of an x-ray from a patient with a foreign body lodged in the rectum. One of the nurses then posted the picture on her personal social media page with comments. An anonymous call reported the incident to hospital administration. The nurses admitted that they had indeed taken photos of the x-ray but denied that it was posted to social media. The nurses’ employment was terminated by the hospital. The nurse accused of posting the photo removed her account from the internet site. Police were not able to acquire enough evidence to prove a violation of state law. However, the case has been referred to federal authority to investigate for federal law violations; specifically, HIPAA and patient rights violation (WISN-TV, ABC Milwaukee, 2009).

Intentional or unintentional breaches of patient confidentiality and private health information is a violation of Federal HIPAA regulations. If the information provides enough detail or could be used to identify an individual, HIPAA rule is violated. HIPAA rules outline how protected information should be collected, used, and provides detailed guidance regarding handling of any information that relates to past, present or future physical or mental health information (Thacker, 2003).

Conclusion
As technology evolves and expands, nurses and the public will need to remain diligent in accessing and using information retrieved and communicated via the internet. Educating patients about the reliability and use of healthcare information located on the internet will contribute to limiting opportunity for misinterpretation. It is essential that nurses follow policy and procedure when interacting with and contributing to personal health information records. Always remember, if you post images or comments in an online media site, they can be viewed by the public.
Read the article and the Chapter 36 (consolidated) Administrative Code Rules which guide the work of the NCBON and reflect on the following situations for reflection. Chapter 36 (consolidated) is located at http://reports.oah.state.nc.us/ncac/title%2021%20-%20occupational%20licensing%20boards%20and%20commissions/chapter%2036%20-%20nursing/chapter%2036%20rules.pdf.

**SITUATIONS FOR REFLECTION**

1. The mother of a pediatric patient has asked the nurse to snap a photo and post it to the internet so that she can download it when she gets home. What is the best response or action for the nurse in this situation? If the nurse complies with the request, what are the potential consequences with regard to NC law and rules?

2. The nurse keeps an online personal journal/blog. After one especially rough shift, the nurse decides to debrief in the blog. As long as there is no mention of patient name or identification, is it ok to write about the challenges of the day that one experienced at work? If the information is posted to the internet, are there potential consequences with regard to NC law and rules?

3. A patient and nurse have developed a close relationship during a long recovery period. The patient asks the nurse to be a “friend” on a social media site. This would make it possible for them to talk when the nurse is not on duty and share photos. What is the best response or action for the nurse in this situation? What are the implications for the nurse should they choose to engage in an off-duty internet relationship? There is not a test requirement, although reading for comprehension and self-assessment of knowledge is encouraged.

**EARN CE CREDIT**

“But all I did was share a photo of my patient’s wound with one friend—you couldn’t even see his face! … What Nurses Need to Know about Informatics, Social Media, and Security!” (1.9 CHs)

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 (What Nurses Need to Know about Informatics, Social Media, and Security!). Registration deadline is 7-01-2018.

**PROVIDER ACCREDITATION**

The North Carolina Board of Nursing will award 1.9 contact hours for this continuing nursing education activity. The North Carolina Board of Nursing is an approved provider of continuing nursing education by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

**NCBON CNE CONTACT HOUR ACTIVITY DISCLOSURE STATEMENT**

The following disclosure applies to the NCBON continuing nursing education article entitled “What Nurses Need to Know about Informatics, Social Media, and Security!”

Participants must read the CE article and additional reading(s) listed (if applicable) in order to be awarded CNE contact hours. Verification of participation will be noted by online registration. No financial relationships or commercial support have been disclosed by planners or writers which would influence the planning of learning outcomes 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.
Substance Use Disorder (SUD) occurs when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home (SAMHSA, 2015). The National Institute on Drug Abuse reported that the abuse of tobacco, alcohol, and illicit drugs is costly to our Nation, exacting more than $740 billion annually as noted in Table 1 (National Institute on Drug Abuse, 2017). North Carolina has four of the top 25 cities with the highest incidence of Opioid abuse in the country. Additionally, drug poisoning has overtaken motor vehicle accidents as the number one cause of death in 2012, as noted in Table 2 (Proescholdbell, 2017). The data on SUD, including opioid abuse transcends racial, geographic and social boundaries, impacting nurses and other professionals at rates mirroring the general public 

NCBON, 2017b). Optimal utilization of the knowledge and skills of every sector of the healthcare workforce is essential to impact this deadly trend.

Nurses are key leaders, comprising the largest segment of the healthcare workforce (U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis, 2014). Nursing leadership is essential to the optimal Interprofessional management of pain, SUD and impacting the opioid epidemic.

The North Carolina Board of Nursing (NCBON) has a long history of nursing leadership as the first Board of Nursing in the nation, established in 1903 to protect the public through the regulation of nursing practice in all settings. (Toney, 2013). The NCBON is empowered to administer the State of North Carolina Nursing Practice Act (NPA) and its regulations and to issue its interpretations of this Act. (G.S. 90, Article 9A). Licensed nurses practice in a variety of settings where pain management involving the use of opioid and other pain management strategies are utilized to manage pain in the delivery of nursing care (NCBON, 2014).

This recurring column will inform nurses about the latest regulatory and practice updates on SUD and opioid management, emerging trends, management recommendations and evidence-based resources available to address these issues. A series of informative columns will address topics relevant to all nurses on issues related to pain management both through the administration of prescribed or ordered medications and through

| Substance Use Disorder | Timely Information for Your Practice |

Bobby Lowery, Ph.D, MN, FNP-BC, FAANP, FANAI; Kathleen Privette RN, MSN, NEA-BC, FRE; North Carolina Board of Nursing

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**Table 1: Economic Burden of Substance Use (National Institute on Drug Abuse, 2017)**

<table>
<thead>
<tr>
<th>Substance Use Disorder</th>
<th>Healthcare</th>
<th>Overall</th>
<th>Year Estimate Based On</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco</td>
<td>$168 Billion</td>
<td>$300 Billion</td>
<td>2010</td>
</tr>
<tr>
<td>Alcohol</td>
<td>$27 Billion</td>
<td>$249 Billion</td>
<td>2010</td>
</tr>
<tr>
<td>Illicit Drugs</td>
<td>$11 Billion</td>
<td>$193 Billion</td>
<td>2007</td>
</tr>
<tr>
<td>Prescription Opioids</td>
<td>$26 Billion</td>
<td>$78.5 Billion</td>
<td>2013</td>
</tr>
</tbody>
</table>
use of non-pharmaceutical approaches.

The following resources on opioid prescribing and pain management may be found under the Advanced Practice Registered Nurse link on the NCBON website at www.ncbon.com (NCBON, 2017a).

- 21 NCAC 36 .0809 - Prescribing Authority
- DEA Online Renewal Application Update
- Controlled Substances Reporting System (CSRS)
- Policy for the Use of Opiates for the Treatment of Pain (Updated, 3/29/2017)
- Pain Management in End-of-Life Care
- Strengthen Opioid Misuse Prevention (STOP ACT)
- FAQ - Controlled Substance
- Pre-authorization for Medicaid Opioid Prescriptions
- Opioid Treatment Programs (http://www.ncbon.com/vDownloads/Position-Statements-Decision-Trees/opioid-treatment-programs.pdf)

**External resources on Opioid Safety/SUD:**

- Community Care of North Carolina Opioid Safety (https://www.communitycarenc.org/population-management/opioid-safety/)
- Pathways to Safer Opioid Use (https://health.gov/hcq/training-pathways.asp)
- This web-based training allows you to assume the role of 4

### Table 2: Death Rates for Three Selected Causes of Death (Proescholdbell, 2017)

<table>
<thead>
<tr>
<th>Year</th>
<th>Motor Vehicle Traffic (Unintentional)</th>
<th>Drug Poisoning (All Intents)</th>
<th>Firearm (All Intents)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1968</td>
<td>30.0</td>
<td>10.0</td>
<td>5.0</td>
</tr>
<tr>
<td>1970</td>
<td>25.0</td>
<td>15.0</td>
<td>8.0</td>
</tr>
<tr>
<td>1972</td>
<td>20.0</td>
<td>20.0</td>
<td>12.0</td>
</tr>
<tr>
<td>1974</td>
<td>15.0</td>
<td>25.0</td>
<td>15.0</td>
</tr>
<tr>
<td>1976</td>
<td>10.0</td>
<td>30.0</td>
<td>20.0</td>
</tr>
<tr>
<td>1978</td>
<td>5.0</td>
<td>35.0</td>
<td>25.0</td>
</tr>
<tr>
<td>1980</td>
<td>0.0</td>
<td>40.0</td>
<td>30.0</td>
</tr>
<tr>
<td>1982</td>
<td>5.0</td>
<td>35.0</td>
<td>25.0</td>
</tr>
<tr>
<td>1984</td>
<td>10.0</td>
<td>30.0</td>
<td>20.0</td>
</tr>
<tr>
<td>1986</td>
<td>15.0</td>
<td>25.0</td>
<td>15.0</td>
</tr>
<tr>
<td>1988</td>
<td>20.0</td>
<td>20.0</td>
<td>12.0</td>
</tr>
<tr>
<td>1990</td>
<td>25.0</td>
<td>15.0</td>
<td>8.0</td>
</tr>
<tr>
<td>1992</td>
<td>30.0</td>
<td>10.0</td>
<td>5.0</td>
</tr>
<tr>
<td>1994</td>
<td>35.0</td>
<td>5.0</td>
<td>0.0</td>
</tr>
</tbody>
</table>

α - Transition from ICD-8 to ICD-9
β - Transition from ICD-9 to ICD-10
*Per 100,000, age-adjusted to the 2000 U.S. Standard Population
Source: Death files, 1968-2014, CDC WONDER
Analysis by Injury Epidemiology and Surveillance Unit
playable characters who make decisions—controlled by you—about preventing opioid-related adverse drug events (ADEs). The characters represent the following roles: primary care physician, nurse, pharmacist, and patient.

- Educational opportunities for meeting the requirements to apply for a medication-assisted therapy waiver
- SAMHSA for a Medication Assisted Therapy waiver
- The Society of Addiction Medicine
- American Association of Nurse Practitioners

References

Updated Legislation Provides Benefit to Active Duty Military & Spouses

The North Carolina Board of Nursing announces waived initial licensing fees to all active duty military and their spouses, who are registered or licensed practical/vocational nurses. The standard Endorsement application fee of $150.00 will be waived for all initial applications of those active duty members and spouses who have or are planning to relocate to North Carolina.

In June 2017, G.S. 93B-15.1(k) was signed into law stating: “an occupational licensing board shall not charge a military-trained applicant or a military spouse an initial application fee for a license, certification, registration, or temporary practice permit issued pursuant to this section…”

All licensure requirements must be met prior to NC issuing a permanent license, to include the completion of a criminal background check. The applicant will be responsible for the cost of the criminal background check. Additionally, the nurse can request the North Carolina Board of Nursing issue a non-renewable temporary license (TL) valid for up to six months. If eligible, this process usually takes 2 to 3 weeks. The TL allows the applicant to begin employment while awaiting processing of additional required documents, to include criminal background results.

Please keep in mind, if you are planning to practice nursing anywhere other than in a federal facility in North Carolina, you are required to have a North Carolina nursing license OR a compact license which allows you to practice on your privilege under the Nurse Licensure Compact agreement. However, advanced practice registered nurses (APRN) are not covered under the compact and are required to apply for approval to practice prior to practicing in North Carolina. For more guidance on APRN approval to practice or any licensure information visit www.ncbon.com.
NCBON Staff Nationally & Regionally Recognized

Congratulations to the following North Carolina Board of Nursing staff members!

Linda Burhans, Associate Executive Officer, was awarded the Meritorious Service Award — an award granted to a member of National Council State Boards of Nursing (NCSBN) for significant contributions to the mission and vision of NCSBN — a prestigious honor indeed!

Crystal Tillman, Director Education & Practice, completed the NCSBN Institute of Regulatory Excellence (IRE) program and was awarded Fellow status.

Jennifer Lewis, Education & Practice Consultant, was awarded the Overall Excellence Award in Nursing Research at the North Carolina Organization of Nurse Leaders Annual Conference — May 11, 2017.

NORTH CAROLINA BOARD OF NURSING CALENDAR

Board Meeting:
January 19, 2018

Administrative Hearings:
November 30, 2017; February 22, 2018

Education/Practice Committee:
November 29, 2017

Hearing Committee:
October 21, 2017; January 25, 2018

Licensure Review Panel:
November 9, 2017; December 14, 2017; January 11, 2018; February 8, 2018
A new era of nursing licensure was ushered in on July 20, 2017, when Governor Roy Cooper signed enhanced Nurse Licensure Compact (eNLC) legislation into law, making North Carolina the 26th state necessary for eNLC enactment. The Interstate Commission
of Nurse Licensure Compact Administrators, the governing body of the eNLC, set the date of January 19, 2018, for eNLC implementation.

**So What Does This Mean For You?**

The eNLC, which is an updated version of the original Nurse Licensure Compact (NLC), allows for registered nurses (RNs) and licensed practical/vocational nurses (LPN/VNs) to have one multi-state license, with the ability to practice in person or via telehealth in both their home state and other eNLC states. All applicants for a multistate license are required to meet the same licensing requirements, which include federal and state criminal background checks.

On Jan. 19, 2018, nurses with eNLC multistate licenses may begin practicing in the 26 eNLC states, listed below.

In original NLC states that have enacted eNLC legislation like North Carolina, a nurse who holds a multistate license on or before July 20, 2017, will be grandfathered into the eNLC and will be able to practice in other eNLC states beginning on the implementation date. You do not need to take any action unless you move to another state. If you do move to another state that is a member of the eNLC, you will need to apply for licensure and meet the Uniform
Licensure Requirements (ULRs) in order to obtain a multistate license. Likewise, all nurses applying for licensure and declaring North Carolina their home state will need to meet the ULRs. The ULRs may be found at https://www.ncsbn.org/eNLC-ULRs_082917.pdf A nurse residing in a state that is new to the eNLC will be able to practice in other eNLC states contingent upon that board of nursing issuing the nurse a multistate license.

The current states in the eNLC include: Arizona, Arkansas, Delaware, Florida, Georgia, Idaho, Iowa, Kentucky, Maine, Maryland, Mississippi, Missouri, Montana, Nebraska, New Hampshire, North Carolina, North Dakota, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia and Wyoming. Work will continue toward the ultimate goal of having all 50 states in the compact.

Additionally, beginning January 19, 2018, a nurse with a multistate North Carolina license will no longer have multistate privileges in Colorado, New Mexico, Rhode Island and Wisconsin. Also, if you are a North Carolina licensee who was issued a single state license, or if you have any stipulation on your license which limits your practice to North Carolina only, you will not be eligible for a multistate license or multistate licensure privileges.

You must keep in mind that your nursing practice takes place where the patient is located. If the patient is located in another state, you need to be licensed to practice in that state. A multistate license helps to facilitate that, but you must still adhere to the laws and regulations of the state in which you are practicing, whether that be in person or via telehealth.

The practice of nursing is not limited to patient care and does include all nursing practice, as defined by state practice laws of the state in which the patient/client is located.

If you need to practice in a state that is not a member of the eNLC, you will need a single-state license, issued from that state regardless of whether you hold a multistate license.

Additional information about the eNLC can be found at https://www.ncsbn.org/enhanced-nlc-implementation.htm or www.nursecompact.com. For the latest information, follow the eNLC on Twitter or Facebook.
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Role of the Registered Nurse in North Carolina... Is It Limited?

- Why doesn’t the Board increase the scope of practice for the RN?
- Why is the scope of practice for RNs in NC so limited?
- Why can’t RNs in NC do ...?

The North Carolina Board of Nursing (NCBON) frequently receives questions like these from nurses, managers, administrators, and nurse educators from across the state. These individuals may not be aware that the NC Registered Nurse (RN) scope of practice is actually very broadly defined and already allows RNs to practice to the full scope of their educational preparation, experience, and competence. Many of the limitations addressed in questions such as these are based on misperceptions of NC nursing laws and rules; other more restrictive laws and rules governing entities other than the NCBON; or employing agency policies that are more restrictive than laws and rules. The purpose of this article is to clarify the practice potential and breadth of RN scope of practice in NC.

The Nursing Practice Act (Law), G.S. 90-171.20(7) and North Carolina Administrative Code (Rules), 21 NCAC 36.0224 govern RN practice in North Carolina. These documents are accessible on the NCBON website at www.ncbon.com under the laws and rules tab. At the practice tab on this same website, you are able to locate RN and Licensed Practical Nurse (LPN) Scope of Practice Position Statements. While the RN and LPN legally-defined scopes of practice apply at all times, regardless of specific practice setting, the Position Statements explain nursing role and responsibility issues about which the NCBON receives many questions. Reading these position statements and the related rules together provides detail helpful to RNs, LPNs, employers, and educators.

Basic RN education prepares nurses as generalists with basic competencies to deliver nursing care. Throughout each nurse’s career increased competencies are achieved through further education, experience, and certifications. The nurse considering accepting a specific assignment or responsibility is responsible for assuring that he/she possesses the appropriate knowledge, skill, ability, and validated competence to accept that assignment or responsibility. An assignment or activity may well be within RN scope of practice but an individual nurse may not be prepared and competent to accept an assignment or perform an activity without prior education and competence validation.

This article does not address LPN scope of practice in detail. LPN practice is more limited and focused. LPN practice, in contrast to RN scope, is dependent and directed. LPN practice requires assignment or delegation by and performance under the supervision, orders, or directions of an RN, physician, dentist, or other person authorized by State law to provide LPN supervision.

RN Practice encompasses the full scope of nursing and includes caring for all clients in all settings. Specific work responsibilities will vary from one RN to the next. An RN’s duties and title are often determined by their work setting or patient population served. The RN scope of practice in all steps of the nursing process is independent and comprehensive. RN practice does not require assignment or supervision by a higher-level health care provider. RN scope of practice is not defined by specific activities or tasks but rather by the professional, competent use of the nursing process in delivering safe, effective nursing care and services in dynamic and evolving practice settings. The practice of nursing is constantly evolving as new and changing technology and therapies are introduced. The NC Nursing Practice Act and Rules allow for this ongoing evolution.
Example A: Originally, only physicians were able to measure blood pressure using a mercury manometer or sphygmomanometer.

Evolution of Example A: Most blood pressure measurement is now done with electronic devices. A wide range of licensed and unlicensed personnel are able to perform this measurement. Licensed health care professionals remain responsible and accountable for the interpretation of those measurements. It is currently common practice for RNs in critical care units to measure arterial and venous pressures through indwelling catheters with the use of complex equipment. The evolution in levels of responsibility is clear.

RN Components of Practice defined in nursing law and rules include: accepting an assignment; assessment; planning; implementation; evaluation; collaboration; reporting and recording client status and data; teaching and counseling clients; supervising, teaching, and evaluating those who perform nursing functions; and accepting responsibility for self for individual nursing actions, competence, and behavior. The appropriate and effective RN assignment of nursing care to other RNs and LPNs and the delegation of nursing activities to Unlicensed Assistive Personnel (UAP) is an essential element in assuring safe client care. The RN, while considering the input of LPNs, UAP, and others involved in the care of the client, maintains overall responsibility for all aspects of client nursing care delivery at all times.

Each agency/employer is responsible for developing policies/procedures/standards of practice and ensuring competency of the nursing staff. An agency or employer, including authorized licensed health care providers, may restrict but never expand the nurse’s practice beyond the legal scope as defined in law and rules.

Example B: Hospital ABC, due to liability concerns, has established a policy that only a select group of 10 specially-trained RNs are approved to administer certain chemotherapy drugs. The other hospital nurses believe this activity is no longer within their scope of practice.

Reality of Example B: Administration of these medications is still within scope of practice for all other RNs employed by Hospital ABC (if educated and competent). Only their practice in this specific hospital is limited or restricted by this policy. If hired by another hospital, administration of chemotherapy might be an expectation of all RNs.

Example C: An RN is employed by a physician in a Medi-Spa. The physician “authorizes” the RN to determine the need for, and to administer per the RNs own assessment, a variety of cosmetic procedures and pharmaceutical agents to any and all clients presenting for treatment even if they have not been evaluated by the physician. The physician tells the nurse that he/she had no liability because he/she is administering medications and treatments under delegation of the physician who retains all responsibility.

Legal Realities of Example C: Medical diagnosis and treatment is beyond the RN’s scope of practice. Medical diagnosis and treatment is restricted by law to physicians, nurse practitioners, and physician assistants. The NC Medical Board requires that clients be evaluated by a physician, nurse practitioner, or physician assistant prior to the administration of cosmetic procedures. Once the client is medically assessed and diagnosed, it is within the RN scope...
of practice to implement those cosmetic procedures for which she/he is educated and competent according to patient specific orders and/or standing orders. In addition, physician delegation cannot ever expand RN (or LPN) scope of practice nor alleviate liability of licensed personnel. Licensed nurses are fully responsible and accountable for their own actions and this cannot be transferred to a delegating person in any situation.

RN Components of Practice also include nursing management and administration. The RN manages the delivery of nursing care through the ongoing supervision, teaching, and evaluation of nursing personnel and through the direct observation and care of clients and the evaluation of nursing care given. Only the RN may validate the competency of licensed and unlicensed staff providing nursing care. The RN administers nursing services through the identification, development, and updating of standards, policies, and procedures related to the delivery of nursing care; implementation of the identified standards, policies, and procedures to promote safe and effective nursing care for clients; and planning for and evaluation of the nursing care delivery system.

Standing Orders are a valuable tool in supporting the broad scope of RN practice. Standing orders allow for the facilitation of timely interventions and the removal of barriers to care for various patient populations in both outpatient and inpatient settings. Standing orders are the signed instructions of a provider authorized by state law to prescribe/order a medical treatment and/or pharmaceutical regimen. Standing orders describe the parameters of specified situations under which the nurse may act to carry out specific orders for a client or client population presenting with symptoms or needs addressed in the standing orders. They outline the assessment and interventions that a licensed nurse may perform or deliver. While it is not within the nurse's scope of practice to make a medical diagnosis, identify medical problems, develop medical treatment plans, or declare someone “free” of illness, the nurse can provide assessment and implement standing orders to facilitate client care. (See details in Standing Orders Position Statement at www.ncbon.com)

• Example D: The physicians, nurse practitioners, and physician assistants in an outpatient setting are overwhelmed with the sheer volume of clients presenting for care. The waiting list for appointments has grown to unmanageable levels and clients are

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waiting for 8 weeks for an appointment or are being referred to urgent care settings resulting in decreased continuity of care, client satisfaction and revenue loss for the practice.

• Potential Solution for Example D:
  Implement an RN-staffed assessment center within the practice! The RN scope of practice enables the RN to: perform a history and physical; triage the need for immediate care; determine need for timely referral to provider; prioritize waiting list placement in collaboration with scheduling staff; implement standing orders for indicated laboratory studies and x-ray examinations; review test results and report to provider; and implement other medical treatment/pharmaceutical regimen as indicated by standing orders. This will improve the care of clients in need of immediate care or referral, increase client satisfaction, improve office flow, and retain practice revenue.

What if I am not sure about my scope of practice in a specific situation?
Under NC Law and Rules, the NCBON defines and interprets scopes of practice for all levels of providers of nursing care. That legally-defined scope remains unchanged regardless of setting. If you are unsure, take the following steps:
1. Review the Position Statements available on the Board website as noted below under resources. These provide guidance for nurses faced with issues of frequent concern.
2. If not addressed in a Position Statement, use the NCBON Scope of Practice Decision Tree for the RN and LPN also available on the Board website. This decision tree walks you through each step required to determine if a specific activity is within your scope.
3. If still unsure, NCBON Education-Practice Consultants are available to respond to or clarify your concerns.
at practice@ncbon.com or at 919-782-3211 extension 242.

So, let’s re-examine the questions posed at the beginning of this article in light of the information you have acquired:

Why doesn’t the Board increase the scope of practice for the RN?
The RN scope of practice in NC is very broadly defined. It already allows RNs to practice to the full scope of their educational preparation, experience, and competence.

Why is the scope of practice for RNs in NC so limited?
The RN scope of practice in NC is not limited—it is defined as being independent and comprehensive. It is possible that, in some cases, employer policies or laws other than nursing laws (such as other occupational or facility licensing laws and rules) are the reasons for some limitations. It is also possible that a limitation is perceived but not real.

Why can’t RNs in NC do …?
It is likely that, given the appropriate education, competence validation, and employer policies, the RN in NC IS able to do… unless otherwise prohibited by law or employer policy. The NCBON Scope of Practice Decision Tree for the RN and LPN provides the needed guidance to change “can’t” to “can” in most cases.

NCBON Resources
Available at www.ncbon.com—select Practice tab—select Position Statements & Decision Trees:
• Accepting Assignments
• History and Physical Examination
• Standing Orders
• Scope of Practice Decision Tree for the RN and LPN

Available at www.ncbon.com—select Law & Rules tab—select Nursing Practice Act and Administrative Code (Rules):
• Nursing Practice Act (NPA) - G.S. 90-171.20(7) – Law governing RN Scope of Practice
• Administrative Code (NCAC) - 21 NCAC 36.0224 – Rules Governing RN Scope of Practice

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Are you and your nursing colleagues receiving emails and “snail” mail directly from the NCBON?

If not, the NCBON NURSE GATEWAY is your key! The NC Board of Nursing communicates directly with licensees, using various methods and for a variety of reasons:

- **Nursing Bulletin**—The Nursing Bulletin is mailed to your physical address on file 3 times a year. Missed an issue? Both current and back issues are available on the Board website at www.ncbon.com.
- **License Renewal**—Your biennial license renewal reminder is sent via “snail” mail postcard and is also sent electronically to your email address on file.
- **Nurse Member Election**—Annually, voting information and reminders are sent via email to facilitate your participation in electing RN and LPN Board Members.
- **Other Announcements**—Special and urgent Board announcements are frequently sent via email. If you are not receiving these communications, your address and e-mail information on the Nurse Gateway may be outdated. It is each nurse’s legal responsibility to update this information as it changes. It is important to note that using your employment email address frequently results in blocked NCBON emails, therefore causing Board notifications to not reach you. Please use your home address and personal email address on the Gateway to ensure that Board communications reach you directly.

The NCBON Nurse Gateway provides all Nurses and Nurse Aide II’s an interactive portal to manage licenses and listings; allows access to printable documents; change of address forms; and many more features. The Nurse Gateway is used to submit all license and listing applications including Advance Practice approvals and registrations.

Accessing the Nurse Gateway is easy! At www.ncbon.com, simply select “LOG IN” on the homepage GATEWAY icon to access your portal. Select “Learn More” to discover what your portal gives you access to.

If you or your colleagues are not receiving NCBON communications; have moved; or have changed your phone number or email address, log onto the Nurse Gateway NOW and update all of your contact information, including your current personal “snail” mail and email addresses!

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Tribute to Duke Life Flight Team

Our condolences go out to the Duke Health Team, friends, and family for the tragic loss of nurses Kris Harrison, RN, Flight Nurse, Crystal Sollinger, RN, Flight Nurse, Jeff Burke, Pilot, and patient, Mary Bartlett due to a helicopter crash on September 8th.

As nurses, Kris and Crystal devoted their careers to helping others, accompanying and caring for critically ill patients from several states, on their journey to lifesaving treatments at Duke. Even as they put themselves at risk every day, our nurses never hesitated to enter unknown situations and use their skills, experience and multiple professional certifications to bring comfort and healing to those in need.

Crystal started at Duke University Hospital in the CCU in 1992, and transferred to Duke Life Flight in 2001. Colleagues have said that her beautiful smile showed through even on the gloomiest days, that she believed in everyone, and that she is the reason many new team members felt welcome.

Kris started with Duke Life Flight in 1999, after his service at WakeMed. His colleagues knew him as a “doer”—interested in everything, and an avid sportsman who enjoyed hunting, fishing and football. He was an amazing father and husband and was looked to by his family and community. Kris and Crystal will be remembered as exemplary nurses who personified Duke Health’s values and who leave behind lasting legacies of caring. Crystal is survived by her husband. Kris is survived by his wife and two daughters.

Duke Life Flight is a CAMTS accredited Critical Care and Emergency Air and Ground transport agency in Durham, NC, providing services to North Carolina and its surrounding states.
EDUCATION & PRACTICE CONSULTANT AVAILABLE TO PRESENT

An NCBON education & practice consultant is available to provide educational presentations upon request from agencies or organizations. To request an education & practice consultant to speak at your facility or via webinar, please complete the Presentation Request Form online and submit it per form instructions. The NCBON will contact you to arrange a presentation. A minimum of 30 participants are required for presentations.

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 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 webinar.

- **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 webinar.

- **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 CH) - 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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ONLINE BULLETIN ARTICLES

- What Nurses Need to Know about Informatics, Social Media, and Security (19 CHs). No fee.
- Regulatory Intelligence: A Necessary Competency for Advanced Practice Nurses (2 CHs). No fee.
- What Could Happen: The consequences of "practice drift"...Is It Worth the Risk? (15 CHs). No fee.
- Development of Sanctioning Guidelines for Public Discipline in Nursing Regulation. The North Carolina Board of Nursing Journey (1 CH). No fee.
  
  More offerings on www.ncbon.com

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ORIENTATION SESSION FOR ADMINISTRATORS OF NURSING SERVICES AND MID-LEVEL NURSE MANAGERS

Face-to-face workshop at NC Board of Nursing office. Learn about 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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- September 11, 2018
- November 7, 2018

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

- Understanding the Scope of Practice and Role of the LPN (1 CH) - Provides information clarifying the LPN scope of practice. An important course for RNs, LPNs, and employers of LPNs. No fee.
- Legal Scope of Practice (2.3 CHs) - Provides information and clarification regarding the legal scope of practice parameters for licensed nurses in North Carolina. $40.00 Fee

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PODCASTS

- Just Culture Podcast & Resources
- Continuing Competence Requirements
- Internationally Educated Nurses
  
  http://www.ncbon.com/dcp/rnews-resources-podcasts (No CH provided)

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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.
Although we just completed a successful Board of Nursing election, we are already getting ready for our next election. In 2018, the Board will have three openings: Nurse Educator: ADN/Diploma, Staff Nurse, LPN. This form is for you to tear out and use. This nomination form must be completed on or before April 1, 2018. 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 may also 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, 2018.

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, 2018, for the nominee to be considered for candidacy. Petitions received before the April 1, 2018, deadline will be processed on receipt.
9. Elections will be held between July 1 and August 15, 2018. Those elected will begin their terms of office in January 2019.

Please complete and return nomination forms to 2018 Board Election, North Carolina Board of Nursing, P.O. Box 2129, Raleigh, NC 27602-2129.
The North Carolina Board of Nursing (NCBON) launched a completely redesigned website, www.NCBON.com, in September. The new site features enhanced navigation and a user-friendly content structure—designed to improve the quality of visitor interactions, creating a more meaningful and valuable user experience.

Last year, www.ncbon.com received more than 1.1 million visits and 4.2 million page views, therefore, we concentrated on understanding visitor behavior and needs through website analytics and feedback methodologies. Attention was given to how our content was organized, structured and labeled. Our goal was to ensure that the user interface was easy to access, understand and help facilitate the users needs.

What you’ll love about the new website:

- **Homepage**—at a glance, Nurse Gateway, upcoming events, recent NCBON news, licensure Statistics and quick links to get you where you want to go with one click
- **Department Overview Pages**—provides a gateway to our content by giving users a quick guide around the available content on a specific subject, featured topic or publication
- **Topics of Interest**—each diverse group (Nurses, Nursing Students, Program Directors and consumers) will have their own unique section of the website that offers resources, materials and serves as a gateway to additional content
- **Widgets**—access to Google translate, AccuWeather and the “I want to…” dropdown which contains quick links to things you can do on the website

We hope you find the new website refreshing and modern, user-friendly with easy to access pertinent information. We will continuously expand our online content to bring you updated and relevant information. We appreciate your valued feedback and suggestions—your input is extremely important to us.
LIFECARE HOSPITALS OF NORTH CAROLINA IS HIRING RNs!

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SUMMARY of ACTIVITIES

Administrative Matters
• Approved designation of funds
• Approved proposed Strategic Plan for 2018 – 2021
• Approved final report for 21 NAC 36, Board of Nursing and directed staff to proceed with next steps in the periodic review of rules
• Approved appointment to Midwifery Joint Committee

Education Matters
Ratification of Continued Full Approval Status:
• Bladen Community College – ADN and PN
• Central Carolina Community College – ADN and PN
• Foothills Community College – ADN
• Isothermal Community College – PN
• Rowan-Cabarrus Community College – PN
• Winston-Salem State University – BSN

Ratification to Approve the Following Expansions in Enrollment:
• Cape Fear Community College – ADN, increase of 20 for a total of 200 beginning August 1, 2017
• Davidson Community College – LPN, increase of 10 for a total of 30 beginning August 17, 2017
• Gardner-Webb University – BSN, increase of 30 for a total of 150 beginning May 1, 2017

Notification of Alternate Scheduling Options:
• Cape Fear Community College – LPN to ADN Option
• Edgecombe Community College – LPN to ADN Option
• Forsyth Community College – LPN to BSN RN Option
• Halifax Community College – LPN to ADN Option
• Gardner-Webb University – ABSN Program Option
• Pfeiffer University – LPN to BSN Program Option
• Stanly Community College – LPN to ADN Option

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Election Results for 2017

New Members

- **Pamela Edwards**, Educator at Duke University School of Nursing, from Willow Spring, NC was elected as RN – At Large to the NC Board of Nursing. Mrs. Edwards has served as a nurse executive and nurse educator and has previously served on the NC Board of Nursing, in her 38 years of practice.

- **Lori Lewis**, of Fayetteville, NC, currently works at the Fayetteville VA Medical Center and was elected in the LPN position to the NC Board of Nursing. Mrs. Lewis has been working as an LPN since 2002.

- **Ashley Dixon**, of Raleigh, NC, was appointed to the NC Board of Nursing, as a public member in July 2017. Mrs. Dixon is a realtor in the Raleigh area, looking forward to serving the public in her new role as Board Member.

Chair & Vice Chair Elections

- **Pat Campbell**, public member and 2017 Chair, was re-elected to Chair the Board for 2018.

- **Frank DeMarco**, RN-Nurse Administrator- Hospital/Hospital System, was elected as Vice-Chair for 2018.
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