Let's Not Forget Why We Started:
A Nursing Student’s Graduation Reflection
– page 18
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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- Clinical Ladder
- Education Resource Fund
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Ask us about our transition incentives!*

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To hear how NHRMC offers a broad range of opportunities in a supportive environment, watch our video at nursingatnhrmc.com

*Restrictions apply
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.... perhaps a record number of candidates

The cover story of this issue of the magazine is our traditional Election article and information on the Board of Nursing’s slate of candidates for the annual election taking place July 1st to August 15th. This year, because of the RN At-Large position, we have perhaps a record number of candidates. Twenty-two nurses have qualified for the At-Large slot and two LPNs qualified for the open LPN position.

What a diverse slate of candidates! They are an impressive group of individuals with a great deal of experience from all over our state. Even reading their bios is an interesting exercise. Due to the large number of candidates and limited space in this issue, we have highlighted each candidate’s response to the following question: “What do you have to offer the public of North Carolina, if you are elected to the Board of Nursing?”. For each candidates full interview and biography, please visit the “Information Spotlight” on the homepage of the NCBON website, www.ncbon.com.

It is encouraging to see so many qualified individuals seeking a leadership role in their profession. In a day and time when many appear to be turned off to voting or running for a position of authority, it certainly does not appear to be a problem that plagues the nursing profession.

These 24 individuals have taken an interest in running for the Board and have agreed to serve if elected. Please take the time to review their bios and brief statements.

Remember this is the only state where YOU get to vote for your Board of Nursing members. Don’t miss this opportunity, it only takes a few minutes.

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

NORTH CAROLINA BOARD OF NURSING CALENDAR

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NORTH CAROLINA NURSES VOTE in 2017!

Joyce V. Winstead, MSN, RN, FRE and David Kalbacke

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

Outcome:
Nurses reading this article will have the knowledge necessary to nominate and elect the nursing members to the North Carolina Board of Nursing.

- North Carolina licensed nurses have a privilege not held by other nurses in the United States. The North Carolina licensed nurse has the privilege to nominate, vote, and elect the nursing members to the North Carolina Board of Nursing.
- Elections for members of the North Carolina Board of Nursing are conducted annually. Elections are held July 1 to August 15th.
- The percentage of nurses that voted in the 2016 election was 3%.
- Every nurse that holds an active North Carolina nursing license is eligible to vote in the annual North Carolina Board of Nursing elections. Candidate positions for the 2017 NC Board of Nursing Elections of nurse members are: Registered Nurse at-Large and Licensed Practical Nurse.
- Nurses of North Carolina can preserve their privilege to elect members to the Board of Nursing by participating in the annual elections. Nurses of North Carolina have been given a great privilege to elect the members of the Board of Nursing. This privilege is sustained through the active voting by the nurses of North Carolina.

The mission of the North Carolina Board of Nursing (Board) is to protect the public through the regulation of nursing practice. Over the years, the Board has grown to license more than 150,000 registered and licensed practical nurses. The Nursing Practice Act authorizes the Board to regulate nursing practice in North Carolina. The regulation of nursing practice includes nursing education, licensure, scope of practice, discipline, and regulatory monitoring. The elected Board members determine and direct the regulation of nursing practice in NC.

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

In 1903, the North Carolina Legislature passed a law creating the Board of Nurse Examiners, later to be known as the Board of Nursing. The Bill was signed by Governor Charles Aycock and made North Carolina the first state in the nation to have a Board of Nursing and to mandate nursing registration for nurses. The first North Carolina Board of Nurse Examiners was composed of two physicians (elected by the North Carolina Medical Society) and three nurses from the North Carolina State Nurses’ Association. The nurses to first serve on the newly formed Board of Nurse Examiners were Constance E. Pfohl of Winston-Salem, Mrs. Marion H. Laurance of Raleigh, and Mary L. Wyche of Durham.

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

Composition of the Board of Nursing

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

Qualifications of Members Elected to the Board of Nursing

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

- Nurse administrator (1 position)—is employed by a hospital or a hospital system, has accountability for the administration of nursing services, and is not directly involved in patient care;
- Advanced Practice Registered Nurse (APRN) (1 position)—meets the requirements to practice as a certified registered nurse anesthetist, a certified nurse midwife, a clinical nurse specialist, or a nurse practitioner;
- Staff nurses (2 positions)—individuals primarily involved in direct patient care regardless of the practice setting;
- At-large registered nurse (1 position)—registered nurse that is not currently an educator in a nursing program that leads to licensure or granting a degree;
- Nurse Educators (3 positions): must meet the minimum education requirements established by the Board's education program standards for nurse faculty. The positions are:
  - Practical nurse educator (1 position)
  - Associate degree or diploma nurse educator (1 position)
  - Baccalaureate or higher degree nurse educator (1 position)
- Hold a current, unencumbered license to practice as a registered nurse in North Carolina and be a resident of North Carolina;
- Have a minimum of five years of experience as a registered nurse;
- Have been engaged continuously in a position that meets the criteria for the specified Board position for at least three years immediately preceding the election; and
- Provide evidence that the registered nurse's employer is aware of the nurse's intentions to serve on the Board.

The qualifications for the three licensed practical nurse positions are:

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

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

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

- Administer and issue interpretations of the NPA.
- Adopt, amend, or repeal rules and regulation necessary to implement the NPA.
- Establish qualifications and employ an executive officer who shall be a registered nurse and who is not a member of the elected Board.
- Employ other personnel to implement the NPA.
- Examine, license, and renew the licenses of duly qualified applicants for nursing licensure.
- Investigate and take appropriate disciplinary action for all persons violating the NPA.
- Establish standards for nursing education programs; to include standards to be met by students, faculty, curricula, facilities, resources, and administration of the programs.
- Grant or deny approval for nursing programs, and review all nursing education programs at least every eight years or more often as necessary.
- Grant or deny approval of continuing education programs for nurses.
- Maintain records of all proceedings and provide an annual summary of actions.
- Appoint as necessary, advisory committees to deal with any issue under study.
- Appoint and maintain a subcommittee of the Board to work jointly with the subcommittee of the Board of Medical Examiners to develop rules and regulations to govern the performance of medical acts by registered nurses.
- Recommend and collect fees for licensure, renewals, examinations, and re-examinations.
- Implement the interstate compacts to facilitate the practice and regulation of nursing.
- Establish and provide programs for aiding in the recovery and rehabilitation of nurses who experience
chemical addiction or abuse, or mental or physical disabilities.

- Request criminal background checks for applicants applying for licensure.
- Implement and regulate continuing competence in the practice of nursing at the time of license renewal or reinstatement.
- Order the production of any records concerning the practice of nursing relevant to a complaint received, an inquiry, or investigation by the NCBON.

**Elections of Board of Nursing Members**

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

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

**Perspectives from Former Board Members**

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

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

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

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

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

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

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

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

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

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

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

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

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

Candidates for the 2017 NC BOARD OF NURSING ELECTION OF NURSE MEMBERS

The Board invites you to take the opportunity to learn more about the candidates nominated for the upcoming Board member elections. Each candidates’ biographical information and a brief interview are provided on the NCBON website, with a highlight of responses included on the following pages.

A NURSING PRIVILEGE

The opportunity to elect nursing members to the Board of Nursing is a
pride held by nurses of the state of North Carolina. In the words of former Board member, Patricia Beverage, LPN “… not only do I recommend that each licensed nurse vote in North Carolina, but I also recommend that you consider running for the Board yourself should you have inclination. I can’t help but think that you will find it a most rewarding experience.”

VOTE July 1 – August 15th, 2017!

Reference:

Instructions for Voting

Voting begins July 1, 2017 and continues to August 15, 2017 at midnight

Voting for Board members is easy as a clicking a computer mouse.

Vote online from any location via computer, 24 hours a day, 7 days a week!

Vote with or without Receiving Continuing Education Credit

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

EARN CE CREDIT

“NORTH CAROLINA NURSES VOTE in 2017!” (2 CH)

INSTRUCTIONS

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

RECEIVE CONTACT HOUR CERTIFICATE

Go to www.ncbon.com and scroll over “Nursing Education”; under “Continuing Education” select “Board Sponsored Bulletin Offerings,” scroll down to the link, NORTH CAROLINA NURSES VOTE in 2017!

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

If you experience issues with printing your CE certificate, please email practice@ncbon.com. In the email, please provide your full name and the name of the CE offering (North Carolina Nurses Vote in 2017).

Registration deadline is 8-15-2017.

PROVIDER ACCREDITATION

The North Carolina Board of Nursing will award 2.0 contact hour for this continuing nursing education activity.

The North Carolina Board of Nursing is an approved provider of continuing nursing education by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

NCBON CNE CONTACT HOUR ACTIVITY DISCLOSURE STATEMENT

The following disclosure applies to the NCBON continuing nursing education article entitled “NORTH CAROLINA NURSES VOTE in 2017!”

Participants must read the CE article in order to be awarded CNE contact hours. Verification of participation will be noted by online registration. No financial relationships or commercial support have been disclosed by planners or writers which would influence the planning of educational objectives and content of the article. There is no endorsement of any product by NCNA or ANCC associated with the article. No article information relates to products governed by the Food and Drug Administration.
2017 Slate of Candidates

The Board invites you to take the opportunity to learn more about the candidates nominated for the upcoming 2017 Board Election for LRP and RN:At Large positions. Due to the large number of candidates for 2017, full interviews and biographical information are available under the “Information Spotlight” on the NCBON website, www.ncbon.com. On the following pages, you can find each candidates’ answer to the following question:

“What do I have to offer the public of North Carolina if I am elected to the Board of Nursing?”

Voting begins July 1, 2017 and closes at midnight on August 15, 2017.

2017 Slate of Candidates

LPN

Lori Ann Lewis
I’ve had the pleasure of caring for veterans who have served and protected our nation for 9½ years and for the elderly, who gave birth to generations that will be affected by the Board’s decisions for years to come. Being from a small town has given me insight into the needs of the rural community. I am a deeply committed patient advocate and willing to work to make changes to benefit the communities of North Carolina.

Caron Tate
Thirty-seven years of experience in multiple fields of nursing.

Nikki Nissen
I can offer my passion, enthusiasm, and education while serving North Carolina as an RN at large. In my leadership experience, I have had the opportunity to impact policy and create change that has positively impacted the patients we care for. I offer experience to influence practice issues and support nurses to deliver high quality care. I would champion keeping patient safety at the core of the decisions that are made.

RN – At Large

Juli Forbes
If elected to the NCBON, I bring 13 years of clinical and leadership experience that will inform how I ensure the profession advances, serves the public and improves the health of NC. My leadership experience will allow me to understand and participate in shaping how the regulation of nursing keeps the public’s best interest at the forefront of decision making.

Rachel Graham
I offer the public a strong work ethic. I believe in the laws and regulations that the Board has set and I have followed them for 14 years. I believe that all nurses have a duty to do this to keep providing safe care.

Audrey Shomper
I offer my nursing experience of twenty-four years, most recently obtaining my BSN at Mars Hill University. I feel confident that I am equipped with the knowledge, skills, and professional dispositions to provide innovative health care across the lifespan through the roles of provider care, designer of care, member of the profession, and member of the interdisciplinary team. Igniting passion and being very proud of being a nurse in North Carolina.

Windy Bowen-Horn
With so many changes in healthcare, I feel it is important to always remain a patient advocate and protect them based on guidelines of safety and evidence-based best practices. Serving on the BON will allow me the opportunity to uphold the mission of the NCBON and ‘protect the public by regulation the practice of nursing’.

Lakisha McDonald
I offer a sincere, compassionate, non-biased and open-minded view from the staff nurse’s perspective. I take a daily walk in the staff nurse’s shoes, providing direct patient care. To truly be on the front line could afford valuable insight for a holistic approach to care across the continuum.
**What do I have to offer the public of North Carolina if I am elected to the Board of Nursing?**

Voting begins July 1, 2017 and closes at midnight on August 15, 2017.

Full interviews and biographical information are available under the “Information Spotlight” on the NCBON website, www.ncbon.com.

### RN – At Large

#### Paul Sanford
My best asset to serve North Carolinians is innate to my character: a passion to serve others to the best of my various abilities. I’ve been given a spirited drive to utilize my unique gifts. To this public board, I bring a vast set of nursing experiences and education, but also an open ear for new or different perspectives. I have learned to value integrity, to key on constant improvement, and always strive for excellence.

#### Deborah Herring
I offer my experience, integrity and passion to serve all people in the state of NC for over 32 years in the Public Health workforce, upholding the mission to “Protect, Promote and Assure the Health of All People”. I have always promoted the role of the nurse is to assure patient centered services that engages and empowers them to obtain their goals.

#### Shawna Knight
Serving on the BON would enable me to offer my unbiased opinions and skills based on experience and education to assist in decision making and planning for our profession that is ever changing. I have served as a staff nurse primarily in Maternal Child, a Perinatal Bereavement Counselor and Coordinator, and a Crisis Intervention Resource in the last seven years. I currently serve as a clinical Nurse Manager leading RN’s in best practice and care.

#### Helen Voss
I have been an RN for 25 plus years working on med-surg, telemetry, and rehab units. I am a leader who has worked with multi-level and professional teams to improve patient care and delivery. I am not afraid of risks and am willing to work to make a difference. I recognize that relationship is how to make improvements and one must work at building them to make change take place.

#### Melinda “Mendy” Moody
I will bring to the NCBON a willingness to be open-minded when discussing new ideas, challenges and problems. My experience as a staff nurse, educator and practice manager will help me to make sound decisions that take into account the different viewpoints of staff nurses, managers, physicians and administrators.

#### Allison Moody
I have experienced many difference outlets of nursing in my career which gives me a unique perspective of how the different disciplines of nursing connect to one another. I would love to bring the perspective to the board when making decisions that will impact all nurses.

#### Pamela Edwards
I would support the mission, vision and values of the NCBON in protecting the public through excellence in regulation of the practice of nursing. I am an experienced former board member, offering a passion for nursing, high ethical standards, and the ability to focus on the mission with a view toward the future.

#### John Morris
Clear-headed, creative and compassionate serving with outside the box solutions, a facility for interpersonal communication and a tireless work ethic.
“What do I have to offer the public of North Carolina if I am elected to the Board of Nursing?”
Voting begins July 1, 2017 and closes at midnight on August 15, 2017.
Full interviews and biographical information are available under the “Information Spotlight” on the NCBON website, www.ncbon.com.

RN – At Large

Kimberly Collins
I offer my experiences of leadership and belief in our competence, our strength, our power, and our potential as a profession. I support nursing excellence and expect that of myself in whatever job I am tasked to do. I have the ability to work autonomously; however, I value the expertise of others and appreciate working collaboratively in a team environment.

Suzanne Gunter
I believe I offer the public of NC years of experience as a nurse, caring for patients in various ICU units; responsible for assessment, planning, delivering, and evaluation of patient care in a critical care setting. Coupled with an advanced degree in business administration I have demonstrated ability to provide emerging strategy perspective while continuously seeking ways to transform healthcare delivery. I understand the needs of the customer through effective evidence-based practice to identify and provide solutions to unmet needs.

Michelle Fortune
I would bring skills from a variety of nursing and leadership positions to the Board and would use that experience to ensure safeguards are in place to achieve maximum patient safety and the highest quality of care. Given the dynamic healthcare environment today ensuring that members of the board have a broad skill set in a variety of settings is critical to success of the mission for protection of the public through practice regulation.

Stephen Narigon
Over twenty years of diverse experiences ranging from critical care to emergency room services in both community and large medical centers. These experiences have help understand what factors comprise the quality of care expected and delivered. Being a member of that same public community, I would apply my experiences, education, and resources towards protecting the public with effective policies that help nurses to function at their greatest possible abilities while ensuring public safety and quality.

Gordon Waddell
The commitment to hold nurses in North Carolina to a higher standard and promote patient welfare and safety.

Lamin Fofana
I shall offer the public a wealth of knowledge and experience that is grounded on ethics, commitment and diversity with the aim of making nursing practice reflective to the needs of the public.

Suzanne Motley
I have experience in several areas of nursing. However, I feel that the unique perspective that being an OR nurse offers would be a great asset to the board and the people of North Carolina.

Michael Clark
Many years of clinical practice and management experience with a solid track record of being fair.
The Board has recently seen several incidents involving Registered Nurses (RN) and Licensed Practical Nurses (LPN) caring for ventilator-dependent clients, both adult and pediatric, in home care settings. Some of these have included:

1. Lack of emergency identification/response by the nurse
2. Failure to activate 911
3. Inadequate and ineffective tracheostomy management including inability to safely and effectively provide routine, as needed, and emergency suctioning and failure to assure inner cannula is correct size and replaced correctly
4. Inability to identify and troubleshoot patient condition/status situations appropriately (for example, failure to assess and recognize accidental tracheostomy decannulation and respond in a timely manner)
5. Failure to use pulse oximetry as ordered, relying instead on ventilator alarms which may be programmed with delay
6. Inability to provide effective cardio-pulmonary resuscitation (CPR) for a patient with a tracheostomy, with or without a ventilator (including lack of knowledge re: proper procedure for manual ventilation via a stoma)
7. Inability/lack of knowledge re: how to replace a dislodged tracheostomy tube
8. Inability/lack of knowledge re: how to respond to accidental or intentional removal of tracheostomy tube from stoma including proper procedure for manual bagging of patient if unable to re-insert
9. Inability to locate/use the emergency equipment in the home
10. Lack of knowledge about emergency equipment and purpose/use for all items (not adequately prepared to use each item in emergency kit)
11. Inadequate and ineffective ventilator management, including inability to troubleshoot equipment problems vs. patient condition problems; lack of a routine step by step ventilator safety check process
12. Inadequate documentation

Contributing factors in these cases have included:

1. Lack of, or inadequate, educational preparation and initial and ongoing competence validation of all nursing care activities and responsibilities related to comprehensive care of ventilator-dependent clients
2. Limited and/or inadequate orientation to clients and equipment
3. Limited and/or inadequate RN supervision of care delivery
4. AHA Heartsaver class accepted by agency for staff certification instead of requiring the BLS class for Health Care Provider course which covers advanced airways and bag-valve respirations

The Board encourages all home care agencies to consider and address the following in developing and implementing policies, procedures, and practices designed to assure safe, effective care for ventilator-dependent clients:

- Basic nursing education programs may include didactic information but often do not include practice related to care of ventilator-dependent clients and may provide only limited exposure to tracheostomy care.
- Agency is responsible for assuring that appropriate policies and procedures provide guidance for care delivery and for complete documentation.
- Before assignment to ventilator-dependent clients, the agency is responsible for assuring that a competent, qualified RN has provided detailed education and validated the competence of assigned RNs and LPNs in providing such care.
- RN and LPN education and initial competency validation by the agency may include the use of high-fidelity simulation but final competence validation requires hands-on client care experience prior to being left alone in the home to provide care. Ongoing competence evaluation and revalidation is essential.
- Education and competency validation topics needing attention include:
- tracheostomy care, suctioning, reinsertion, troubleshooting, and assuring inner cannula is correct size and reinserted correctly;
- CPR including manual ventilation skills including proper procedure for manual ventilation via a stoma;
- assessment of the ventilator-dependent patient;
- use and interpretation of pulse oximetry;
- ventilator management, maintenance, and troubleshooting (specific to equipment being used in the home);
- emergency protocols and use of 911;
- purpose and use of in-home emergency equipment; and,
- thorough, timely documentation.

- Education, initial and ongoing competency validation, and supporting policies and procedures must include procedures to be followed in event of emergencies including, but not limited to, loss of patient airway access and electrical or equipment failure.

When care of ventilator-dependent clients is assigned to LPNs, the following must also be considered:
- LPN scope of practice always requires RN supervision.
- LPN assignments must take into consideration:
  - individual LPN’s qualifications and competence,
  - degree of RN supervision needed,
  - client’s stability,
  - complexity of client care needed,
  - accessible resources (of particular concern in the home setting), and
- established policies, procedures, practices, and channels of communication which lend support to the services needed.

- LPN delivers care according to an established health care plan and as assigned by an RN or other person authorized by law to do so; does not practice independently.
- LPN participates in collaboration with the RN in client assessment, planning, evaluation, and teaching but the RN remains responsible and accountable for all aspects of client care.

References:
1. NCGS 90-171.20 (8) – Practice of nursing by a licensed practical nurse
2. 21 NCAC 36 .0225 – Components of Nursing Practice for the Licensed Practical Nurse
Board of Nursing Conducts Review of Existing Administrative Rules

In accordance with N.C. Gen. Stat. §150B-21.3A, all state agencies are required to review all existing administrative rules every 10 years and classify each rule under one of the following categories:

- **Necessary with substantive public interest**— The agency has received public comment on the rule within the past two years or the rule affects the property interest of the regulated public, and the agency knows or suspects that any person may object to the rule. Rules designated as “necessary with substantive public interest” must be re-adopted as if they were new rules, following the permanent rulemaking process set forth in Article 2A.

- **Necessary without substantive public interest**— The agency determines that the rule is needed, and the rule has not had public comment in the last two years. Rules designated as “necessary without substantive public interest” will remain in the Code.

- **Unnecessary**— The agency determines that the rule is obsolete, redundant, or otherwise not needed. Rules designated as “unnecessary” will be removed from the Code without any further agency action.

In compliance with this statute, the Board of Nursing conducted a review of the Board’s existing rules, made an initial determination as to the classification of each rule and approved the Initial Periodic Review Determination Report. The Board invites the public to submit written comments concerning the Board’s initial classification of these Rules.

“Public comment” is defined by G.S. 150B-21.3A(a)(5) as a written objection to all or part of a rule. Additionally, pursuant to G.S. 150B-21.3A(c)(2), in order for the Rules Review Commission to determine whether the public comment has merit, the public comment must address the specific substance of the rule and address any of the standards of Commission review, as set forth in G.S. 150B-21.9(a).

The Board of Nursing rules are located by subchapters in Title 21 of the NC Administrative Code, Chapter 36.

The public comment period for the Initial Periodic Review Determination Report runs from May 31, 2017 until close of business on July 31, 2017. Public comments shall be submitted in writing by mail, email or fax as follows:

Angela Ellis
Rulemaking Coordinator
NC Board of Nursing
PO Box 2129
Raleigh, NC 27602-2129
public.comment@ncbon.com
Fax: 919.781.9461

At conclusion of the comment period, the Board will provide its response to each comment in the final report submitted to the Rules Review Commission. Once submitted to the Commission, the report will be posted to the Board’s website.

Visit the Board’s website at www.ncbon.com for more information and instructions for submitting public comment.

Questions? Contact Angela Ellis, Rulemaking Coordinator, at public.comment@ncbon.com.
Midwifery Joint Committee Conducts Review of Existing Administrative Rules

In accordance with N.C. Gen. Stat. §150B-21.3A, all state agencies are required to review all existing administrative rules every 10 years and classify each rule under one of the following categories:

- **Necessary with substantive public interest** –
  The agency has received public comment on the rule within the past two years or the rule affects the property interest of the regulated public, and the agency knows or suspects that any person may object to the rule. Rules designated as “necessary with substantive public interest” must be re-adopted as if they were new rules, following the permanent rulemaking process set forth in Article 2A.

- **Necessary without substantive public interest** –
  The agency determines that the rule is needed, and the rule has not had public comment in the last two years. Rules designated as “necessary without substantive public interest” will remain in the Code.

- **Unnecessary** – The agency determines that the rule is obsolete, redundant, or otherwise not needed. Rules designated as “unnecessary” will be removed from the Code without any further agency action.

In compliance with this statute, the Midwifery Joint Committee conducted a review of Midwifery’s existing rules, made an initial determination as to the classification of each rule and approved the Initial Periodic Review Determination Report. The Midwifery Joint Committee invites the public to submit written comments concerning Midwifery’s initial classification of these Rules.

“Public comment” is defined by G.S. 150B-21.3A(a)(5) as a written objection to all or part of a rule. Additionally, pursuant to G.S. 150B-21.3A(c)(2), in order for the Rules Review Commission to determine whether the public comment has merit, the public comment must address the specific substance of the rule and address any of the standards of Commission review, as set forth in G.S. 150B-21.9(a).

The Midwifery Joint Committee rules are located by subchapters in Title 21 of the NC Administrative Code, Chapter 33.

The public comment period for the Initial Periodic Review Determination Report runs from May 31, 2017 until close of business on July 31, 2017. Public comments shall be submitted in writing by mail, email or fax as follows:

Angela Ellis
Rulemaking Coordinator
Midwifery Joint Committee
PO Box 2129
Raleigh, NC 27602-2129
midwifery.public.comment@ncbon.com
Fax: 919.781.9461

At conclusion of the comment period, the Midwifery Joint Committee will provide its response to each comment in the final report submitted to the Rules Review Commission. Once submitted to the Commission, the report will be posted to the Board of Nursing’s website.

Visit the Board of Nursing’s website at www.ncbon.com for more information and instructions for submitting public comment. Questions? Contact Angela Ellis, Rulemaking Coordinator, at midwifery.public.comment@ncbon.com.
Let’s Not Forget Why We Started:  
A Nursing Student’s Graduation Reflection

Gianna M. Leonard, RN

Nurses are a special kind of people for whom caring comes naturally. The importance of remembering why you chose nursing cannot be understated. While the stories of how each of us found our way to nursing may vary greatly, at the core of our being we share many similar qualities. Our camaraderie is deeply rooted in these similarities that produce a kinship between us, qualities we can recognize in each other even from a distance and relate to. Wherever you may be on the path nursing has led you down, I hope you find yourself in the following as we explore the unique characteristics of a nurse, system by system.

Let’s start with the nurse’s feet. Between the two of them, they have the ability to cover many miles in a twelve-hour shift. Nursing allows these feet to walk in someone else’s shoes as we observe first person the best and worst days of someone’s life. What an honor and a privilege to be present for those moments, and how lucky we are to be readily invited in by the people we gather around to serve.

Next are the legs, which if you’re using good body mechanics, these are what you lift with. But more than that these legs serve a much more significant purpose in that they are how we stand up for our patients. When a tired resident writes an order for an unsafe dose, it’s the nurse that stands up and advocates for that patient to keep them safe. It’s the nurse’s hips that rock back and forth while holding someone’s swaddled, new born through the night so mom and dad can finally sleep. It’s the nurse’s knees that kneel quietly at the bedside with their patient as their time in this world grows small.

Now for the nurse’s ventral cavity, more specifically the gut. This is often referred to as the second brain. This is where you will find the nurses intuition. It lets us know when something is not quite right, even before anything goes wrong. It’s the stomach that happily accepts food from thankful family members and it can also quickly expand to meet the needs of a 3-minute lunch break. Its inside this cavity that you will find the nurses bladder which has a unique quality to accommodate over 1000 mLs of urine before the nurse is due to void.

And then there’s the nurses heart, which is never the same heart the nurse starts nursing school with. Just as a myocardial infarction causes remodeling and accommodation, becoming a nurse follows a similar pathological process of adaption. Nursing will change your heart. It will humble it and it will demand it comes face to face with your core existence and your humanity. It will force you to answer difficult questions about who you are and who you will be during impossible times. Nursing will increase the hearts preload due to the increased capacity to hold love and empathy. The nurse’s heart is more efficient than most in that it can break over and over and somehow always come back stronger. It says yes where other hearts say no. To the same people who are seen as unclean or unworthy, riddled with chronic illness others are afraid to catch, or living a life style society is judgmental towards, the nurse’s heart says yes every time. It says “don’t worry, I want to take care of you, and I don’t care how you’ve lived, what you’ve done, or if you can pay for this.” The nurse’s heart is deliberate and intentional, bound by its devotion to the care and keeping of others.

Moving on we have the arms, hands, and shoulders of the nurse. It’s this trio that provides leverage for chest compressions. These are the shoulders our patients, families, and even coworkers know they can lean on. They stay square and tall even after an exhausting and defeating shift because the work we do is good work and something to take pride in. These arms carry giant textbooks before they carry tiny babies. These are the arms that push crash carts and wheel chairs, turn patients off their pressure points, and rise celebration when our stroke patient says their first word in two weeks.

Then we have the nurse’s most valuable tools, our hands. These are hands that assess, feed, and wash, they see more miracles then they see manicures and they’re grateful for it. The new student nurse may appear to have a fine motor tremor during their first intramuscular injection but fear not, they’ve practiced it on a mannequin a few times. These hands show wear much quicker than most but are a welcomed reminder of a life deeply lived. They do so much more than pass out meds or bandage...

{Official Publication of the North Carolina Board of Nursing}
wounds. They facilitate therapeutic touch and reach right down to the multiplicity of the human experience. These hands fold in prayer and reach out the others in the name of team work. They bubble exam sheets and gather resources. These hands are above no task no matter the letters behind their name. They will sort, clean, wipe, scrub, pick and pack. They go by the motto “have glove, can do!” and are vital to our tasks.

The nurse’s brain, always changing and evolving, is the powerhouse of the machine that is our body. This brain, during its time in nursing school, acquires the unique ability to take exams where every single answer provided is technically correct and manages to pick out of the one that is most correct with a high degree of accuracy. The nurse’s brain is highly accepting of change and can function in high stress environments with scarce resources. It is often faced with challenges that require a high degree of critical thinking and problem solving. Unfortunately, one brain alone cannot always offer the best solution, so the current evidence recommends joining together the power of multiple brains across disciplines to improve patient outcomes.

It’s an expected finding that as the brain progresses through nursing school the intracranial pressure may often seem to exceed the capacity of the skull but this is a mere side effect of Nursing school. Diagnosis: knowledge volume overload; will subside by graduation without herniation. This is the same brain that can postulate the circuitous nature of human life while still deeply comprehending the absolute simplicity of the task it was called to do...love and care for others.

Lastly, I’d like to share a few thoughts with my cohorts and fellow nurses across our great state. I hope nursing continues to change you. I hope you never, no matter how deep in your practice you may be, feel ashamed to ask for help or say that you don’t know. We are trusted with such an incredible responsibility to keep people safe, and I know you will always hold that sacred. I hope you never let the beepin of a monitor drown out the voice of your intuition. I hope you never forget that when you were called to nursing, it wasn’t to put data into an electronic medical record. You were not called to give pills, start IV’s or perform skills. Rather, you were called to be present in those small and vulnerable moments and provide a caring presence to someone who needs it. We are briefly strangers but forever connected to the patient’s and families we cross paths with. Please never forget we are not what we do, but instead we are the care and compassion we provide. I hope you remember to care for yourself, as well as, care for your patients, because you simply cannot pour from an empty cup. Don’t forget what it was like to be a brand new and green nursing student and how scared we all were. How awkward we all were with fumbling hands and knocking knees and that one nurse who changed your perspective by being kind and patient. Be the nurse you needed when you were in nursing school. Lastly, I hope you never forget how valuable you are. How each of you brings something different, complex, unique and intricate to the care team and how vital you are, how important. Reflect on how nursing opened up the world for you with endless possibilities and how your life has been changed forever because of it. Remember how you thought you were going to change lives only to have your life changed instead. May we be nurses now and forever.
This July, Carolinas Poison Center will celebrate its 25th anniversary. If you’ve ever called the poison control center, you know firsthand the level of expertise and care our nurses and pharmacists provide clinicians as well as the public. Here are some of the lesser known ways the Carolinas Poison Center has been working to keep your patients, and you, healthy for the past 25 years.

**Alerting to Poisonous Threats**

Because Carolinas Poison Center’s data is real-time, the Center is able to discover and track immediate poisoning threats to the public. The seriousness of laundry pod exposures in children recently came to light because Carolinas Poison Center was among the first to raise initial concerns. Increased public awareness about the potential dangers heightened the need for safer packaging of these products. Additionally, this spring, Carolinas Poison Center also informed the public about the near four-fold increase in snake bites across the state. This allowed the opportunity to reiterate proper first aid steps for snake bites and to point to the poison center as a resource for treatment advice.

**Training the Next-Generation**

Considering that a poison can be anything if it’s taken in the wrong way, wrong amount, or by the wrong person, there’s need for qualified healthcare professionals to assess and manage poisonings. Carolinas Poison Center is filling that gap. In addition to the extensive training each one of our nurses and pharmacists undergoes, the Center provides toxicology training to hundreds of medical residents, pharmacists, and pharmacy students.

**Providing Public Education**

Preventing poisonings is also an aim of the center. From specific education programs and poison prevention material to awareness campaigns focusing on the services of Carolinas Poison Center, we hope to give people information and tips that can prevent poisonings. Our online store (www.PoisonShop.org) connects people to the variety of materials we offer to a wide range of audiences. We also take calls from people who have questions about potentially poisonous products in the hopes of preventing poisonings from occurring.

For 25 years now, Carolinas Poison Center has been available 24 hours a day, 7 days a week for people facing poisoning emergencies or who have questions about potential poisons. Last year, that meant helping nearly 80,000 people.

Calls from healthcare providers continue to increase each year. In fact, 20% of our calls come from another doctor, nurse, or pharmacist looking for treatment advice for their patients. In many cases, consulting with the poison center can decrease the length of stay for a patient.

Technology is expanding to accommodate a variety of ways for the poison center to triage poisonings. Whether you prefer the traditional phone call (1-800-222-1222), a web-based triage tool (www.webPOISONCONTROL.org), or chatting online with us (coming soon at www.NCPoisonCenter.org), we’re poised and ready to provide help for poisonings. We look forward to the next 25 years of service we can provide to the residents of North Carolina.
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EOE
Enhanced Nurse Licensure Compact Bill HB550/S362 - Moving

The Enhanced Nurse Licensure Compact Bill received a favorable report in the House Health and the House Finance Committees before moving to the State House of Representatives where it received a favorable vote on April 24th. As of today, 6/21/2017, the Bill is in the State Senate Committee on Rules and Operations of the Senate awaiting a hearing. After favorable committee votes in the Senate we are hopeful it will move to the floor of the Senate for a final approval and vote.

South Carolina recently passed similar legislation so now all of North Carolina’s neighboring state have signed on to the Enhanced Nurse Licensure Compact. Additionally, at least two states have joined the Compact that were not a part of the old Compact, those are Georgia and Florida. Currently twenty-four states have passed updated legislation regarding the Enhanced Nurse Licensure Compact.

The primary sponsors for the HB 550 are Representatives: John Szoka, Gale Adcock, Beverly Boswell and Donna White. The primary sponsors for the Senate bill are Senators: Louis Pate, Ralph Hise and Joyce Krawiec.

Nursing Modernization HB88/S73 - Yet to move

The Nursing Modernization bill HB 88 has had a discussion session in the House Health Committee, but no vote was taken. Neither chamber, House or Senate, has brought up the bill for any committee votes to date 6/21/2017.

The primary sponsors for HB 88 are Representatives: Josh Dobson, Donny Lambeth, Sarah Stevens and Gale Adcock. The primary sponsors for the Senate bill are Senators: Ralph Hise, Louis Pate and Joyce Krawiec.

** Please note that legislative changes may have occurred by the time you receive this publication. For current status on bills visit the NC General Assembly homepage at: www.ncleg.net
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NCBON to Launch Redesigned Website

The North Carolina Board of Nursing (NCBON) will be launching a completely redesigned website, www.ncbon.com, in August 2017. The new site will feature enhanced navigation and a user-friendly content structure designed to improve the quality of visitor interactions, creating a more meaningful and valuable user experience.

Our goals with the newly redesigned website are to provide our visitors an easier way to learn about NCBON's services and solutions, allow the visitor to browse useful information without difficulty, and improve overall visitor satisfaction.

Last year www.ncbon.com received more than 1.1 million visits and 4.2 million page views, therefore, we concentrated on understanding visitor behaviors and needs through website analytics and feedback methodologies. Attention was given to how our content was organized, structured and labeled.

The relaunched site will feature an intuitive user interface, an improved visual navigation, and a design that is easily accessible and viewable on any device. Integrated social media buttons, and a Help Center will foster improved communication with our visitors.

Three things you’ll love about the new website:

- **Homepage** – at a glance, upcoming events, recent NCBON news, licensure statistics and quick links to get you where you want to go with one click
- **Topics of Interest** – each diverse group (nurses, nursing students, program directors and consumers) will have their own unique section of the website that offers materials and resources tailored specifically for them
- **Department Overview Pages** – provide users a quick guide of the available content on a specific subject, featured topics and publications

Our goal is to provide a website that is refreshing and modern, user-friendly with easy access to 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.
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SUMMARY of ACTIVITIES

Administrative Matters:
• Approved the proposed fiscal year 2017-2018 budget and designation of funds
• Approved the Audit firm of Bernard Robinson & Company, LLC to perform audit services for the fiscal year ending 2016-2017.
• Approved Report for 21 NCAC 36, Board of Nursing and directed staff to proceed with next steps in the periodic review of rules.

Education Matters:
Ratification of Full Approval Status:
• Robeson Community College – ADN
• College of the Albemarle – PN
• Gaston Community College – ADN & PN
• Rowan-Cabarrus Community College – ADN

Determination of Program Approval Status: initial to Full Approval:
• Lees-McRae College – BSN

ACEN Notification of Commission Action Fall 2016 Cycle:
• No accreditation decisions pertaining to North Carolina programs

CCNE Notification of Commission Action Fall 2016 Cycle:
Continuing Accreditation:
• Queens University of Charlotte – BSN Accreditation Continued
Other:
• Forsyth Technical Community College LPN-BSN RIBN option will start Summer 2017

Regulatory Compliance Matters:
• Removed probation from the license of 12 RNs and 7 LPNs.
• Accepted the Voluntary Surrender from 9 RNs and 0 LPNs.
• Suspended the license of 7 RNs and 4 LPNs.
• Reinstated the license of 7 RNs and 1 LPN.
• Number of Participants in the Alternative Program for Chemical Dependency: 150 RNs and 10 LPNs (Total = 160)
• Number of Participants in the Chemical Dependency Program (CDDP): 94 RNs, 11 LPNs (Total = 105)
• Number of Participants in Illicit Drug and Alcohol/Intervention Program: 19 RNs, 5 LPNs (Total = 24)

New Member Appointed to Board

Becky Ezell, RN, CPN has been appointed to the Board to fulfill the unexpired term of Christina Weaver in the position of RN Staff Nurse.

Becky Sexton Ezell, RN, ADN, CPN, originally from Eden NC, attended UNC-CH and graduated from Wake Technical College in 1985. She has served the Pediatric population at WakeMed for over 31 years in PICU, Mobile Critical Care, and Minor Procedure. She is currently employed in Imaging Nursing at WakeMed and lives in Clayton, NC with her husband. Becky is a 2004 recipient of the “Great 100 Nurses” award and is a Certified Pediatric Nurse. We welcome Becky to the Board of Nursing!
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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 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 (1.5 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.

To access online CE articles, webcasts, session registration, and the presentation request form, go to www.ncbon.com - Nursing Education - Continuing Education

**ONLINE BULLETIN ARTICLES**

- 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? (1.5 CHs). No fee.
- Development of Sanctioning Guidelines for Public Discipline in Nursing Regulation: The North Carolina Board of Nursing Journey (1 CH). No fee.
- Who’s Your Supervisor or Manager? Nursing Practice: The Management and Supervision of Nursing Services (1 CH). No fee.

More offerings on www.ncbon.com

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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

**PODCASTS**

- Just Culture Podcast & Resources
- Continuing Competence Requirements
- Internationally Educated Nurses

http://www.ncbon.com/dcp/1/news-resources-podcasts (No CH provided)

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- Registered Nurse – Surgical Care Unit
- Registered Nurse – Clinical Decision and Observation Unit
- Associate Clinical Nurse Manager – Women’s and Children
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Speaker: Dennis Ondrejka, PhD, RN, CNS, Author

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