

NURSING BULLETIN

Am I Within My Scope?

page 6



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FALL 2019 BULLETIN
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Office Location

4516 Lake Boone Trail
Raleigh, NC 27607

Mailing Address

P.O. Box 2129
Raleigh, NC 27607

Telephone

(919) 782-3211

Fax

(919) 781-9461

Website

www.ncbon.com

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Board Chair

Frank DeMarco

Chief Executive Officer

Julia L. George, RN, MSN, FRE

Editor

David Kalbacker

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Table of CONTENTS

NC

VOLUME 15 {Nº 1} EDITION 46

- 6** Am I Within My Scope?
- 13** New Board Members
- 13** North Carolina Updates Nursing Practice Act
- 14** Legislative Update
- 16** CE Opportunities
- 19** "Like" the NCBON on Facebook!
- 20** Board of Nursing Nominations
- 21** Did you Know?
- 22** NCSBN Learning Extension
- 24** Year in Review
- 28** Primary Licensure Notification System



DEPARTMENTS:

- 4** From the CEO
- 4** BON Calendar
- 29** Summary of Activities
- 30** Classifieds



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David Brown, President • dbrown@pcipublishing.com

For Advertising info contact
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NC BOARD OF NURSING
**NURSING
BULLETIN**

letter from the **Chief Executive Officer**

The 2019 Board of Nursing Election is behind us and I want to thank all the nurses who voted this year. In January we will have four new Board members – three elected members and a new public member appointed by Rep. Tim Moore, The Speaker of the House Representatives (see page 13). I also want to take this opportunity to thank all the nurses who ran for a seat on the Board. Since North Carolina is the only state that elects the majority of its Board members, it is encouraging to see candidates making time to run for a position on the Board. Those of you who may be interested, check out the nomination form on page 20, as we will again be looking for three elected members in 2020.

This issue’s CE article, *Am I Within My Scope*, page 6, is based upon real cases that come before the Board and the format of the article is a series of scenarios, many of which may sound familiar to you. I encourage you to add this article to your reading list.

Also, in this issue is a brief article about the updates to the Nursing Practice Act which passed the General Assembly and was signed by the Governor. In addition, there is an article about other healthcare related bills still awaiting votes in the legislature.

In conclusion, I want to congratulate Dr. Peggy C. Walters, who was inaugurated as first President of the Watts College of Nursing in September. She has served on the Board of Nursing for several terms in the recent past. (see page 12)



Sincerely,

Julia L. (Julie) George, RN, MSN, FRE



NORTH CAROLINA BOARD OF NURSING **CALENDAR OF EVENTS**



Board Meeting:
January 16-17, 2020

Administrative Hearings:
December 5, 2019
February 27, 2020

Education/Practice Committee:
November 13, 2019
March 18, 2020

Hearing Committee:
January 30, 2020
March 19, 2020

Licensure Review Panel:
November 12, 2019
December 12, 2019
January 9, 2020
February 13, 2020
March 12, 2020



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AM I WITHIN MY SCOPE?

Angie Matthes, RN, MBA, MHA, CI and Anne Hardee, RN, MSN

CE 1 CONTACT HOUR

Learning Outcome:

Nurses will increase their knowledge of the legal scope of practice and Board of Nursing resources (decision trees and Position Statements) to effectively recognize and prevent situations that may exceed legal scope.

Disclosure:

The authors and planners of this CE activity have disclosed that there are no conflicts of interest related to the content of this activity. See the last page of the article to learn how to earn CE credit.

I'll just do this first and then call Dr. Smith later, I'm sure he won't mind... We do this all the time... I know how to do this, it's no big deal. Have you ever said something like this? Upon further reflection, you may find that you have done this more frequently than you would have imagined. This could be the signal for you to ask yourself, "Am I exceeding my scope of practice?"

In this article, common examples seen by the Board will be discussed to help nurses recognize subtle actions which can lead to at-risk practice. We will review the importance of scope of practice and how to ensure you are practicing safely. Discussion questions are provided to encourage nurses to think about their own practice and common situations they may have encountered.

Scope of Practice History

The Nursing Practice Act (NPA) originated in North Carolina, in 1903. North Carolina was the first state to enact a nurse registration law to protect the title "nurse" and to improve the practice of nursing (Russell, 2017). It is the responsibility of each state and US territory to enact an NPA to govern the practice of nursing, providing laws and rules.

While the role of an RN or LPN may vary between facilities and employers, the fundamentals of nursing practice are outlined in each state's NPA. According

to the American Nurses Association (ANA), the method to define nursing scope of practice is a two-step process (Scope of Practice, n.d.). First, a law known as a "nurse practice act" must be passed in the state, then regulatory bodies create and implement the rules and regulations (Scope of Practice, n.d.). The Nursing Practice Act (law) and related rules define and regulate a variety of areas within in nursing, including scope of practice.

Scope of Practice in North Carolina

The scope of nursing practice is defined in the North Carolina Nursing Practice Act under §90-171.20 (7) for the registered nurse and (8) for the licensed practical nurse. The Board offers a variety of resources for nurses that have questions regarding their scope of practice. Nurses are encouraged to review the Practice Act, which can be accessed at, https://www.ncleg.net/enactedlegislation/statutes/html/byarticle/chapter_90/article_9a.html. The NCBON website <https://www.ncbon.com/> provides useful links, contacts, and resources. Additionally, nurses and employers are able to contact the Board of Nursing and speak with a Practice Consultant to determine whether a task is within the scope of practice.

The Board of Nursing frequently receives complaints where a nurse has exceeded his or her scope of practice. Some exceeding scope of practice

situations seem obvious, while others are not as clear and should cause the nurse to stop and analyze the situation. Exceeding scope can evolve from a slippery slope of risk-taking decisions and behaviors. Disciplinary actions can be imposed for exceeding scope of practice and may range from a letter of concern up to suspension of a license.

The Board of Nursing encourages all nurses to review the Scope of Practice Decision Tree, the RN and LPN Scope of Practice Components Comparison Chart, and the Board's position statements on both RN and LPN Scope of Practice. Comparing and contrasting the similarities and differences between RN and LPN Scopes will clarify practice parameters for all nurses.



- <https://www.ncbon.com/downloads/position-statements-decision-trees/scope-of-practice-decision-tree-rn-lpn.pdf>
- <https://www.ncbon.com/downloads/position-statements-decision-trees/color-rn-lpn-scope-comparison-chart.pdf>
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“This is how we have always done it”
Frequently nurses will run into a situation where they are asked to perform a task that they have never performed or be told it is alright to perform a task or sign an order because “this is how we have always done it.” The culture of a unit or facility can play a key role in nursing scope of practice. Exceeding scope can be disguised as “bending the rules.” There are a number of reasons that nurses may bend the rules, for example, unfamiliarity with policies and regulations or believing that their professional judgement is in the best interest of the patient (Bending the Rules, 2016). Regardless of patient outcomes, exceeding your scope or bending the rules could jeopardize your employment and your ability to practice.

Believing that it is alright to complete a task, fail to notify a physician, write an order without permission, or accept an assignment because this is the norm on a unit can lead to at-risk practice. Hahtela, et al. (2017) found that unit characteristics were associated with adverse events and nurses’ perception of autonomy. Nurses are encouraged to follow their chain of command, speak with risk management, and utilize the Board’s website to ensure that

they are practicing within their scope and not drifting beyond scope by following the unit culture.

How can I be sure I am staying within my scope?

The best way to be sure you are practicing within your scope of practice is to stay informed, take advantage of educational opportunities, and familiarize yourself with both organizational policies and Board scope documents.

Olin (2012) describes factors for nurses to ask themselves when faced with the question if they are within their scope. For example, did I learn this skill in nursing school or clinical experience, is this task so commonplace that it can be “reasonably and prudently” assumed within scope; is this skill or task in your facility policy/procedure manual; does this skill pass the “reasonable and prudent” standard of nursing” (Olin, 2012)?

Think about your practice. Do you bend the rules? Do you “assume” something is correct because it is the way it has always been done? Chastain (2016) reported that “if left unquestioned, the rule-bending action then tacitly becomes acceptable practice not only by that individual but may be adopted by others in the unit or facility and many times leads to what is referred to as a cultural norm.”

You are encouraged to review the following discussion questions, based on common Board complaints, and think about how they apply to your practice.

Discussion Questions

In the first scenario, Julia, a wound care nurse, is called by a staff nurse for a phone consultation regarding a patient’s wound because the patient does not seem to be responding favorably to the current treatment. Nurse Julia makes a recommendation based on what the staff

nurse reports, without actually assessing the wound or reviewing the chart, and writes the order. She assumes that the physician will agree because he always has. In fact, he will usually ask Nurse Julia what she suggests for wound therapy.



STOP: What is the correct action at this time?

- The nurse should not write the order until she actually speaks with the physician or office nurse communicating on behalf of the physician and receives confirmation.
- The nurse should write the order and have staff begin the new wound care with the next scheduled dressing change.
- The nurse should write the order but not have staff implement the order.

Discussion:

Answer is (a). The nurse should not write a verbal or telephone order unless he/she has received the order. Additionally, no change in wound care treatment should ever be implemented until it is approved by the physician.

In scenario #2, Kate, a nursing supervisor administers a particular commonly used medication to a patient after assessing the patient with respiratory distress. The nurse assumes that the patient has a standing order protocol in place which includes an order for the medication. The nurse does not stop to go check the computer or chart to ascertain what current orders exist.



STOP: What is the correct action at this time?

- The nurse should go on and administer the medication because she is certain after assessment that the patient needs the medication.
- The nurse should check



with another supervisor and make sure the medication is appropriate based on the patient assessment.
c)..The nurse should not administer the medication without speaking with the physician and obtaining an order.

Discussion:

Answer is (c). The nurse should not administer any medication without a current order for the medication from the physician. The nurse should not assume that an order was present without actually checking the medical record and verifying the orders first.

In scenario #3, Mary, a nurse working at a home care agency is preparing a recertification packet for an existing patient that has received the same basic care and orders for a few months. The nurse has been on vacation and realizes that the packet is overdue, and the new certification period should begin today. The nurse assumes the physician wants the patient to continue receiving home care and just updates the orders and prepares the paperwork for the physician to sign.



STOP: What is the correct action at this time?

- a) The nurse should just send the paperwork and instruct the staff assigned to this patient to continue to make visits as usual, so the patient's services are not disrupted.
- b) The nurse should contact the physician and obtain the order to continue home care services before any additional visits are made.
- c) The nurse should ask the agency Administrator to approve the continuation of care.

Discussion:

Answer is (b). The nurse should contact

the physician prior to the expiration of existing orders and obtain a verbal order to continue services. If the current orders have expired, the nurse must obtain new orders prior to staff making any additional visits. Staff cannot continue to make visits to a patient for which no current orders exist.

In scenario #4, Good Care Nursing Home has an open position for Director of Nursing and has had difficulty finding qualified applicants in the rural area. A day shift LPN has been employed at this facility nearly 20 years and knows everything about this facility. The LPN approached the Administrator and said she would be willing to take the position because, after all, she has the most knowledge and seniority and would love a promotion with more money.



STOP: What should the Administrator do?

- a) Ask the corporate office because they deal with this all the time.
- b) Praise the LPN for her previous work but explain that in NC, an LPN cannot manage the delivery of nursing care and administration of nursing service. This function is within the RN scope of practice only.
- c) Allow the LPN to be the interim DON for as long as it takes to hire and train an RN.

Discussion:

Answer is (b). It is beyond the scope of practice for an LPN to be responsible for nursing unit or facility management and nursing administration.

In scenario #5, Jeff, a nurse working on a hospital unit is caring for a patient that has a physician's order for Zolpidem 10mg at bedtime. When the nurse goes in to administer the medication, the patient states that she only wants to take half of the pill. The nurse breaks the pill

in half, administers it to the patient and wastes the other half. The nurse stated that he didn't want to bother the physician for something like this.



STOP: What should the nurse have done?

- a) Inform the nurse witnessing the waste that only half of the ordered dose was given.
- b) Tell the patient that it's fine to give her only half.
- c) Contact the physician and request a change in the order.

Discussion:

Answer is (c). It is not within the scope of the RN or LPN to change the dosage of a medication unless there are parameters included in the order authorizing the discretion. The nurse needs to contact the provider and receive new orders before giving a different dosage.

In scenario #6, Susan, a LPN working in a long term care facility is assigned to a patient that has orders for Valium 2mg twice daily. The medication is scheduled to be given at 10 am and 10 pm. Susan notes that the patient is agitated around 5 am and knows the patient has Valium ordered and decides to administer the scheduled Valium early as a prn dose. Susan signs the medication out on the controlled substance form, however she does not report this to oncoming shift.



STOP: What would be the appropriate action by the nurse?

- a) Give the medication at 5 am because the patient was agitated and clearly needed it.
- b) Give the medication at 5 am and report to oncoming nurse.
- c) Contact the provider for prn order.

Discussion:

Answer is (c). It is not appropriate for

the nurse to administer a scheduled medication early because the patient needs it. The medication was ordered q 12 hours in this case and the medication was not yet due. The provider should have been contacted for further orders.

In scenario #7, Thomas works in an emergency department and is a charge nurse. Getting patients through the ED efficiently is a major quality focus of the department. Thomas enters basic lab orders indicating “based on protocol” on a patient with minor symptoms that’s been triaged. There is no protocol for routine labs in the ED. Thomas does this to make sure the patient gets moved through quickly and the ED doesn’t get backed up.



STOP: What is the correct action?

- a) Contact the ED provider and obtain orders for the labs.
- b) Contact the ED provider when the results come back.
- c) There is no need to contact the provider because the labs returned normal and now the patient can be seen and discharged more quickly.

Discussion:

Answer is (a). There was no protocol in the ED for Thomas to use. Thus, the provider had to write an order for any lab work. Thomas should have contacted the provider and asked if any labs should be ordered.

In scenario #8, Anna, a Women’s Health Nurse Practitioner is seeing a patient for an annual well check visit. The patient’s husband accompanies her and asks Anna if she can write him a prescription for some Adderall because he is having trouble focusing at work. He tells Anna he was on Adderall years ago but hasn’t taken it recently.



STOP: What should the NP do?

- a) Write the prescription

for the patient’s husband because he seems like he is truthful.

- b) Tell the patient’s husband she cannot treat him for this problem because her specialty is Women’s Health.
- c) Tell the patient’s husband to make an appointment and she’ll be glad to treat his ADHD.

Discussion:

Answer is (b). Anna would be practicing outside her scope as a WHNP by prescribing Adderall for the patient’s husband.

In scenario #9, Beth comes in for her morning shift in the emergency department after a late night at a New Year’s Eve party. Because Beth has been counseled about too many absences, she goes into work really sick even though she knows she shouldn’t. Beth asks a coworker to start an IV and give her some fluids and Zofran. Beth has seen other staff do this before and thinks it’s no big deal.



STOP: What should the coworker do?

- a) Tell Beth that she needs to speak to ED provider and be seen if she’s that sick.
- b) Take Beth to an empty room and give her the fluids and Zofran because they need her to be able to work and she’s not really a patient so it should be fine.
- c) Tell Beth to just get some Zofran out of the Pyxis and take it.

Discussion:

Answer is (a). The coworker should not administer medication to Beth as it’s not within a nurse’s scope of practice to order IV fluids and medication.

In scenario #10, George, an ICU nurse, is caring for a patient that is intubated and has an order for Fentanyl 50 mcg

every 20 minutes. The patient starts to wake up and is grimacing and agitated. George removes 100 mcg Fentanyl and begins to push the medication slowly while he monitors the patient. He gives the full 100 mcg in about 5 minutes and the patient calms down and appears to be resting comfortably. George documents that he gave the Fentanyl as two separate doses but tells the oncoming nurse that he gave a “nursing dose” of Fentanyl to the patient and it seemed to help.



STOP: What was the correct action?

- a) Report to oncoming nurse what medication was given so that nurse will have complete information on the patient’s status.
- b) Contact the physician after giving the Fentanyl and tell the physician that the patient is requiring more Fentanyl than what was ordered.
- c) Administer 50 mcg Fentanyl and wait 20 minutes before administering another 50 mcg.

Discussion:

Answer is (c). The nurse should have followed the order as it was written. The nurse could have contacted the physician after the first dose if the patient did not improve.

As you can see from the discussion questions, the concept of scope of practice reaches further than the RN and LPN role. It encompasses advanced practice nursing, nurse managers, nurse leaders, and should be considered when delegating nursing tasks. Additional information on delegation can be found at <https://www.ncbon.com/vdownloads/position-statements-decision-trees/decision-tree-delegation-to-uap.pdf> Our hope is that this article and the discussion questions have caused you to reflect on your practice and provided resources for you to access throughout

continued on next page

your career.

Are you exceeding your scope?

Are you practicing safely?

What steps can you take to ensure you are providing safe care to your patients?

Please consider utilizing the resources, websites, and decision trees described in this article. If you have further questions, please contact the NCBON at (919) 782-3211 and ask to speak to a practice consultant.

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EARN CE CREDIT - "Am I Within My Scope?" (1 CH)

INSTRUCTIONS

Read the article, online reference documents (if applicable), and reflect on the questions under the "Discussion Questions" section of this article.

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, "Am I Within My Scope?". When you register, please 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 (Am I Within My Scope?).

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The North Carolina Board of Nursing will award 1 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.

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The following disclosure applies to the NCBON continuing nursing education article entitled "Am I Within My Scope?".

Participants must read the article, online reference documents (if applicable), and reflect on the questions under the "Discussion Questions" section of this article in order to be awarded CE contact hours. Verification of participation will be noted by online registration, and the completion and submission of the online evaluation form. Neither the author or members of the planning committee have any conflicts of interest related to the content of this activity.



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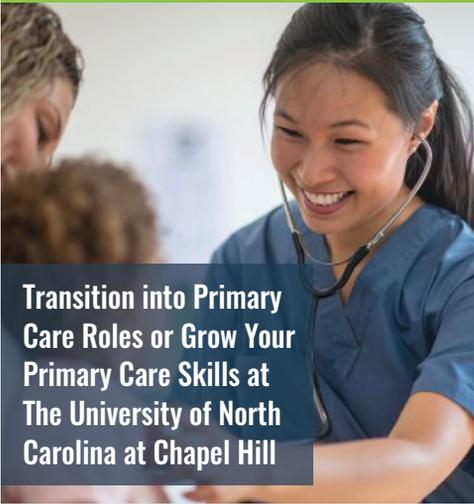


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Dr. Peggy C. Walters

Dr. Peggy C. Walters Named First President Of Watts College Of Nursing

Dr. Peggy C. Walters was recently inaugurated as the first president of Watts College of Nursing. Walters initiated the transition of Watts School of Nursing, the last remaining hospital-based diploma nursing program in North Carolina, to become the newest baccalaureate nursing program in the state. As a result, Watts College of Nursing was approved by the state and national accrediting bodies to transition to the Bachelor of Science in Nursing program beginning this year.

Walters was elected and served three terms on the Board of Nursing and during her tenure she served twice as Board Chair. She has practiced for more than 46 years as a nurse including 42 years as a nurse educator.

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New Board members elected and appointed in 2019



Dr. Racquel Ingram



Lynetta Howard



Andrea Jeppson



Tom Minowicz

Three new board members were elected in 2019 and a public member was also appointed. All four members will officially take their seats starting in January 2020.

During this past election more than 7,500 nurses from around the state voted online for candidates to the Board. This year's winners include: Dr. Racquel Ingram, Lynetta Howard and Andrea Jeppson.

Dr. Ingram was elected to the Board in the nurse educator position. Dr. Ingram currently serves as the Coordinator of the RN-BSN program at North Carolina Agricultural and Technical State University

in Greensboro. Lynetta Howard was elected to the Board in the nurse administrator position. Howard is a Unit Nurse Director with the North Carolina Department of Health and Human Services at Cherry Hospital. Andrea Jeppson was elected to the Board in one of the three LPN positions. Jeppson works in intensive care at Vidant Duplin Hospital.

Tom Minowicz, a public member appointed to a four-year term by Speaker of the House Tim Moore, is a Shelby business owner and a director of a national not-for-profit health care company for more than ten years.

Chair and Vice-Chair for 2020 Named



Martha Ann Harrell ,
Public Member
Board Chair 2020



Pam Edwards, RN
Vice-Chair 2020

North Carolina Updates Nursing Practice Act

By Catherine Moore, PhD, RN; North Carolina Board of Nursing Regulatory Consultant and Legislative Liaison



Updates to the North Carolina (NC) Nursing Practice Act (NPA) became effective October 1, 2019. Self-reports regarding arrests or indictments should now be made to the NC Board of Nursing (Board) within 30 days for any of the following: (1) any felony arrest or indictment; (2) any arrest for driving while impaired or driving under the influence; and (3) any arrest or indictment for the possession, use, or sale of any controlled substance. It is also important to note that failure to respond to the Board's inquiries within a reasonable manner or time regarding any matter affecting the license to practice nursing is reason for disciplinary action by the Board (NC Session Law 2019-180, 2019). These changes are among several updates to the NPA outlined in legislation passed by the NC General Assembly and signed into law by Governor Cooper.

The NC General Assembly has not made major updates to the NPA for several years. However, during the 2019-2020 legislative session,

Representative Donna McDowell White (a registered nurse) championed legislation to make much-needed changes to the NPA to protect the safety of the public and enhance the operational efficiency of the Board. The updates outlined in Session Law 2019-180 include revision of vague, outdated (pre-HIPAA) language in the NPA, formatting and definition revisions, clarification of the subpoena power and disciplinary authority of the Board, and confidentiality protections for materials gathered by the Board. The Board regulates the practice of nursing for more than 160,000 nurses in NC. Updates to the NPA are made to reflect the current practice of nursing in an ever-changing health care environment and to ensure that the laws governing the regulation of nursing practice in NC facilitate the work of the Board in its legislated mandate to protect the safety of the public. Visit www.ncbon.com to read the full NPA.

Legislative Update



By Catherine Moore, PhD, RN; North Carolina Board of Nursing
Regulatory Consultant and Legislative Liaison

The North Carolina (NC) Board of Nursing (Board) monitors the bills filed each session at the NC General Assembly for their potential to impact the work of Board and the practice of nursing in NC. The following information summarizes a few pieces of legislation monitored by the Board during the 2019-2020 legislative session. Detailed information about the legislation listed within this article is available on the NC General Assembly website: ncleg.gov.

Session Law 2019-91/HB 770 – Freedom to Work / Occupational Licensing Board (OLB) Reform

Provisions in this law make changes to standards that licensing boards must apply when using an applicant's criminal history to make determinations regarding licensure. The law also requires licensing boards to recognize certain apprenticeship and training experiences. However, the apprenticeship provisions do not apply to licensing boards that govern professions that require a college or advanced degree (Ray, 2019). An individual with a criminal history may now petition a board at any time for a predetermination of whether the individual's criminal history will disqualify the individual from obtaining a license. A predetermination stating that a petitioner is eligible for a license is binding if the petitioner applies for licensure and fulfills all other requirements for the occupational license, as long as the applicant's submitted criminal history was correct and remains unchanged at the time of application for a license (Session Law 2019-91, 2019; Ray, 2019). This legislation, signed by the Governor, became effective October 1, 2019.

Session Law 2019-191/HB 228 – Modernize Laws Pertaining to NC Medical Board

This law makes several technical changes to laws pertaining to the NC Medical Board and the practice of medicine. The law also clarifies that state-required medical and physical examinations may be conducted by nurse practitioners and physician assistants and the paperwork may be signed by nurse practitioners and physician assistants. Additionally, the new law states that death certificates may be completed by any physician, physician assistant, or nurse practitioner who took reasonable efforts to determine the patient's cause of death (Avrette, 2019; Session Law 2019-191, 2019). This legislation, signed by the Governor, became effective October 1, 2019.

Session Law 2019 – 222 / HB 75 – School Safety Funds, Programs, and Reports

This law contains provisions from the vetoed state budget related to school safety funds, programs, and reports. Part V of this law is a section on school mental health support personnel reports and funds. A portion of the Department of Public Instruction funds will be allocated to the Instructional Support Allotment with the intent of improving student mental health by increasing the number of school mental health support personnel (defined as school psychologists, school counselors, school nurses, and school social workers).

Specifically, the law allocates \$20 million in recurring funds for the 2019-2020 fiscal year and \$23 million in recurring funds for the 2020-2021 fiscal year (Pagett, 2019; Session Law 2019-222, 2019). This legislation, signed by the Governor, became effective July 1, 2019.

HB 185/ SB 143 – The SAVE Act

These bills seek to grant full practice authority to advanced practice registered nurses (APRNs) and to align regulations in NC with the National Council of State Boards of Nursing APRN consensus model. Both bills were introduced on February 27, 2019 (H.B. 185, 2019; S.B. 143, 2019). Although a committee hearing for these bills has not yet been scheduled in either the House or the Senate, they are still active bills that remain eligible for a vote until the end of the 2020 legislative session.

HB 655 – NC Health Care for Working Families

Provisions in this bill direct the Department of Health and Human Services (DHHS) to create a program for individuals in NC who currently do not qualify for Medicaid and are unable to afford health insurance. To be eligible for coverage under this proposed program, an individual's income must fall between 50% and 133% of the federal poverty level. Participants would also be required to pay an annual premium (set at 2% of the participant's household income) and copayments comparable with those of the NC Medicaid State Plan. Additionally, program participants would be required to participate in certain preventive care and wellness activities and mandatory employment activities unless they qualify for one of the exemptions for mandatory employment listed within the bill's provisions. The second part of this bill would establish a Rural Access to Healthcare Grant Fund and appropriate funding to address health care needs for rural areas of the state (Hillman, 2019; H.B. 655, 2019). This bill received a favorable report in the House Health Committee on September 18, 2019. The bill will need to be heard in the Committee on Rules, Calendar, and Operations of the House before being sent to the House floor for a vote and then to the Senate.

SB 432 – Birth Center and Pharmacy Benefits Mgr. License

This bill would establish licensing requirements for birth centers and also establish a licensure process for pharmacy benefits managers (PBMs). Part I of the bill includes provisions to establish birth center licensure, the creation of a NC Birth Center Commission, and several provisions regarding the regulation of birth centers in NC. Part II includes provisions that would require PBMs to be licensed and makes changes to statutes related to pharmacy benefits management (Moran-Bates, 2019; S.B. 432, 2019). This bill received a favorable report from the House Finance Committee on September 11, 2019 and a favorable report from the Committee on Rules, Calendar and Operations of the House on October 22, 2019. It will need to be voted on the House floor and then back to the Senate floor for a concurrence vote.

continued on next page

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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 licensed nurses (APRN, RN, or LPN) 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** (2.0 CHs) – 2 hours – Defines and contrasts each scope, explains delegation and accountability of nurse with unlicensed assistive personnel, and provides examples of exceeding scope. Also available as webcast.
- **Delegation: Responsibility of the Nurse** (1 CH) – 1 hour – Provides information about delegation that would enhance the nurse’s knowledge, skills, and application of delegation principles to ensure the provision of safe competent nursing care.
- **Understanding the Scope of Practice and Role of the LPN** (1 CH) – 1 hour – Assists RNs, LPNs, and employers of nurses in understanding the LPN scope of practice. Also available as webcast.
- **Nursing Regulation in NC** (1 CH) – 1 hour – Describes Board authority, composition, vision, function, activities, strategic initiatives, and resources.
- **Introduction to Just Culture and NCBON Complaint Evaluation Tool** (1.5 CHs) – 1 hour and 30 minutes
Provides information about Just Culture concepts, role of nursing regulation in practice errors, instructions in use of NCBON CET, consultation with NCBON about practice errors, and mandatory reporting. Suggested for audience NOT familiar with Just Culture.
- **Introduction to the NCBON Complaint Evaluation Tool** (1 CH) 1 hour – Provides brief information about Just Culture concepts and instructions for use of the NC Board of Nursing’s Complaint Evaluation Tool, consultation with NCBON about practice errors, and mandatory reporting. Suggested for nurses in leadership positions 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

- Am I Within My Scope? (1 CH). No fee
- Protect Your Nursing License: Safe Handling, Administration, and Documentation of Controlled Substances (1 CH). No fee.
- Continuing Competence Self-Assessment: Have You Met Your Professional Responsibility? (1 CH). No fee.
- Maintaining Professional Boundaries in Nursing (1 CH). No fee.

More offerings on www.ncbon.com

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.

Session Dates

November 7, 2019
March 24, 2020 April 23, 2020
October 6, 2020 November 18, 2020

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

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.

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

<https://www.ncbon.com/news-publications-statistics-podcasts>
(No CH provided)

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- Provide an overview of the Nurse Licensure Compact.
- Provide an update regarding the status of pending legislation in various states.
- Explain Nursys®, the national nurse licensure database and E-Notify®.
- Understand requirements when changing primary state of residence.
- Answer questions!

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The NCBON joined Facebook in November 2017 and we’re happy to report that over 11,000 people have liked and followed our page to remain engaged with nursing in our state. We routinely post updates about the new enhanced Nurse Licensure Compact (eNLC), regulation affecting your license, license renewal reminders, updates on Board Meetings, office closures, nursing in the news and much more!

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NOMINATION FORM FOR 2020 ELECTION

Although we just completed a successful Board of Nursing election, we are already getting ready for our next election. In 2020, the Board will have three openings: APRN, Staff Nurse, Nurse Educator (PN). This form is for you to tear out and use. This nomination form must be completed on or before April 1, 2020. Read the nomination instructions and make sure the candidate(s) meet all the requirements. *Please note there are no LPN positions in this year's election.*

Instructions

Nominations for both RN and LPN positions shall be made by submitting a completed petition signed by no fewer than 10 RNs (for an RN nominee) or 10 LPNs (for an LPN nominee) eligible to vote in the election. The minimum requirements for an RN or an LPN to seek election to the Board and to maintain membership on it are as follows:

1. Hold a current unencumbered license to practice in North Carolina
2. Be a resident of North Carolina
3. Have a minimum of five years experience in nursing
4. Have been engaged continuously in a position that meets the criteria for the specified Board position, for at least three years immediately preceding the election.

Minimum ongoing employment requirements for both RNs and LPNs shall include continuous employment equal to or greater than 50% of a full-time position that meets the criteria for the specified Board member position, except for the RN at-large position.

If you are interested in being a candidate for one of the positions, visit our website at www.ncbon.com for additional information, including a Board Member Job

Description and other Board-related information. You also may contact Chandra, Executive Assistant, 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, 2020.

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, 2020, for the nominee to be considered for candidacy. Petitions received before the April 1, 2020, deadline will be processed on receipt.
9. Elections will be held July 1 and August 15, 2020. Those elected will begin their terms of office in January 2021.

Please complete and return nomination forms to 2020 Board Election, North Carolina Board of Nursing, P.O. Box 2129, Raleigh, NC 27602-2129.

Nomination of Candidate for Membership on the North Carolina Board of Nursing for 2020

We, the undersigned currently licensed nurses, do hereby petition for the name of _____, APRN, Staff Nurse, Nurse Educator(PN) (circle one), whose Certificated Number is _____, to be placed in nomination as a Member of the N.C. Board of Nursing in the category of (check one):

- APRN Staff Nurse Nurse Educator(PN)

Address of Nominee: _____

Telephone Number: (Home) _____ (Work) _____

E-mail Address: _____

PETITIONER - (At least 10 petitioners per candidate required. Only RNs may petition for RN nominations).

TO BE POSTMARKED ON OR BEFORE APRIL 1, 2020

NAME	SIGNATURE	CERTIFICATE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please complete and return nomination forms to 2020 Board Election, North Carolina Board of Nursing, P.O. Box 2129, Raleigh, NC 27602-2129.

DID YOU KNOW



Crystal Tillman, Director Of Education & Practice

Question:

How is the nurse practitioners scope of practice defined in North Carolina?

Answer:

The population-focused nurse practitioner scope of practice is defined by the nurse practitioners formal academic, graduate educational preparation, national certification, and maintained competence. The scope of practice is operationalized by the Collaborative Practice Agreement (CPA).

Question:

The physicians I work with tell me I can do whatever they tell me to do. Is that true?

Answer:

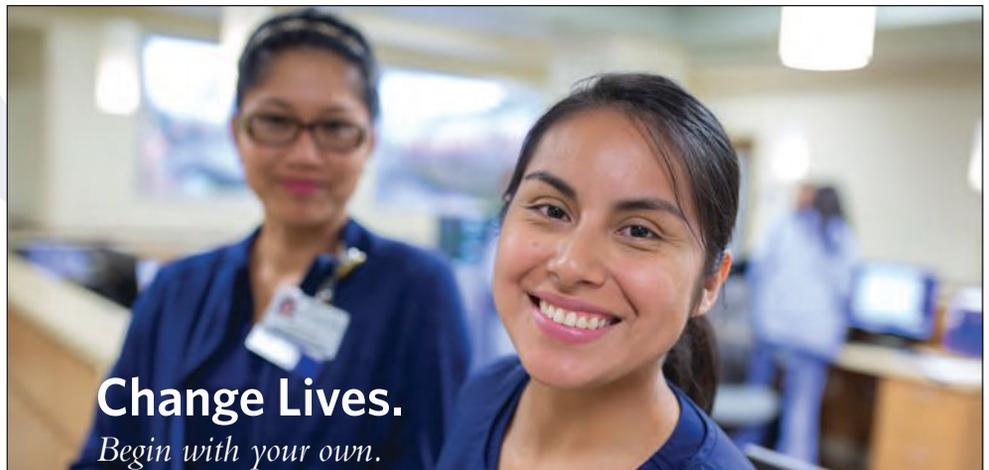
No. Both the registered nurse and licensed practical nurse have their own scope of practice. The nurse's practice is defined by the Nursing Practice Act (NPA), Rules, Level of Licensure, and Agency Policies. No one can expand the licensed nurse's scope beyond what the law has approved.

Question:

Can an unlicensed person, such as a medical office assistant, be referred to as a "nurse"?

Answer:

No. It is unlawful for any individual to practice or offer to practice as a nurse, or use the word "nurse" as a title for himself/herself, or use abbreviations to indicate that he/she is a registered nurse or licensed practical nurse, unless the person is currently licensed as a registered nurse or licensed practical nurse in North Carolina, compact state, or federal government. Refer to the Badge Law (G.S. 90-640 and GS. 90-171.43).



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‡Disclaimer: Does not meet the 1-hour law and rule (Category A) requirement for the Ohio Board of Nursing.

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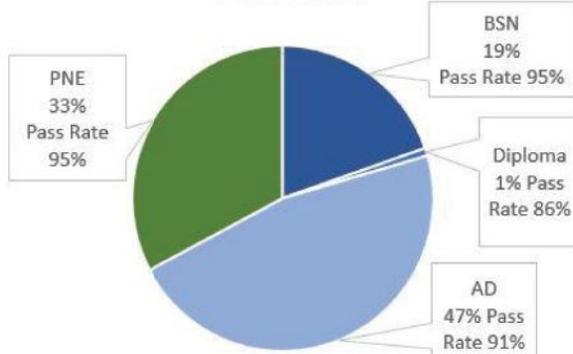
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YEAR IN REVIEW 2019

Year
in
Review
FY'19



NC Approved Nursing Programs and NCLEX Pass Rates



Total Active Licensed Nurse Population



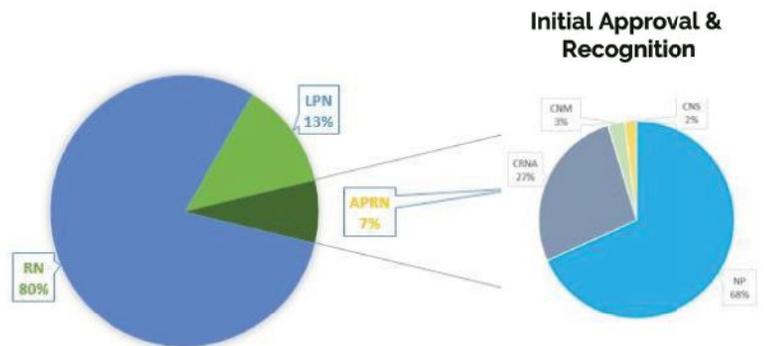
LPN: 21,968 | RN: 137,449 (includes NP: 8,495 | CRNA: 3,446 | CNM: 348 | CNS: 245)

Newly Licensed in NC



Reinstatements: RN = 1,521 | LPN = 437
Renewals processed: RN = 61,615 | LPN = 9,692

Total Active Nurse Population



Initial Approval: RN = 80% | LPN = 13% | APRN = 7% (NP = 68% | CRNA = 27% | CNM = 3% | CNS = 2%)

Enforcement Activities



Complaints Received
1,284



Cases Closed
1,024



Average # Days to Close Case
113



NP Cases Reviewed by Joint Sub Panel
29



No Action
412



Corrective Action (Non-Public)
521



Public Discipline
213

Enrolled in Monitoring

IP = 35
AP = 47
CDDP = 30
PL/Screen = 21
PL = 29

Top Causes of Action Related to Practice



Drug Diversion



Failure to assess and evaluate



Inappropriate interaction with a client



Falsification of Medical Record

Legal Proceedings

License Review Panel - 50 cases
Settlement Committee - 26 cases
Hearing Committee - 30 cases
Administrative Hearing - 18 cases



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- Registered Nurse – Emergency Department
- Registered Nurse – Rehabilitation
- Registered Nurse – Nephrology

- Registered Nurse – Neurology
- Registered Nurse – Oncology
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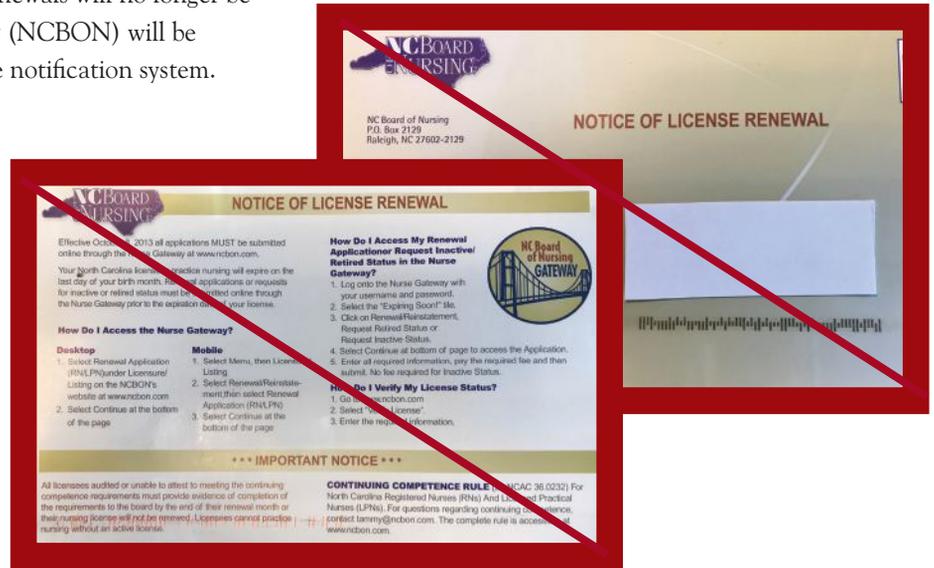
Reminder: North Carolina Board of Nursing to Use Nursys E-notify as Primary Licensure Notification System

Effective July 1, 2019 notices of license renewals will no longer be mailed out. North Carolina Board of Nursing (NCBON) will be using Nursys e-notify as the primary licensure notification system. You must register with the system to receive notifications. Please log into www.nursys.com to learn more and create your account.

e-Notify for nurses is a free of charge innovative nurse licensure notification system. The system helps nurses track their license and provides license renewal reminders. The information is provided as it is entered into the Nursys database by participating boards of nursing.

It is vital that you maintain up-to-date demographic information to include email address. Your email address will be the primary source of communication concerning your licensure status. Every nurse licensed in North Carolina is encouraged to sign up for Nursys e-notify to receive automated reminders and updates for: license status, license expiration and discipline/final order action and resolution.

Sign up with Nursys e-notify to stay up-to-date on your nurse licensure status. Your North Carolina license to practice nursing will expire on the last day of your birth month. Renewal applications or requests for inactive or retired status must be submitted online through the Nurse Gateway prior to the expiration date of your license. To avoid a lapse in licensure, reinstatement cost or loss of multi-state status enroll in Nursys e-notify today, www.nursys.com.



Don't Forget

Having a current e-mail address on file with the NC Board of Nursing will ensure important communications will reach you in a timely manner. If you have recently changed employers, now would be a good time to update your e-mail address. Changes to your contact information can be made easily by logging into the NC Board of Nursing Gateway at www.ncbon.com.

SUMMARY of ACTIVITIES

Education Matters:

Ratification of Full Approval Status:

- South University, Highpoint – BSN
- Asheville-Buncombe Technical Community College, Asheville – ADN

Ratification of Approved Enrollment Expansions:

- Robeson Community College, Lumberton – ADN, increase enrollment by 38 for a total program enrollment of 120 students beginning August 2019
- Sampson Community College, Clinton – ADN, increase enrollment by 15 for a total program enrollment of 105 students beginning August 2019
- Wingate University, Wingate – BSN, increase enrollment by 19 for a total program enrollment of 59 students beginning August 2019

Ratification of Approval of NA II Courses:

- Roanoke-Chowan Community College, Ahoskie – Continuing Education Traditional Hybrid

Notification of Alternate Scheduling Options:

- Foothills Nursing Consortium Advanced Placement LPN to ADN

FYI Accreditation Decisions by ACEN for Initial or Continuing Approval – Next Visit Date:

- Gaston Community College, Lincolnton – LPN – Continuing Accreditation – Removal of Conditions Status – Fall 2024

FYI Accreditation Decisions by CCNE for Initial or Continuing Approval – Next Visit Date:

- University of North Carolina at Wilmington, Wilmington – BSN – Accreditation Continued – Fall 2028

FYI Accreditation Decisions by CNEA for Initial or Continuing Approval – Next Visit Date:

- Asheville-Buncombe Technical Community College, Asheville – ADN – Pre-Accreditation Status Granted – June 2021
- Forsyth Technical Community College, Winston-Salem – LPN – Pre-Accreditation Status Granted – February 2020
- Robeson Community College, Lumberton – ADN – Pre-Accreditation Status Granted – October 2021
- Sandhills Community College, Pinehurst – ADN – Pre-Accreditation Status Granted – June 2021
- Stanly Community College, Locust – ADN – Pre-Accreditation Status Granted – June 2020
- Wilkes Community College, Wilkesboro – ADN – Pre-Accreditation Status Granted – June 2022

NCLEX Quarterly Pass Rates:

- 2nd Quarter

Brief Summary/Update Reports:

- Research Committee
- NCDHHS Prescription Drug Abuse Advisory Committee
- NC OEMS Advisory Council Meeting

NCBON Position Statements

- Infusion Therapy-Insertion-Access Procedures
- Staffing and Patient/Client Safety
- Complementary Therapies
- Medication Aide Education & Role in Long Term Care/Skilled Nursing Facilities vs Adult Care Settings

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