

# NURSING BULLETIN

## PROTECT YOUR NURSING LICENSE

Safe Handling, Administration,  
and Documentation of  
Controlled Substances



— page 6



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# letter from the **Chief Executive Officer**

In every issue of the *Nursing Bulletin Magazine*, we publish at least one Continuing Education (CE) article. In this issue of the magazine, we present an article titled, "Safe Handling, Administration and Documentation of Controlled Substances" by Sara Griffith MSN, RN (see page 6). This is an extremely timely article given the level of attention controlled substances have gained across our state and nation. In this article, author Griffith includes a couple of case scenarios that every nurse who handles controlled substances can easily relate to. I encourage nurses to put this article on your "must read" list.

Newly elected Board members Ann Marie Millner and Arlene Imes have joined the Board. Also, Frank DeMarco was elected board chair and Yolanda VanRiel was elected Vice-chair for 2019. Even as this new board gets down to business I want to remind everyone that our 2020 election is not that far off. In fact, nominations for this summer's election are due April 1, 2019. See Page 29 for the nomination form.

The North Carolina General Assembly is back in session. The Board is planning to introduce legislation requesting technical changes to the Nursing Practice Act. These changes are designed to clarify confidentiality protections of material gathered by the Board, refine definitions and promote operational efficiency.

In addition, the Board is working with the Cecil Sheps Center in Chapel Hill on a multi-year nursing workforce study on nurses in North Carolina. You will be hearing more about this study in the months ahead.

Sincerely,

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



## Attention Nursing Program Directors and Nursing Faculty

**Save the Date: Apr. 1, 2019**  
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# PROTECT YOUR NURSING LICENSE

## Safe Handling, Administration, and Documentation of Controlled Substances

Sara A. Griffith MSN, RN

### INTRODUCTION

The purpose of this article is to provide information for nurses regarding best practices for handling, documenting, and administering controlled substances within a variety of healthcare settings while staying attuned to the signs of substance abuse and diversion. When best practices aren't followed, a violation of the Nursing Practice Act could result, cause patient harm, and contribute to the opioid epidemic or to the substance use disorder of a colleague; all of which may put the licensed nurse in a position of being investigated. The information provided in this article will improve your knowledge of state and federal regulations regarding controlled substances, lead to safer patient care provided by nurses, and may assist in the identification of abuse and diversion of controlled substances.

The North Carolina Board of Nursing's (NCBON) mission is to protect the public by regulating the practice of nursing (NCBON, 2018). As the occupational licensing board for nurses in North Carolina, the Board is acutely aware of the opioid epidemic and its impact on the nursing profession. This article will present techniques nurses can use to maintain safe practice standards while working with controlled substances and in turn, increase patient safety.

### NURSE ACCOUNTABILITY FOR CONTROLLED SUBSTANCES

Nurses are in the most direct position in the healthcare continuum to protect patients by ensuring there is adequate documentation in the medical record to



support the administration and wasting of controlled substances. The types of storage for controlled substances include, but are not limited to, locked medication carts, locked cabinets, and automated dispensing systems (e.g., Pyxis® or Omnicell®), with the choice being based on a facility's size, available resources, and the volume of controlled substances dispensed (Lockwood, 2017). The act of retrieving or removing a controlled substance from a secure, locked location places the nurse in possession of the drug and ultimately responsible to account for the entire amount removed. A nurse is charged with multiple areas of patient care responsibility related to medication administration including assessment, order verification, retrieval and preparation of the correct dose, administration, and documentation. Think back to your nursing school days and the often-repeated statement: "if it's not documented, it wasn't done." This continues to hold true throughout all

aspects of nursing practice and is essential for all record keeping related to controlled substances. Only through clear, timely, and accurate documentation of all elements of the administration and wasting of controlled substances can the nurse fulfill the responsibility of accounting for all of the substance removed from the secure storage site.

Regardless of what system is used by a facility, documentation requirements are the same but may occur in different formats (i.e., paper vs electronic). A basic requirement for documentation of a controlled substance ordered on an as needed (PRN) basis is to include the reason for the medication (e.g., pain, anxiety, sleep). If the medication is being given for pain, documentation should include the location of the pain, along with the appropriate pain scale rating, date, time, route, amount (based on provider order), and a follow-up if the medication was effective or not. The patient's description of pain should be

included in the medical record if any additional descriptors are provided. When controlled substances are administered on a routine, regular, or scheduled basis, the documentation of ongoing assessments and evaluations of patient status and medication effectiveness are just as important. Your agency policy and procedure will guide you on any agency specific requirements.

Documentation processes may vary, depending on the facility; however, the required components of documentation of the administration or disposal of a controlled substance remain the same regardless of practice setting. For example, nurses working in long-term care facilities often use paper documentation. They are required to document the removal of the controlled substance on a controlled substance inventory form, document the time, date of the medication administration on the medication administration record (MAR), and finally, document why the medication was given along with the effect of the medication in the appropriate area on the MAR.

In facilities that utilize an electronic format for documenting, the nurse may be required to scan the controlled substance medication prior to administration. The scanner documents the date and time of the administration; however, the nurse is required to document the assessment related to the pain scale used and follow-up documentation related to the effectiveness of the controlled substance. This may include, for example, a follow-up within an hour for oral medications or a follow-up within 30 minutes for intravenous medications. The intervals for this follow-up evaluation may vary by agency policy and regulatory requirements. If the agency uses an electronic scanning system to document administration of medications, it is the nurse's responsibility to ensure the scanner is functioning. If not functioning, report this immediately to your agency's information technology department or to nursing leadership. This is an important action to ensure compliance with intentional policies and regulations relating to the safe use, storage, and disposal of scheduled medications.

## **WASTING CONTROLLED SUBSTANCES**

When controlled substances are retrieved or removed from secure storage in quantities in excess of that to be administered, the nurse is responsible for wasting or destroying the unneeded portion in the presence of a witness. The best practice for wasting of controlled substances is to waste at the time of removal from the storage location. The witnessing nurse should visually watch the administering nurse as the correct dose is drawn up or as a pill cutter is used to obtain the ordered amount, observe as the unneeded portion is wasted in the agency-approved manner or receptacle, and then document the waste electronically or in writing. According to Brummond et al. (2017), the witness to the wasting of controlled substances

should verify the following: product label, amount wasted matches what is documented, and that the medication is wasted in an irretrievable location. To strengthen an agency's policies and procedures on controlled substances, an agency should consider including the following statements: an unused controlled substance should be returned instead of wasted; administration should occur immediately after a controlled substance is removed from its storage location; and controlled substances should only be removed for one patient at a time (New, 2014).

These practices reduce the chance of forgetting to waste a controlled substance or taking a controlled substance outside the facility. Unused portions of controlled substances should not be carried by the nurse, left unattended on a counter, nor returned to the locked storage location. Both the administering nurse and the witness are responsible for documenting the wastage according to facility policy. A nurse should never document witnessing controlled substance wastage that was not actually observed.

## **REGULATION OF CONTROLLED SUBSTANCES**

Controlled substances are subject to both Federal and State regulations. The United States Drug Enforcement Agency (DEA) has categorized drugs into categories, called schedules, based on the level of risk to the public, the drug's acceptable medical use, and the potential for abuse or dependency. Five schedules of drugs, including both prescribed controlled substances and illicit substances, are designated by the DEA. Nurses should be familiar with each schedule and why these substances are scheduled by the DEA. The DEA can change the schedules based on new evidence regarding indications for the drug. For example, schedule I drugs are illegal substances due the fact that they have high risk for abuse leading to physical or psychological dependence and have no current medically accepted use. However, because the medical and recreational use of marijuana is expanding with the implementation of various State laws, the current DEA schedule may be altered as increasing evidence of efficacy and/or risk emerges.

The five schedules identified by the DEA are listed below with examples of common medications nurses may administer frequently in their nursing practice (with the exception of schedule I which are illegal substances):

- Schedule I- heroin, marijuana, LSD, MDMA AKA "ecstasy"
- Schedule II- Morphine, Methadone, Oxycodone, Fentanyl, Hydromorphone, Hydrocodone, Dilaudid, Adderall, Ritalin, and OxyContin
- Schedule III- buprenorphine, Codeine with NSAID, marinol, and anabolic steroids
- Schedule IV- benzodiazepines (Xanax, Ativan), Ambien®, Sonata®, Tramadol, Soma

- Schedule V- Lyrica®, Lomotil®, cough suppressants with low dose codeine
- When a medication is scheduled by the DEA, this requires nurses to count and conduct inventories of each medication. Some facilities may choose to also require counts for non-controlled substances due to high risk of diversion or high cost of medication. Those medications counted and inventoried are those subject to stringent documentation requirements for administration and wastage. In long-term care facilities, the practice of borrowing controlled substances dispensed for one resident for administration to another when the supply is not available places the nurse and the patient at risk. The risk of administering the wrong medication is increased due to the potential of confusing the various controlled substance names. The risk is also increased by bypassing the established safety process of a pharmacist verifying the medication (dosage, patient name, allergies).

## PROBLEMS WITH WASTING CONTROLLED SUBSTANCES

Have you ever been asked to witness a waste of a controlled substance that your “gut” told you not to witness? Did a nurse bring you a syringe with clear fluid and tell you Fentanyl 100mcg was in there and ask you to waste? Did a nurse tell you she had wasted a controlled substance while you were at lunch and ask you to sign as witness? What did you do? Did you notice a pattern with this nurse? Did you report this information to your nursing leadership? If you feel uncomfortable witnessing, you should decline to do so and refer the individual to a charge nurse or nursing leader. Holding a colleague accountable for the agency’s policies and procedures on wasting could save a patient’s life, protect you from falsifying patient records, reduce agency liability, and even save

your colleague from potentially self-destructive behaviors related to substance use. If you are unclear about your agency policy on the wasting of controlled substances, ask a nursing leader to review this information with you individually or during a staff meeting.

## IDENTIFICATION OF DIVERSION

Healthcare agencies need to have policies and procedures in place to conduct internal investigations and how to manage the outcomes (Berge, Dilllon, Sikkink, Taylor, & Lanier, 2012) related to diversion activities. The investigation of diversion should be conducted using a methodological, bias-free, detailed approach to ensure the safety of patients (Brummond et al., (2017)). The investigations may be conducted by nursing leadership, pharmacists, clinical compliance staff or any combination of staff members with the expertise in conducting investigations. Brummond et al. (2017) also recommend an agency policy that provides clear guidance on when to engage external entities such as law enforcement, licensing boards, or the DEA. Additionally, agencies need to have ongoing processes in place to monitor nurses’ patterns of controlled substance removal, documentation, and administration. This may be conducted through random controlled substance audits, review of standard deviation reports, or tips from compliance hotlines reporting concerns with a nurse’s practice. These processes will assist in detection and reporting to regulatory agencies with a goal of preventing diversion (Lockwood, 2017). When healthcare agencies work synergistically with regulatory bodies to provide details of an agency’s internal investigations, the result is safer patient care delivery due to nurses receiving the necessary education or treatment for substance use disorder.

The behaviors listed below are indications suggesting that a nurse might

be diverting controlled substances or experiencing a substance use disorder. These suspicious behaviors should trigger a review of the nurse’s handling, documentation, administration, and waste of controlled substances.

- Patient complaints of unrelieved pain (perhaps only when specific nurse assigned)
- Changing patient to injectable meds from oral meds
- Patients receiving maximum dose of prescribed medications
- Inconsistent administration between shifts (larger or more frequent dosing by one nurse)
- Only nurse to administer controlled substances
- Offering to administer PRN medications for other nurses’ patients
- Placing controlled substances in pocket
- Reports of taking controlled substances outside of the facility
- Wasting controlled substances not close to the time of removal
- Removing/retrieving controlled substance before time due or patient request
- Holding onto waste for later administration
- Removing/retrieving for more than one patient at a time
- Dosage requires a waste (purposely choosing larger dose vials that will require waste)
- Pattern of removing and wasting at end of shift
- Tampering with sharps containers
- Spending time at workplace when not scheduled to work
- Offering to work overtime or extra shifts consistently
- Change in behaviors, personality, demeanor, and work habits
- Change in appearance
- Arriving to work late frequently
- Prolonged or frequent bathroom breaks

## PROTECTING YOUR PATIENTS AND YOURSELF FROM EFFECTS OF DIVERSION

What can you do when you identify a co-worker with some of these characteristics listed above? Why is it important to speak up about your observations? There are ways to help protect yourself and your patients from a nurse who might be diverting controlled substances. Some of the examples are for nurses in acute care settings and others for the long-term care facility setting. The suggestions are based on how the controlled substances are stored at your facility.

- Take time to visually witness the waste of controlled substances at time of removal
- Report if another nurse is documenting administration of controlled substances to your patient(s) without notifying you
- Don't delegate the administration of a controlled substance that you removed (emergency situations are an exception but should be documented)
- Don't share passwords
- Change passwords per agency policy
- Ensure you have logged out of automated dispensing machines prior to walking away from machine
- Monitor for a nurse who "piggy-backs" the access of another nurse
- Keep medication cart or cabinet keys in your possession (don't share your keys)
- Keep medication cart locked
- Complete narcotic counts at every staff/shift change
- Use lock boxes in home health or hospice settings

## IDENTIFICATION OF PATIENT ABUSE OR MISUSE OF CONTROLLED SUBSTANCES

No other professional group has the same level of direct patient care contact as nurses (IOM, 2010; NCSBN & Graber, M. 2018). Nurses serve a critical role in ensuring that communication,

coordination of care, patient education, monitoring, and surveillance enhance patient safety. Nurses who interact and work with patients in non-acute care settings play an integral role in combating the opioid epidemic by documenting their assessments and findings in the medical record to assist the provider in making an informed decision on

whether to prescribe or not. Nurses are invaluable due to their interactions with patients, length of time taken to gather information, and rapport/trusting relationship built with patients. Nurses who are aware of the potential signs of opioid abuse or misuse are better equipped to assist in identification and development of a plan with a provider to safely

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address findings of potential or actual substance abuse by patients.

The Food and Drug Administration (FDA) (2018) recommends safe disposal of unwanted, expired, or discontinued medications. Safe disposal techniques for patients may include medication take-back programs or mixing the controlled substance in cat litter or used coffee grounds. Additionally, Dahn (2016) suggests nurses take the time to educate patients on the disposal of medications which may reduce the risk of accidental overdoses, unintended access by others, or accidental consumption by a child. Dahn (2016) identified the following signs of potential patient misuse and abuse that would warrant a further collaborative investigation by the nurse and provider:

- Doctor shopping
- Utilization of multiple pharmacies
- Variations in spelling of name
- Frequent office visits
- Requests for escalation of doses
- High quantities of pills
- Reports of lost or stolen opioid prescriptions
- Paying cash for provider services
- Combinations of controlled substances (“trinity:” hydrocodone, Xanax, and Soma; “Holy Trinity:” oxycodone, Xanax and Soma)
- Failure to follow pain management agreements
- Inconsistent drug screens

### Case Scenarios

Let’s examine some scenarios in which a nurse does not meet the standard related to the handling, documentation, administration and waste of controlled substances. The following two case scenarios apply the concepts discussed in this article.

#### Scenario 1

A nurse removed Dilaudid 2mg from the automated dispensing system and

hands that medication to another nurse for administration. The nurse who received the medication forgot to document administration. During the facility’s weekly controlled substance audit, it was noted that the Dilaudid 2mg was not documented as administered.

#### Discussion.

The nurse who removed the controlled substance is ultimately accountable for the controlled substances. The nurse who removed the medication has a responsibility to ensure the medication is documented as administered or wasted. The agency may conduct a further audit of the nurse’s handling and documentation of controlled substances. If further issues are found or a pattern of removing controlled substances and then handing to another nurse for administration is identified, the nurse might be asked to submit to a for-cause drug screen or counseled on the risk. This is an example of a nurse implicitly trusting another nurse to conduct all the required steps of administration, documentation, and follow-up assessments.

#### Scenario 2

A nurse on a medical-surgical unit has 6 patients on her 7am to 7pm shift. Most patients require as needed pain medications due to surgical incision pain. The nurse completes her required physical assessments for her shift but did not document the administration of 6 doses of controlled substances (Morphine, Oxycodone, and Hydrocodone) to 3 patients and did not complete pain assessments on any of the 6 patients assigned during the shift. During the next shift worked by this nurse, she again does not document the administration of controlled substances that were removed. The nurse also holds controlled substances in her uniform pocket and requests other nurses to waste at the end of the shift (both oral and intravenous medications).

#### Discussion.

The hospital conducts a random audit of the nurse’s documentation of controlled substances and discrepancies were noted on this nurse’s audit. The licensee is asked about the discrepancies, placed on administrative leave pending a full audit and asked to submit to a required drug screen. This could be considered failure to maintain an accurate medical record. The nurse should have identified the importance of ensuring all documentation was in the medical record before leaving the shift or asked for support from the charge nurse if the shift was too busy.

### Conclusion

The proper handling, administration, waste, and documentation of controlled substances is imperative for the safety of patients. The accountability of the licensed nurse encompasses all of these elements and the nurse carries legal responsibility for implementing safe practice standards and guidelines as well as assuring compliance with state and federal controlled substance laws. Failure to do so could place patients and nurses at risk for adverse events. If challenged concerning your handling, administration, or waste of controlled substances, your best defense will be clear, complete, timely, and accurate documentation. If you identify the signs of potential substance use disorders in your patients, colleagues, or yourself, timely reporting can lead to effective treatment options. Substance use disorder treatment can protect a nurse’s ability to practice safely, but more importantly, can save patient and nurse lives!

### Required Reflective Questions

1. How would you handle if you note a fellow co-worker is administering controlled substances to a patient when the patient does not appear to need (no pain symptoms)?
2. What should you do if you discover a controlled substance discrepancy?

3. At the facility you are employed, how do you obtain the policy on documentation of controlled substances and the wasting process?
4. How would you handle being asked to waste a controlled substance that a nurse has held in his/her pocket entire shift?
5. How would you handle being asked to administer a controlled substance that was removed by another staff member?
6. What would you do if a nurse asked you to witness a waste you did not observe?
7. How would you handle a discovering a patient was obtaining controlled substances from multiple providers or was abusing illicit substances (heroin, cocaine)?
8. You noticed a nurse who offers to frequently medicate your patients with a controlled substance. What additional information would you gather?
9. A nurse is seen frequently on the unit when not on duty, has had changes in behavior, and is requested to work extra shifts. Would you consider this an indication of diversion behaviors?
10. A family member of a deceased hospice patient asks you to discard controlled substance medications. How would you respond? Who would contact to get direction?
11. While admitting a patient, you note the patient's medications include the same controlled substances from multiple providers. What would you do with this information?
12. You are the charge nurse and a patient reports they had no relief from the Morphine administered by the day shift nurse 30 minutes prior. What do you do with this information?

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## EARN CE CREDIT

Protect Your Nursing License: Safe Handling, Administration, and Documentation of Controlled Substances

### INSTRUCTIONS

Read the article, online reference documents (if applicable), and reflect on the 12 questions listed under the “Required Reflective Questions” section of this article.

### RECEIVE CONTACT HOUR CERTIFICATE

Go to [www.ncbon.com](http://www.ncbon.com) and hover over “Education;” under “Continuing Education” select “Board Sponsored Bulletin Offerings,” scroll down to the link, “Protect Your Nursing License: Safe Handling, Administration, and Documentation of Controlled Substances.” After registration, please write down your confirmation number, complete, and submit the evaluation, and print your certificate immediately.

### PROVIDER ACCREDITATION

The North Carolina Board of Nursing will award 1 contact hour for this continuing nursing education activity.

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### NCBON CNE CONTACT HOUR ACTIVITY DISCLOSURE STATEMENT

The following disclosure applies to the NCBON continuing nursing education article entitled “Protect Your Nursing License: Safe Handling, Administration, and Documentation of Controlled Substances.”

Participants must read the CE article, online reference documents (if applicable), and reflect on the 12 questions listed under the “Required Reflective Questions” section of this article in order to be awarded CNE contact hours. Verification of participation will be noted by online registration. Neither the author nor members of the planning committee have any conflicts of interest related to the content of this activity.

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# NC Board of Nursing Giving Back

On December 12th, NC Board of Nursing employees packaged over 10,000 meals to be distributed through the Rise Against Hunger (RAH) Program. RAH provides opportunities to engage organizations and their employees to actively participate in the mission to end world hunger. NCBON staff set a goal for the number of meals they wanted to package and held fundraisers to cover the cost of each meal.

Rise Against Hunger distributes the meals packaged to organizations worldwide who operate ongoing education, health and empowerment programs. Rise Against Hunger places a strong focus on maternal and early childhood health and development, education and vocational training. One in three people worldwide are adversely affected by vitamin and mineral deficiencies. Rise Against Hunger meals, that were packaged by Board Staff, are designed to provide a comprehensive array of micronutrients. The meals included enriched rice, soy protein,



dried vegetables and 23 essential vitamins and nutrients. The packaged meals attract children to education programs and prevent dropouts—especially among girls—while simultaneously alleviating short-term hunger and enabling children to learn and to break the cycle of poverty. RAH's mission is to end hunger in our lifetime, specifically 2030 by providing food and life-changing aid to the world's most vulnerable. Rise Against Hunger distributes more than 90 percent of meals packaged annually to partner organizations worldwide who operate ongoing education, health and empowerment programs. Rise Against Hunger places a strong focus on maternal and early childhood health and development, education and vocational training. So proud of our NCBON staff for volunteering, donating and participating in the quest to end world hunger.

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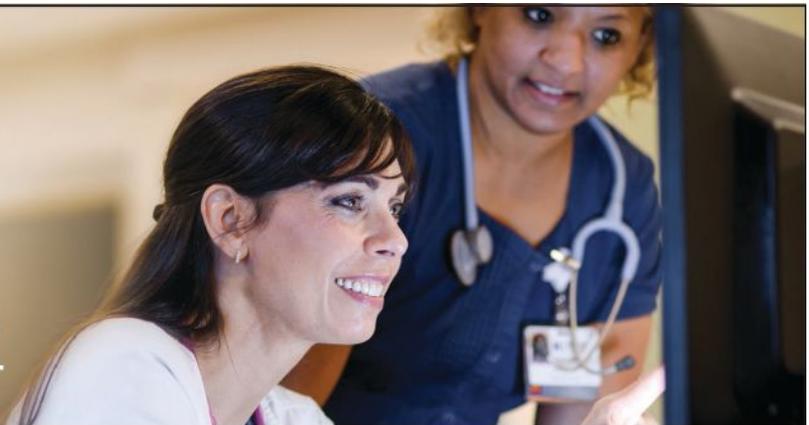
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EOE



# NAI PLUS 4 PROCESS AS OF JANUARY 1, 2019

As of January 1, 2019, the North Carolina Board of Nursing no longer receives notification from an agency regarding the skills selected, changed, or deleted for NAI + 4.

The NAI+4 process is as follows:

1. Up to 4 NAI skills can be selected by an agency. Please note that 1-4 skills can be selected, and only those skills can be included in the NAI+4 designation for the agency. All units in the agency do not have to do all selected skills, but alternative skills may not be substituted on a unit by unit basis for the selected 1-4 skills for the NAI+4 designation.
2. All of the skills selected for NAI+4 must be taught using the designated NCBON-required modules. This includes fulfilling the timeframe required for each module (found at the start of each module). Each NA must then have skill competency validated and a record of the education and skill validation using the appropriate skill competency checklist must be retained by the agency. The education and the skill validation must be done by an RN. Please note: the RN retains the responsibility and accountability for appropriate delegation, and must be certain that the NA has completed the education and skill competency validation and that the patient status is appropriate for the skill assignment before assigning the task even if the NA has the NAI+4 designation.
3. There is no listing process for NAI+4, but the NAI must hold current NAI listing on the DHSR registry.
4. The NAI+4 skills, education and competency validation is agency specific. The NAI is not approved for the skills at any other agency.
5. There is no NCBON listing process for NAI+4. However, the NAI must hold current NAI listing on the DHSR registry.
6. Written policies and procedures must be in place for each skill based on the NCBON NAI module (developed by your agency based on module selected).
7. Formal education and competency validation of NAI skills must be performed by a RN with an unrestricted license to practice.
8. A record of the NAI+4 skills, education and competency validation must be kept at said agency.
9. An NAI is not approved for NAI skills except the approved NAI+4 skills within the agency. Additional skills performance requires education and credentialing as an NAI.
10. Although the NAI may complete the NAI+4 education and competency validation of skills, the RN is still responsible for:

- A. Making appropriate decisions related to delegation for each patient, each skill, and the aide to whom he/she is delegating.
- B. Assessing the patient and the patient's response to care, for assuring that the skill has been carried out appropriately, and for planning, modifying, and evaluating care. All judgement related to the patient care situation remains with the RN.

The NAI process is as follows:

1. Offering of the course must be approved by NCBON via an application that can be obtained from the education department at [education@ncbon.com](mailto:education@ncbon.com).
2. All of the required modules must be taught using the required timeframe identified for each module. A total of 80 hours of theory (more if including the fingerstick module) and 80 hours of direct patient care supervised by an NCBON-approved NAI instructor must be completed.
3. NA skill competency validation must be done by an NCBON-approved NAI instructor for all skills using the NCBON-required skill competency checklists.
4. The approved instructor must validate the NA in the NCBON electronic NAI registry. The NA must complete the process within 30 days of completion of the course in order to be listed. If the process is not completed within the required timeframe, the NA will not be listed, and will have to retake the course.

If neither of these processes meet your needs, you may instead use the Decision Tree for Delegation to UAP (located on [www.ncbon.com](http://www.ncbon.com) — practice — position statements and decision trees). If you choose to use this method for delegation, please note that there must be:

1. Written policies and procedures.
2. Formal education and competency validation of skills by an RN.
3. A record of the education and skill validation must be kept.
4. The RN must make appropriate decisions related to delegation for each patient, each skill, and the aide to whom he/she is delegating.
5. The RN retains responsibility for assessment of the patient and the patient's response to care, for assuring that the skill has been carried out appropriately, and for planning, modifying, and evaluating care. All judgement related to the patient care situation remains with the RN.

# North Carolina Board of Nursing to Use Nursys E-notify as Primary Licensure Notification System

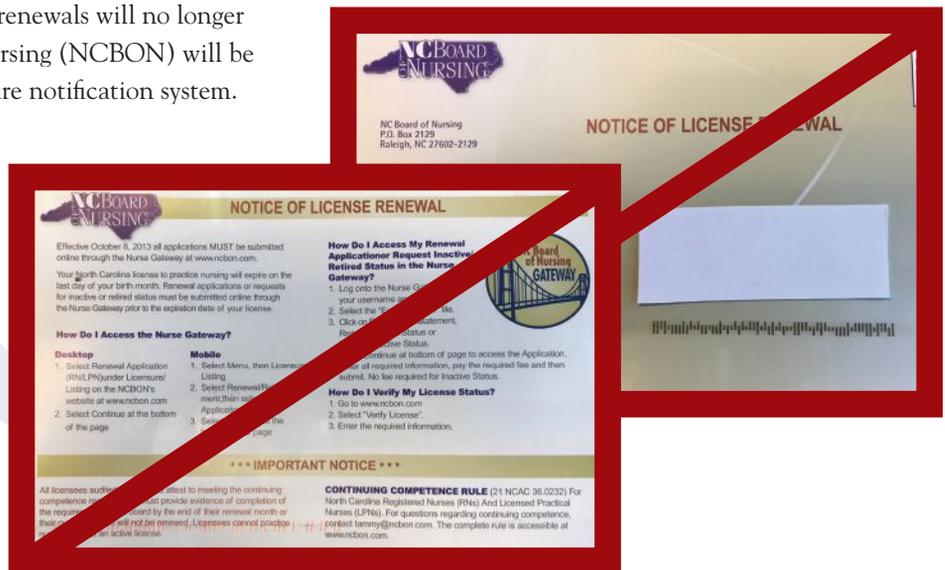
Effective July 1, 2019 notices of license renewals will no longer be mailed out. North Carolina Board of Nursing (NCBON) will be using Nursys e-notify as the primary licensure notification system.

You must register with the system to receive notifications. Please log into [www.nursys.com](http://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](http://www.nursys.com).



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# Did You Know NCBON Conducts Research?

## Results of Nurse Practitioner (NP) Audit Study

Nurse Practitioners in North Carolina are required by law to show evidence of compliance with three specific regulatory compliance measures (RCM) as reflected in figure 1. A steady decline in compliance since 2008 was identified, with compliance dropping to an annual 63% rate in 2015.

### Research

After receiving Institutional Review Board approval, an anonymous electronic, self-report, 13 item Likert scale, survey was used to collect preliminary data on NP perceptions of RCMs for NP practice in NC. The survey was sent to all NPs with an active approval to practice in NC at the time of survey distribution (N- 5,900). An overall response of 815 NPs (13%) was realized.

### Findings

Study participants perceived that RCMs were excessive, expensive and may jeopardize patient safety. Seventy-

eight percent of respondents indicated that population-focused CE enhanced public safety. Expense and time away from patient care were both limiting factors in completing what was perceived as an excessive amount of CE. Seventy-three percent of participants reported that both CPAs and statutorily defined schedules for QIP meetings were perceived as barriers to safe, effective care. However, data revealed a knowledge gap in participants' understanding about the details of some RCMs as noted in figure 2.

### Conclusion

The data from this survey were utilized to inform the development of subsequent focus groups; leading to a better understanding of the NP experiences. Information gathered from the focus groups was used to better understand their perceptions from a qualitative standpoint and to inform the development of a web-based educational

program on NP compliance rates.

Additional information about this study can be obtained from Dr. Bobby Lowery at [blowery@ncbon.com](mailto:blowery@ncbon.com)

### References

NCBON. (2018a). Nurse practitioner law and rules. Retrieved from <https://www.ncbon.com/practice-nurse-practitioner-nurse-practitioner-laws-rules>

**Figure 2 — Knowledge gap impacting RCMs**

**How long must Nurse Practitioner compliance audit documentation be maintained and available upon request for Board review?**

*Either electronic or paper documentation regarding registration and approval to practice, collaborative practice agreement(s), quality improvement process meetings, and continuing education shall be maintained for the previous five years made available upon request to the Board. See The NP Survival Guide to NCBON Compliance Review Audits (<https://www.ncbon.com/v/downloads/nurse-practitioner/np-compliance-review-audit-survival-guide.pdf>)*

**Figure 1 — Nurse Practitioner Regulatory Compliance Measures (RCMs)**

#### Continuing education (CE)

- 50 Contact hours required annually (<https://www.ncbon.com/practice-nurse-practitioner-continuing-education-requirements>).

#### Collaborative Practice Agreement (CPA)

- Signed and dated annually by the NP and the primary supervising physician (<https://www.ncbon.com/practice-nurse-practitioner-collaborative-practice-guidelines>).

#### Quality Improvement Process (QIP)

- Monthly x 6 months and then twice yearly thereafter for every new relationship with primary supervising physician (<https://www.ncbon.com/practice-nurse-practitioner-collaborative-practice-guidelines>).



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# DID YOU KNOW?

All out-of-state pre-licensure nursing students must have NC clinical experiences approved by the Board. The chief nursing administrator of a NC clinical facility should request the clinical experience at least 30 days prior to the start of the requested experience. The Board requires the following documents to approve out-of-state pre-licensure nursing students to use a NC clinical facility:

- A letter of request for approval to provide the clinical offering with the start and completion dates;
  - Documentation that the nursing program is currently approved by the Board of Nursing in the state which the institution is located;
  - The name, qualifications, and evidence of an active, unencumbered RN licensure of faculty responsible for coordinating the students' experience; and
  - The name, qualifications, and evidence of active, unencumbered licensure to practice as a RN in NC for the preceptor(s) or on-site faculty.
- Once the Board approves the clinical experience, copies of



the following will be distributed by the chief nursing administrator of the clinical facility to all students and faculty involved in the clinical experiences.

- NC Nursing Practice Act;
  - NC Administrative Rules related to the role and practice of the RN, LPN, and UAPs; and
  - NC BON developed Suggestions for Utilization of Preceptors.
- All documents can be sent electronically to [education@ncbon.com](mailto:education@ncbon.com).

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# In Case of a Natural Disaster...

If you are a nurse wishing to assist during a time of disaster, please read the following policy:

During periods of official disaster designation, nurses from states outside of North Carolina (NC) are authorized to practice in NC under the following guidelines:

1. Nurses holding an active, unrestricted multi-state license in any Nurse Licensure Compact State can practice in NC at any time.
2. Nurses holding an active, unrestricted single state license in a non-compact state can practice in NC during periods of official disaster designation.
3. Prior to allowing practice, employing system/facility, the American Red Cross, or other official Disaster Relief Organizations, must verify active, unrestricted licensure of all nurses (RN and LPN), from all states (compact and non-compact). Licensure information can be verified easily through "NURSYS QuickConfirm License Verification" available at: [www.nursys.com](http://www.nursys.com).
4. Employing system/facility must maintain a record of the names and verified license numbers for a period of 1 year and provide this information to the Board if requested.



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# SUMMARY of ACTIVITIES

## Education Matters:

### Ratification of Full Approval Status

- University of North Carolina-Wilmington, Wilmington – BSN

### Ratification to Approve the Following Enrollment Expansions

- Brunswick Community College, Bolivia – ADN, increase enrollment by 15 for a total program enrollment of 75 students beginning September 2019
- ECPI, Greensboro – LPN, increase enrollment by 20 for a total program enrollment of 160 students beginning December 1, 2018
- Rowan-Cabarrus Community College, Salisbury – ADN, increase enrollment by 20 for a total program enrollment of 200 students beginning January 2019

### Notification of Alternate Scheduling Options

- Central Carolina Community College, Sanford – Advanced Placement LPN to ADN
- Halifax Community College, Weldon – Advanced Placement LPN to ADN
- Mitchell Community College, Statesville – Paramedic to ADN program option
- Robeson Community College, Lumberton – Paramedic to ADN program option

### Notification of Program Closing

- Umanah Healthcare Institute, Charlotte – NA II Proprietary School

### FYI Accreditation Decisions by CNEA (Initial or Continuing Approval – Next Visit)

- Forsyth Technical Community College, Winston-Salem – LPN – Pre-Accreditation Status Granted – February 2020
- Pitt Community College, Greenville – ADN – Pre-Accreditation Status Granted – June 2020
- Stanly Community College, Locust – ADN – Pre-Accreditation Status Granted – June 2020

### FYI Accreditation Decisions by ACEN (Initial or Continuing Approval - Next Visit)

- Cabarrus College of Health Sciences, Concord – ADN – Continuing approval
- Carolinas College of Health Sciences, Charlotte – ADN – Continuing approval
- Fayetteville Technical Community College, Fayetteville – ADN – Continuing approval with conditions

### FYI Accreditation Decisions by CCNE (Initial or Continuing Approval – Next Visit)

- Barton College, Wilson – BSN – Continuing approval – Spring 2028
- Pfeiffer University, Misenheimer – BSN – Continuing approval – Spring 2028



## NORTH CAROLINA BOARD OF NURSING CALENDAR OF EVENTS

**Board Meeting:**  
May 23-24, 2019

**Administrative Hearings:**  
May 23, 2019  
July 25, 2019

**Education/Practice Committee:**  
March 20, 2019

**Hearing Committee:**  
March 28, 2019  
April 25, 2019

**License Review Panel:**  
April 11, 2019  
May 9, 2019

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- Eligible to apply for Post-MSN DNP Program at completion.



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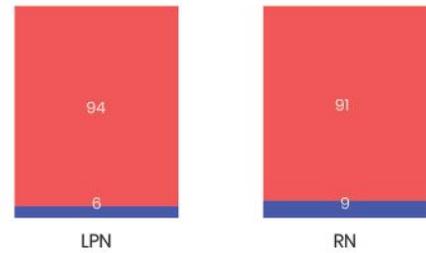
# FISCAL YEAR 2018 IN REVIEW

## Total Licensed Nurse Population



LPN: 22,137 | RN: 136,641 (includes NP: 7,862 | CRNA: 3,318 | CNM: 316 | CNS: 252)

## Percentage of Licensees by Gender



Male Female

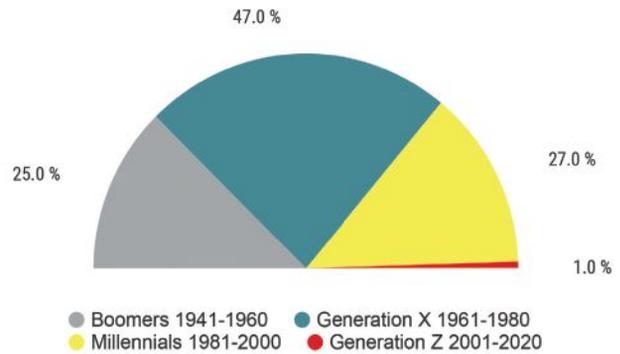
## Newly Licensed in NC

(includes Exam, Endorsement, Recognition, Approval and Listings)



Reinstatements: RN = 1,699 | LPN = 508  
Renewals processed: RN = 61,299 | LPN = 9,696

## Active Licensees by Generation



## NC Approved Nursing Programs

Practical Nurse = 38  
Diploma = 1  
Associate Degree = 57  
Bachelor Nursing Degree = 28



## 2017 NCLEX Pass Rates - NC Graduates

Pass Rate: Practical Nurse: 95%  
Diploma: 97%  
Associate Degree: 91%  
Bachelor Degree: 93%

**Discipline** # of complaints received = 1,448  
# of cases brought to resolution = 1,165  
Average time from receipt to final action = 105 days



## # Cases with Disciplinary Actions by Category



Lack of Evidence or No Jurisdiction: 471 | Corrective Action (Non-Public): 494 | Public Discipline: 183

31 Presentations & Webinars Provided



Articles with CE credits = 20



Practice Consultations (phone and emails) = 5,824 (estimate)



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## RIBN Program

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[www.lenoircc.edu](http://www.lenoircc.edu)

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# Cone Health seeks great RNs in Progressive Care and Orthopedics!

At Cone Health, we empower you to provide patients with the highest quality service and to stand behind core values: caring for your patients, caring for each other and caring for your community.

Cone Health is ranked:

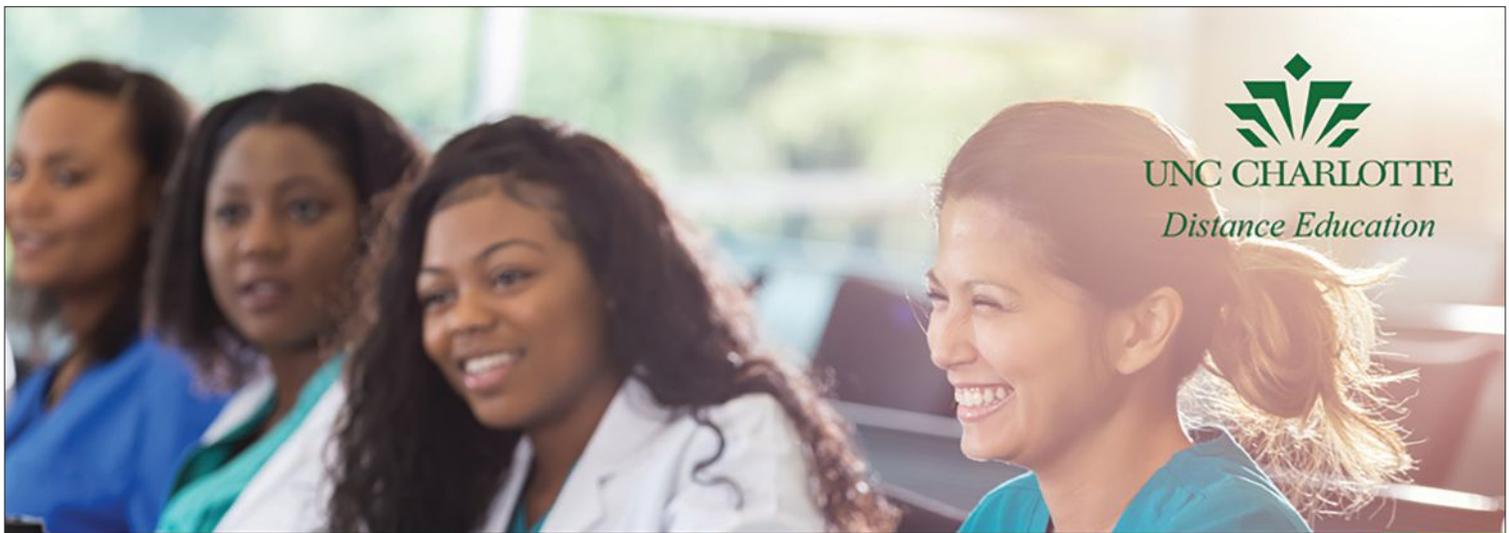
- Top 100 in the Nation for Medical Excellence in Major Orthopedic Surgery, CareChex, 2018
- "High-Performing" for Hip and Knee Replacement, U.S. News & World Report, 2017
- One of "America's 100 Best Hospitals for Pulmonary Care" Award™, Healthgrades, 2018

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# CE Opportunities 2019

## EDUCATION & PRACTICE CONSULTANT AVAILABLE TO PRESENT!

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

### Standard presentations offered are as follows:

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

To access online CE articles, webcasts, session registration, and the presentation request form, go to [www.ncbon.com](http://www.ncbon.com) — Nursing Education — Continuing Education.

## ONLINE BULLETIN ARTICLES

- **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.
- **What Nurses Need to Know about Informatics, Social Media, and Security! (1.9 CHs)**. No fee.

More offerings on [www.ncbon.com](http://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

March 13, 2019 • April 9, 2019 • October 9, 2019 • November 7, 2019

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

Register online at [www.ncbon.com](http://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 (1.0 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)

# NOMINATION FORM FOR 2019 ELECTION

Although we just completed a successful Board of Nursing election, we are already getting ready for our next election. In 2019, the Board will have three openings: BSN/Higher Nurse Educator, Nurse Administrator in a hospital or system, LPN. This form is for you to tear out and use. This nomination form must be completed on or before April 1, 2019. Read the nomination instructions and make sure the candidate(s) meet all the requirements.

## Instructions

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

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

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

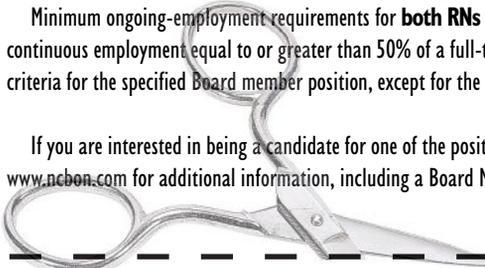
If you are interested in being a candidate for one of the positions, visit our website at [www.ncbon.com](http://www.ncbon.com) for additional information, including a Board Member Job Description and

other Board-related information. You also may contact Chandra, Executive Assistant, at [chandra@ncbon.com](mailto: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, 2019.

## 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, 2019, for the nominee to be considered for candidacy. Petitions received before the April 1, 2019, deadline will be processed on receipt.
9. Elections will be held July 1 and August 15, 2019. Those elected will begin their terms of office in January 2020.

*Please complete and return nomination forms to 2019 Board Election, North Carolina Board of Nursing, P.O. Box 2129, Raleigh, NC 27602-2129.*




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## Nomination of Candidate for Membership on the North Carolina Board of Nursing for 2019

We, the undersigned currently licensed nurses, do hereby petition for the name of \_\_\_\_\_, BSN/Higher Nurse Educator, Nurse Administrator in a hospital or system, LPN (circle one), whose Certificated Number is \_\_\_\_\_, to be placed in nomination as a Member of the N.C. Board of Nursing in the category of (check one):

- BSN/Higher Nurse Educator     
  Nurse Administrator in a hospital or system     
  LPN

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, 2019

NAME	SIGNATURE	CERTIFICATE NUMBER
_____	_____	_____
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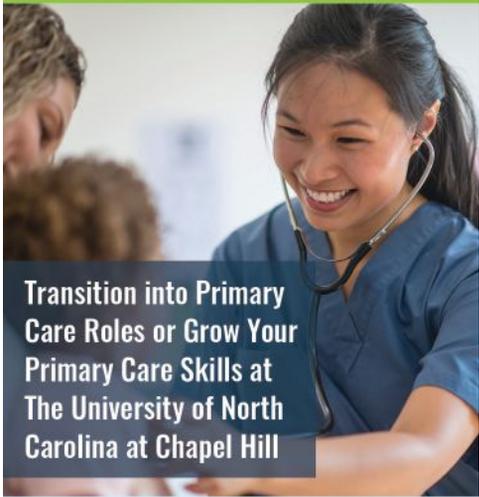
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