PATIENT CARE AND DOCUMENTATION: THE BALANCING ACT

page 8

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Table of CONTENTS

6 Letter from the Editor

8 Patient Care and Documentation: The Balancing Act

16 APRN Volunteer Opportunity

18 Dr. Pam Edwards, NCBON Chair, Administers COVID-19 Vaccine

19 Year in Review

22 Newly Revised NCBON and NC SOTA Joint Position Statement

24 Nomination Form for 2021 Election

28 NCBON 17th Annual Education Summit

29 Newest Board Member Appointed

On the cover:
Celebrating our 50th issue with cover art over the years.

DEPARTMENTS:
4 From the CEO
26 CE Opportunities
27 Summary of Activities
30 Classifieds
I’ve begun to settle into my role as Chief Executive Officer, and what a great experience this has been! During the past few months, I’m pleased to say I’ve had the opportunity to meet with many of you (virtually) and hear about emerging issues of importance to nurses in North Carolina. Your input is valuable to me and will assist the Board as we embark on our next four-year strategic planning process in 2021.

Just a little about me...I was born and raised in NC, growing up in Charlotte. My nursing education is as follows: Central Piedmont Community College-Charlotte-ADN, UNC-Chapel Hill-BSN, Duke University-Durham, MSN and DNP. Currently, I am certified as both a pediatric nurse practitioner and psychiatric mental health nurse practitioner and enjoyed practicing in both population foci for many years.

My gratitude goes out to the 165K licensed nurses in NC who are fighting daily against the Covid-19 pandemic. I remain in awe of the resilience, innovation, responsiveness and perseverance of nurses. I am grateful for the collective work of Board members and staff, and for our continued focus on public protection while adjusting to our current environment.

I want to personally express appreciation to our outgoing Board Members: Martha Ann Harrell (public member), Sharon Moore (PN Educator), Glenda Parker (APRN), Lisa Hallman (staff nurse) and Ashley Stinson (public member).

We welcome new Board Members who began their four-year terms effective January 2021: Dr. Lora Bartlett (PN Educator), Dr. LaDonna Thomas (APRN), Kimberly McKnight (staff nurse), Dianne Layden (public member) and Dr. Aimy Steele (public member).

I invite you to visit our website (www.ncbon.com) for upcoming events and up-to-date information on Covid-19 related to nursing practice and view the current waivers in place. Please follow us on Facebook at NC Board of Nursing. I wish all of you a safe and healthy 2021.

Regards,

Crystal L. Tillman, DNP, RN, CNP, FRE
Chief Executive Officer

NORTH CAROLINA BOARD OF NURSING
CALENDAR OF EVENTS

Board Meeting:
May 28, 2021 virtual

Administrative Hearings:
February 25, 2021 virtual
May 27, 2021 virtual

Education/Practice Committee:
March 17, 2021 virtual

Hearing Committee:
March 25, 2021 virtual
April 29, 2021
June 24, 2021

Directors of Nursing (DON) Session:
March 3, 2021 canceled
April 22, 2021

Education Program Director Orientation (EPDO):
September 15, 2021

The Board office remains closed to the public.
Please visit www.ncbon.com for updates to our calendar and call-in information to attend public meetings.
Nursing Opportunities Available!

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letter from the EDITOR

It has been my pleasure.....
.... to serve as the editor of the Nursing Bulletin Magazine for the past seventeen years. This Winter issue is edition #50 and a fitting place for me to exit. I will go from editor to Pop-Pop, a new title bestowed on me by my 2 year old granddaughter, Joanna.

Before I take my leave, I have several people to thank. First and foremost are each of you, the thousands of nurses in North Carolina. I have had the privilege of meeting many nurses at functions across the state and it has always been a pleasure.

Secondly, I want to thank my coworkers who have contributed countless articles to this publication over the years. Numerous other state Boards of Nursing have contacted me asking permission to run our articles in their magazines. Consequently, our articles have appeared in Board of Nursing publications from coast to coast.

I also want to thank our publishing partners, PCI Publishing Concepts, Inc. Their attention to detail and creativity has helped us create a magazine which consistently won awards throughout these seventeen years.

Finally, when we sent out volume 1, edition 1, in 2004, there were 119,000 nurses on the mailing list. Since then, the number of licensed nurses in North Carolina has grown to more than 165,000. I estimate that the North Carolina Board of Nursing has mailed out more than 7 million magazines to nurses during my time as editor. I am proud to have been a part of this effort to keep nurses informed and the public safe.

Sincerely,

David Kalbacker
Pop Pop

“Like” the NCBON on Facebook!

The North Carolina Board of Nursing is committed to communicating with the nurses and public of North Carolina. In order to keep you updated and informed about nursing regulation in our state, the NCBON uses a variety of communication tools to reach you, including our website, this magazine, email marketing and just recently we’ve added social media to the mix.

The NCBON joined Facebook in November 2017 and we’re happy to report that over 12,600 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!
ADULT HEALTH ASSISTANT PROFESSOR, tenure track position
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PATIENT CARE AND DOCUMENTATION: The Balancing Act

Pamela H. Trantham, MSN, RN, Investigator, NC Board of Nursing
pamela@ncbon.com

CE 1 CONTACT HOUR

Learning Outcome: Nurses will gain an increase in knowledge related to the ability to identify requirements of Federal, State, and Regulatory bodies for nursing documentation. Nurses will gain an increase in knowledge related to the ability to recognize that quality nursing documentation is linked to better patient outcomes.

Disclosure:
The author 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.

Patient Care and Documentation: The Balancing Act

“Clinical documentation is a foundation of every healthcare encounter, and through its completeness and precision, the scope of care and services provided and severity of the patient’s illness can be shown” (Brazelton, Knuckles & Lyons, 2017, pg. 271).

The North Carolina Board of Nursing (NCBON) recognizes the unique “balancing act” required of nurses when providing patient care and documenting the delivery of that care in the medical record. NCBON continues to receive and investigate complaints related to poor nursing documentation. In 2019, more than 10% of the complaints received by the NCBON cited some issue related to documentation. Categories of complaints received include the following: omission of crucial patient information, inaccurate documentation, incomplete documentation, documentation that does not adequately reflect the patient’s condition, lack of documentation when a provider is notified, and pre-documentation of information (North Carolina Board of Nursing [NCBON], 2020a). This article will identify the nurse’s responsibilities when documenting care, discuss essential components of quality nursing documentation, and provide examples of how quality documentation of nursing care serves as an opportunity to advocate for patients.

Background

The American Nurses Association’s (ANA), Principles for Nursing Documentation: Guidance for Registered Nurses reported that nurses often find the task of nursing documentation “burdensome” and feel it “distracts from patient care” (Matthews, et al., 2020 p. 3). Likewise, a study conducted by Pellico, et al. (2010) on the work experience of a cohort of 229 registered nurses noted participant remarks to convey feelings that documentation takes time away from patient care and causes stress related to completing nursing responsibilities within the time frame of the assigned shift. Finally, the Joint Commission’s 2003 white paper, Health Care at the Crossroads:

Strategies for Addressing the Evolving Nursing Crisis, reported “increased staffing, less paperwork and fewer administrative duties” as the top areas identified by nurses as needing improvement (Joint Commission et al., 2003 p. 10).

Why Quality Nursing Documentation is Critical

During the current COVID-19 pandemic, nurses may be pulled to work on a unit they are not accustomed to with higher acuity patients. Nurses may be concerned about their own exposure to COVID-19 or about the possibility of exposing family members; and at the same time feel a responsibility to care for those who are ill with the virus. Although the demands and stress of nursing responsibilities are heightened during healthcare crises such as a global pandemic, the need for quality nursing documentation remains a crucial component of patient care. The quality of nursing documentation is a reflection of the quality of care delivered to the patient (Akhu-Zaheya, et al., 2017). Patient outcomes may be linked to the quality of nursing documentation in a patient’s medical record (Collins, et al., 2013). A variety of healthcare providers across different disciplines document in a patient’s medical record. The lack of important patient information may place the patient at risk. Consider the following scenario:

Patient A is a 79-year-old female who underwent a right hip replacement earlier in the day. The dayshift nurse, Cindy, received the patient on the Med/Surg floor from PACU around 6:00 p.m., prior to her shift ending at 7 p.m. At 6:45 p.m., Nurse Cindy administered IV Morphine to Patient A. However, due to preparation for shift report, she failed to document the administration of the Morphine. During shift report, Nurse Cindy commented to the oncoming nurse that Patient A seemed to be restless and moaning and believed her to be in pain. She immediately checked the patient’s orders and found the patient had an order...
for IV Morphine for pain. Nurse Ellen administered a dose of IV Morphine within 30 minutes, not realizing that the patient had been recently medicated. The patient subsequently became unresponsive and required the administration of Narcan and a transfer to ICU for stabilization and monitoring. Nurse Cindy’s failure to document the medication administration placed her patient at risk.

In this scenario, Cindy did not set out to harm her patient. The Medical/Surgical unit was chaotic at the time and she was pulled in many directions. However, her lack of attention to detail and failure to enter pertinent information into the patient’s record did cause harm to her patient.

In addition to assisting with provision of safe nursing care, quality nursing documentation may provide protection for the nurse in the event his/her own nursing practice is called into question (such as a lawsuit). All nurses should consider documentation of care as an essential step in the process of patient care. Without the documentation of care, there is no evidence of that care beyond a memory, which will diminish with time. It is important to ensure that your documentation accurately reflects the quality of care provided and actions taken to safely deliver nursing services to each patient instead of merely meeting the minimum requirements.

What Defines High Quality Documentation?

ANA provides guidelines for the components of high-quality documentation, which should be “reflective of the nursing practice” (Matthews, et al., 2010, p. 12). Documentation begins at the time of arrival and continues until the patient leaves or is discharged. Further, nursing documentation should reflect only direct observations of the nurse completing the documentation (Messina, 2020).

The components of quality nursing documentation may be remembered using mnemonics, much like the Rights of Medication Administration. This author created the following R’s of quality nursing documentation mnemonic to assist nurses when documenting entries into a medical record:

Right chart, right patient – always double check the patient name against the name in the medical record and armband for identification;

Right information in right chronological order – critically think about information while documenting to ensure what you document flows (e.g., would you want to document administration of a medication prior to documenting the receipt of a verbal order for that medication);

Response – a patient’s response to an intervention should always be noted (e.g., patient’s response to pain medication);

Record of Provider contact – (e.g., attempts to reach a provider);

Response from Provider – always repeat back instructions you are given to ensure understanding and document those instructions carefully;

Rendered care – document all care rendered;

Real time – document at the time the care is completed or as close to the time of the care as possible (exceptions may include code situations and other emergencies).

There are approved standards for making changes, corrections or additions to nursing documentation that should be followed. Agency or facility policies may dictate how changes or late entries can be made in medical records. Nurses should become familiar with and follow these specific policies. The Centers for Medicare & Medicaid Services (CMS) offers guidance when making changes within the medical record in the Medicare Program Integrity Manual, Section 3.3.2.5 entitled, Amendments, Corrections and Delayed Entries in Medical Documentation (Centers for Medicare and Medicaid Services [CMS], 2016) as follows:

• Late Entry: In the event that documentation needs to be added after the original entry, it should be labeled “late entry”. The information should be dated with the date the late entry is made and state the reason the added information was not a part of the original documentation. The late entry should be signed or initialed by the individual making the entry. Many employers have specific policies/procedures for making late entries within the organization.

• Addendum – An addendum is made when new information becomes available after the original entry was made. The date the addendum is made should be recorded, the entry should be labeled “addendum,” and the reason for the addendum should be noted. The addendum should be signed or initialed by the writer.

• Correction: When making a correction in a paper medical record, a single line should be drawn through the original entry, allowing the original entry to be seen and read. The individual making the correction should sign and date the correction. When documenting corrections within electronic records, follow the facility’s policy regarding strike throughs or entries created in error.

• Amendment: An amendment, sometimes called a clarification note, is written to correct or clarify information documented earlier (e.g., corrections, deletions or retractions). Amendments should be clearly labeled “amendment” or “clarification” and should provide the reason an amendment is needed. The current date should be recorded and the note should be signed or initialed by the writer.

• Other tips: Documentation should be completed after care is delivered, never prior to the delivery of care. In general, nurses should document only the care they provide except in a situation such as a code or emergency where a staff member documents the entire event. Nursing documentation should be factual (what is seen, heard, palpated and the patient’s care and response to care).

Check Boxes and Drop-Down Selections

The significance of merely clicking a check box or selecting a pre-populated choice from a drop-down box should not be dismissed. Although check boxes and drop-downs are time savers in lieu of narrative notes, the nurse is held to the same level of accountability and standard of accuracy as with a narrative note. Nurses should not use the pre-selected choices from a drop-down list or check box in a patient record. continued on page 10
without first carefully considering the selected information as doing so could result in documentation of care that was not rendered (American Health Information Management Association, 2014). It is best to be mindful and present while documenting to ensure the record reflects the patient's true care. Consider this scenario:

Nurse A was completing her documentation at the end of her shift and clicked a checkbox indicating her patient was being monitored by cardiac monitor and alarms were on and audible. However, the previous nurse (Nurse B) documented a narrative note stating the patient refused to wear a cardiac monitor. Nurse B documented notification of the provider, who verbally ordered the cardiac monitoring to be discontinued. She documented the removal of the monitor and leads.

In this scenario, Nurse B's documentation was clear and detailed. Nurse B provided us with an excellent example of quality nursing documentation. However, Nurse A rushed through her documentation at the end of her shift without critically thinking about the information she selected to record. Thus, the information documented by Nurse A was inaccurate.

The purpose of nursing documentation is to record the nurse’s findings, impressions and plans in a chronological manner. The Emergency Care Research Institute (ECRI) is a nonprofit health services research agency designated as an Evidence-based Practice Center by the U.S. Agency for Healthcare Research and Quality. A workgroup was created by ECRI in 2015 to identify risks associated with the practice of using the “copy and paste” function when documenting. As a result, a toolkit was created, Health IT Safe Practices: Toolkit for the Safe Use of Copy and Paste (Emergency Care Research Institute [ECRI] et al., 2016). Risks identified by the workgroup associated with copying and pasting include: less dependable documentation, documentation with unintended bias (due to less use of reasoning skills and critical thinking skills), bloated notes that do not flow well, and the overuse of copy and paste, which can result in the exclusion of current information (ECRI et al., 2016). The following scenario highlights the risks associated with the use of the copy and paste feature:

Lucy began working for a home care agency six months ago. She typically sees 3-6 patients per day. As a timesaver, Lucy came up with the idea to copy and paste a patient’s prior visit notes into a current visit note with the intent of editing the note before submitting it. Lucy was called into the office as it seems that a question was raised about information contained in a visit note she submitted for Patient A related to wound care. When Patient A was contacted, he reported he no longer received wound care and had not for the past three months. Patient A’s physician verified the patient was no longer receiving wound care.

Lucy realized immediately she forgot to edit the section related to wound care for this visit. However, the note contained wound measurements and documentation of a dressing change. Although Lucy tried to reassure her employer that all other information documented in the visit note for Patient A was accurate, her employer lacked confidence regarding the note accuracy and did not bill for the visit. Lucy was reminded that during her orientation she had been cautioned about copying and pasting and had signed acknowledgment of this. She was terminated for falsifying a patient record and was reported to the licensing board.

Lucy may have saved a little time by copying and pasting the old note; however, in the long run she lost credibility with her employer and she submitted documentation that was not accurate. The message is clear; do not mistake a work around for a time saver. Quality nursing documentation takes time and requires careful thought.

Federal Goals for Nursing Documentation

In 2017, the American Reinvestment & Recovery Act (ARRA) was enacted. One of the components of ARRA was the “Health Information Technology for Economic and Clinical Health (HITECH) Act”. The HITECH Act proposed the meaningful use of electronic health records (Centers for Disease Control and Prevention [CDC], 2020). Meaningful use was defined as “using certified electronic health record (EHR) technology in the most meaningful way possible in an effort to improve patient care, ensuring that the certified EHR technology connects in a manner that provides for the electronic exchange of health information to improve the quality of care” (CDC, 2020, para. 2). This Act was supported by CMS and the Office of the National Coordinator for Health IT, who identified the meaningful use of the medical record as a critical national goal (CDC, 2020).

Nursing Law and Rules

The North Carolina Nursing Practice Act (1981/2019) defines nursing documentation as the “recording and reporting the results of the nursing assessment” (Definitions,

The Components of Nursing Practice for the Registered Nurse (RN) (1991/2019) identifies the necessary elements of RN nursing documentation noted as being pertinent to the client’s health. Elements include information that is accurate and descriptive, completed in a timely manner, containing information related to communication with others, and the verification of administration and waste of controlled substances (Components of Nursing Practice for the Registered Nurse, 1991/2019). The Components of Nursing Practice for the Licensed Practical Nurse (LPN) (1991/2019) identifies the necessary elements of LPN nursing documentation noted as being pertinent to the client’s health. Elements include information that notes client response to care, information that is accurate and descriptive, completed in a timely manner, containing information related to communication with others and verification of the administration and waste of controlled substances (Components of Nursing Practice for the Licensed Practical Nurse, 1991/2019).

For additional information, read the details of these administrative rules via the links provided below.


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Specific acts or behaviors that may result in investigation and possible discipline of the RN/LPN license are identified in the North Carolina Administrative Code (Investigations: Disciplinary Hearings, 1991/2019). Acts relevant to nursing documentation include: failure to make client information available to another health care professional, failing to maintain an accurate record of all pertinent health care information as defined in the Components of Nursing Practice for the Registered Nurse (1991/2019) and the Components of Nursing Practice for the Licensed Practical Nurse (1991/2019), and falsifying a client’s record or the controlled substance records (Investigations; Disciplinary Hearings, 1991/2019).

Additional Guidance Documents from the North Carolina Board of Nursing

The NCBON created position statements to provide direction to nurses in applying nursing law and rules to their nursing practice. Although a position statement is not nursing law, it does provide clarity when attempting to interpret law and rules. Position statements (NCBON, 2020b) are located on the NCBON website at https://www.ncbon.com/practice-position-statements-decisions-trees

STOP NOW AND REVIEW THE FOLLOWING POSITION STATEMENTS:


The Position Statement entitled, History and Physical Examination Position Statement for RN Practice, provides guidance for the RN related to the documentation of a history and physical exam (NCBON, 2018a). The RN Scope of Practice – Clarification Position Statement defines the recording of information by the RN as, “Those communications required in relation to all aspects of nursing care” and contrasts reporting and recording (NCBON, 2017b). The LPN Scope of Practice Clarification Position Statement is relevant to nursing documentation as it defines and clarifies the LPN’s documentation responsibilities and components of documentation required (NCBON, 2017a). The Physician Orders Communication and Implementation Position Statement applies to the practice of the RN and the LPN when accepting verbal orders from providers. It was created to identify the types of providers from which a nurse may accept a verbal order and guides the nurse in ensuring documentation of the verbal order is complete and accurate (NCBON, 2018b). Finally, the Standing Orders Position Statement for RN and LPN Practice identifies the components of documentation needed when implementing a Standing Order (NCBON, 2018c).

Duty to Provide Quality Nursing Documentation

Quality nursing documentation is essential to research. During a pandemic, information may be gleaned from the medical record that can be used to support the many ways nurses contribute to improving patient outcomes (individual and population health) and the effectiveness of treatment. Nursing documentation helps to establish patterns of illnesses and responses. This information may guide future
EARN CE CREDIT
“Patient Care and Documentation: The Balancing Act” (1 CH)

INSTRUCTIONS
Read the article and online reference documents (if applicable).

RECEIVE CONTACT HOUR CERTIFICATE
Register. Be sure to write down your confirmation number, complete and submit the evaluation, and print your certificate immediately.
If you experience issues with printing your CE certificate, please email practice@ncbon.com. In the email, please provide your full name and the name of the CE offering (Patient Care and Documentation: The Balancing Act).

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

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

NCBON CE CONTACT HOUR ACTIVITY DISCLOSURE STATEMENT
The following disclosure applies to the NCBON continuing nursing education article entitled “Patient Care and Documentation: The Balancing Act.”
Participants must read the article and online reference documents (if applicable) in order to be awarded CE 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.

INSTRUCTIONS
Read the article and online reference documents (if applicable).

care and be used for evidence-based practice guidelines for treatment (Sensmeier et al., 2019).
Quality nursing documentation is also a professional duty. A risk specialist for the Nurses Services Organization (one of the largest providers of malpractice insurance for nurses), noted that “documentation is a core nursing competency and is one of the nurse’s primary professional responsibilities” (Reiner, 2020, p. 1). When viewed as a primary nursing responsibility, quality documentation becomes equal in importance to the actual delivery of care and an ethical responsibility owed by nurses to their patients and to other medical professionals.

A Change in Perspective
In order to move beyond viewing nursing documentation as simply a chore to complete before the end of shift, it may be helpful to think of documentation as an opportunity to showcase hard work and demonstrate the excellent level of patient care delivered. When viewed in this manner, quality nursing documentation becomes a way to grow professionally and a step in the direction of ensuring patients are afforded the best possible outcomes.

Conclusion
Nursing documentation is a basic requirement at the federal, state and regulatory levels. However, quality nursing documentation requires taking nursing documentation to the next level. Consider the self-satisfaction of a job well done, the possibility of improving patient outcomes, the contribution to “meaningful use” of the electronic patient record for other healthcare providers, and the peace of mind quality documentation will provide in the event your practice is questioned. If you have questions or need further clarification regarding nursing documentation or any practice matter, reach out by phone to one of the NCBON Practice Consultants (NCBON main number: 919-782-3211).

Readers are encouraged to review the following documents:
• American Nurses Association (2010) Principles of Nursing Documentation
(Information included in ANA’s publication includes recommendations for documentation and identifies uses of nursing documentation within the healthcare team).

continued on page 14
References


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nursing.uncg.edu | @UNCGNursing
The NC Board of Nursing is seeking APRN volunteers to participate in a research study that examines awareness of and engagement in efforts to implement a new regulatory model in NC that may impact APRN practice. If you are interested in participating, please access the email sent by the NC Board of Nursing and review the informed consent prior to clicking the survey link. We anticipate the survey will take less than 15 minutes of your time.

For additional information and/or questions, please email: cmoore@ncbon.com or jlewis@ncbon.com.
Learn more and apply today at www.wayneunc.org/careers
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Quality care begins with a great team dedicated to giving patients their best. At Wayne UNC Health Care, our teammates are passionate about delivering high quality care and a patient experience that is second to none.

Commitment Incentive

15K may be offered to Registered Nurses with 2 or more years experience. The incentive is paid in installments over a three year commitment.

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• Telemetry
• Med-Surg
• CRNA

Wayne UNC Health Care offers competitive salaries and benefits, including health and wellness, insurance plan options, a 403B retirement savings plan, discounted meals, free parking, and more.

Learn more and apply today at www.wayneunc.org/careers
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NCBON CHAIR, DR. PAM EDWARDS, ADMINISTERING THE COVID-19 VACCINE AT DUKE HEALTH IN DURHAM

Thank you to all of the nurses for your help with the COVID-19 fight!

Queens Presbyterian School of Nursing offers exciting and meaningful learning opportunities in the heart of Charlotte and across the Carolinas.

Bachelor of Science in Nursing
- Traditional BSN
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- Clinical Nurse Leader**
- Nurse Educator*
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*Post Masters Certificates available.

Thank you to all of the nurses for your help with the COVID-19 fight!

Join our dedicated nursing team at Kindred Hospital Greensboro. Our facility is a 101-bed hospital where we treat critically ill patients who require an extended stay with individualized care plans.

$10,000 sign-on bonus for full-time RNs!

For more information contact Jackie at 781.686.4396 or jackie.siegel@kindred.com.
## Year in Review 2020

<table>
<thead>
<tr>
<th>License/Approval /Listing Type (Total Active as of 12/20)</th>
<th>Total Active Trends Over 5 Years (2016 – 2020)</th>
<th>Total Active Change from 2019 - 2020</th>
<th>Gender Breakdown (As of 12/20)</th>
<th>Age Distribution and Average (As of 12/20)</th>
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<tbody>
<tr>
<td>RN 142,705</td>
<td><img src="image" alt="Growth +" /></td>
<td><img src="image" alt="Growth -" /></td>
<td><img src="image" alt="91%" /> 9%</td>
<td><img src="image" alt="46" /></td>
</tr>
<tr>
<td>LPN 22,500</td>
<td><img src="image" alt="Growth -" /></td>
<td><img src="image" alt="Growth -" /></td>
<td><img src="image" alt="94%" /> 6%</td>
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<tr>
<td>NA or Listing 14,638</td>
<td><img src="image" alt="Growth -" /></td>
<td><img src="image" alt="Growth -" /></td>
<td><img src="image" alt="89%" /> 11%</td>
<td><img src="image" alt="40" /></td>
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<tr>
<td>Nurse Practitioner 10,029</td>
<td><img src="image" alt="Growth +" /></td>
<td><img src="image" alt="Growth +" /></td>
<td><img src="image" alt="91%" /> 9%</td>
<td><img src="image" alt="45" /></td>
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<td>CRNA 3,589</td>
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<td>CNM 357</td>
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<td><img src="image" alt="99.5%" /> 0.5%</td>
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<tr>
<td>CNS 258</td>
<td><img src="image" alt="Growth +" /></td>
<td><img src="image" alt="Growth +" /></td>
<td><img src="image" alt="96%" /> 4%</td>
<td><img src="image" alt="54" /></td>
</tr>
</tbody>
</table>

Note. *a* LPN exhibited net gains over 5 years, however overall growth is slowing. *b* CNM exhibited net gains over 5 years, however overall growth is slowing. *c* CNM exhibited net gains from 2019 to 2020, however growth in this period has slowed. *d* CNS trend data is over 4 years.

---

### Emergency Waivers Granted during COVID-19 Pandemic

<table>
<thead>
<tr>
<th>Permit Type</th>
<th># Granted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Graduate RN Permit</td>
<td>4691</td>
</tr>
<tr>
<td>Emergency Graduate LPN Permit</td>
<td>946</td>
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<tr>
<td>Emergency RN Reinstatement Permit</td>
<td>747</td>
</tr>
<tr>
<td>Emergency LPN Reinstatement Permit</td>
<td>254</td>
</tr>
<tr>
<td>Emergency Graduate NP Permit</td>
<td>161</td>
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<tr>
<td>Emergency Graduate CRNA Permit</td>
<td>119</td>
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<tr>
<td>Emergency NP Approval to Practice</td>
<td>37</td>
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<tr>
<td>Emergency Graduate CNM Permit</td>
<td>15</td>
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<tr>
<td>Emergency Graduate CNS Permit</td>
<td>7</td>
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<tr>
<td>Emergency CNM Approval to Practice</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>6980</strong></td>
</tr>
</tbody>
</table>
**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.
Dosher Memorial places high value on the role of nursing. We have the following openings:

- **Patient Care Unit RN**
  36 hours Night & PRN positions available

- **Emergency Department RN**
  36 hours Midday and Night positions available
  PRN positions only

To view detailed position descriptions and apply, visit www.dosher.org and select “CAREERS” at the top of page. You may also contact:

Jobs@dosher.org or (910) 457-3801
Human Resources
924 N. Howe St.
Southport, NC 28461

EEO

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  - Clinical III Advancement

ScotlandHealth.org
In January 2014, the Joint Statement on Nursing Scope of Practice in Opioid Treatment Programs was approved and issued by the North Carolina Board of Nursing (NCBON) and the North Carolina State Opioid Treatment Authority (NC SOTA). The Joint Statement was intended to provide clarification of the relevant North Carolina laws and regulations which govern nursing Scope of Practice and the delivery of safe patient care in North Carolina Opioid Treatment Programs. The NCBON and the NC SOTA have a shared responsibility to ensure that safe and professional Opioid Treatment Program services are appropriately provided to NC clients and to the communities in which they receive treatment.

While the 2014 Joint Statement has served both the NCBON and NC SOTA, the need to revise and update this Joint Statement was driven by demand to provide consultation and guidance on RN and LPN scope of practice to all disciplines working within Opioid Treatment Programs.

The revised Joint Position Statement includes the following updates:

- Clarifies the LPN role in assessment, planning, and evaluation with particular emphasis on the LPN role in the performance of the Clinical Opioid Withdrawal Scale (COWS).
- Adds language regarding the RN scope of practice to clearly distinguish the responsibilities of the RN and LPN roles when providing nursing services.
- Clarifies the LPN role as dependent, requiring direction and supervision and highlights the need for continuous supervision of LPN practice to include the expectation that supervising personnel are available on-site if necessary.
- Facilitates readability and ease of use by clinicians working in this setting.
- Revises references to NC Laws, Rules, and NCBON Position Statements.
- Updates contact information for the NCBON and the NC SOTA.

Questions specific to nursing practice in Opioid Treatment Programs can be addressed by the NCBON at www.ncbon.com or 919-782-3211.

To view this and other position statements, visit www.ncbon.com > Practice > Position Statements & Decision Trees.

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- Engaging faculty, real-world experiences

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Our exceptional team of doctors, nurses and specialists represents the best minds and biggest hearts in the business. We believe that a dynamic work environment motivates our team to provide the highest quality of care, while allowing you to grow personally and professionally. Between our three hospitals, our ambulatory sites and growing network of physician practices, you’re sure to find the right setting to further your career and display your passion for outstanding care.

Here at WakeMed, you are more than an employee — you are family. We understand that our responsibility to the community begins with our employees. It’s simple: we care for our employees and our employees care for the community. We believe in doing everything we can to help you meet your personal and professional needs throughout employment. In doing this, we offer the following to support you:

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- Continuing education opportunities
- Tuition & specialty certification reimbursement
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- Health and wellness education programs
- Fitness center
- Flexible shift options

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Learn more at www.wakemed.org/careers/nursing-careers
Nomination of Candidate for Membership on the North Carolina Board of Nursing for 2021

We, the undersigned currently licensed nurses, do hereby petition for the name of ____________________________, RN (At Large), LPN (circle one), whose Certificate Number is ____________________________, to be placed in nomination as a Member of the N.C. Board of Nursing in the category of (check one):

☐ RN (At Large)  ☐ 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, 2021

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<tr>
<th>NAME</th>
<th>SIGNATURE</th>
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Please complete and return nomination forms to 2021 Board Election, North Carolina Board of Nursing, P.O. Box 2129, Raleigh, NC 27602-2129.
At Wake Forest Baptist Health, we place high value on the role of nursing. Be part of a team dedicated to nursing excellence.

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An NCBON practice consultant is available to provide educational presentations upon request from agencies or organizations. To request an practice consultant to speak 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 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, session registration, and the presentation request form, go to www.ncbon.com - Education - Continuing Education

ONLINE BULLETIN ARTICLES

- Patient Care and Documentation: The Balancing Act (1 CH). No fee.

- Nursing Regulatory Agencies and Advocacy Organizations: What is the Difference? (1 CH). No fee.

- Implications for Use of Marijuana and Marijuana Containing Products Among Nurses (1 CH). No fee.

- 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.


- Maintaining Professional Boundaries in Nursing (1 CH). No fee.

- Getting to Know Your Licensing Board: The North Carolina Board of Nursing at a Glance (1 CH). No fee.

- What Nurses Need to Know About Informatics, Social Media, and Security! (1.9 CH). No fee.

- Development of Sanctioning Guidelines for Public Discipline in Nursing Regulation: The North Carolina Board of Nursing Journey (1 CH). No fee.

More offerings on www.ncbon.com

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. (4.5 CHs).

<table>
<thead>
<tr>
<th>Date</th>
<th>Details</th>
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<tbody>
<tr>
<td>March 3, 2021</td>
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</tr>
<tr>
<td>April 22, 2021</td>
<td>virtual</td>
</tr>
<tr>
<td>October 13, 2021</td>
<td></td>
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<td>November 9, 2021</td>
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$40.00 fee (non-refundable)
(Note: You will be notified of any date or format changes)

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.

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

Administrative Matters:
Approved Amendments to the following Rule:
• 21 NCAC 36 .0809 Prescribing Authority

Education Matters:
Ratification of Full Approval Status:
• Sandhills Community College, Pinehurst – ADN

Ratification to Approve the Following Expansions in Enrollment:
• University of North Carolina-Wilmington, Wilmington – BSN, increase enrollment by 20 for a total program enrollment of 270 students beginning January 2021

Ratification of Approval of NA II Courses:
• Stanley Community College, Albemarle – Continuing Education Traditional Hybrid

FYI Accreditation Decisions by ACEN (Initial or Continuing Approval) – Next Visit:
• Fayetteville Technical Community College, Fayetteville – ADN – Remove Condition Status

NCLEX Quarterly Pass Rates
• 4th Quarter

Practice Matters:
Position Statement Revision:
• Joint Position Statement: Opioid Treatment Programs

Learn more about our nursing program at caromonthealth.org.
That’s why CaroMont Health is proud to offer competitive salaries, a robust sign-on bonus and incentives for advancement, with compensation that reflects education and certification. But more than that, we recognize and respect the value of compassionate caregivers—and that’s why our nursing team is celebrated all across the region for their commitment to putting care first.

We know the worth of an incredible nurse.
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Learn more about our nursing program at caromonthealth.org.

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Incentives for advancement
Robust sign-on bonus for new nurse graduates and experienced nurses
Growing health system in the Charlotte area
NCBON 17th Annual Education Summit
Virtual Event

Please remember to share this information with your faculty

Event Fee: $50
Event Time: 8:30 am to 12:30 pm
Registration Information: www.ncbon.com under the Education section
Registration Ends: April 2, 2021

SAVE THE DATE
April 16, 2021
8:30 am – 12:30 pm
ATTENTION NURSING PROGRAM DIRECTORS AND NURSING FACULTY

PRESENTERS:
Nancy Spector, PhD, RN, FAAN - NCSBN
• Evidence-Based Nursing Education Program Approval Guidelines
Jason Schwartz, MS - NCSBN Director, Test Development, Examinations
• Next Generation NCLEX Update
Crystal Tillman, DNP, RN, CNP, FRE - NCBON Chief Executive Officer
• Clinical Judgement

Please contact the Education and Practice Department with questions:
education@ncbon.com (919) 782-3211, ext. 238

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NEWEST PUBLIC MEMBER,
DR. AIMY STEELE, APPOINTED TO FOUR-YEAR TERM

Dr. Aimy Steele, our newest public member, was appointed to a four-year term by North Carolina Governor, Roy Cooper.

Dr. Aimy Steele is an entrepreneur and owns Reach Consulting, LLC and Maleo Real Estate Inc. She brings an unparalleled passion to her work as Consultant and Broker. Most recently, she was the principal of Beverly Hills STEM Elementary School and has been a school administrator for 5 years and taught Spanish for 5 years as well. She attended UNC Chapel Hill and UNC Charlotte and holds a BA degree in K-12 Spanish, a Master’s of School Administration, and a Ph.D. in Curriculum and Instruction with a focus on Urban Education. Dr. Steele is passionate about public school education and advocates tirelessly to ensure students have equal access to high-quality education.

Dr. Aimy Steele, Public Member

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Professional achievements and personal rewards go hand-in-hand for the nurses of Cone Health. We encourage your personal and professional growth through a collaborative environment of learning. You’ll have access to training, innovation and continuing education to take your career as far as you’d like. Explore the opportunities at conehealth.com/nursing
Life as a Duke Nurse is an exciting one. Dedicated to transforming patient care and raising the standards of nursing excellence, Duke nurses are known for going above and beyond to deliver extraordinary care to our patients. Whether it’s implementing nurse-led initiatives to improve patient outcomes or collaborating across disciplines to exceed patients’ needs, excellence and innovation are ingrained across all nursing areas at Duke Health. Be part of excellence. Be a Duke Nurse.

For a full list of opportunities, please visit DukeNursing.org. Explore many openings from one of our three Magnet-designated hospitals, an extensive, geographically dispersed network of outpatient facilities, including primary care offices, urgent care centers, multi-specialty clinics and outpatient surgery centers, as well as home care & hospice. With so many options, you’re sure to find Opportunities for a Lifetime.