

**NORTH CAROLINA BOARD OF NURSING
REGULAR BOARD MEETING**

**May 28, 2015
MINUTES**

Time and Place of Meeting	A regular meeting of the North Carolina Board of Nursing was held at the North Carolina Board of Nursing office in Raleigh, North Carolina on May 28, 2015. Meeting convened at 9:00 a.m.
Presiding	Martha Ann Harrell, Public Member
Members Present	Pat Campbell, Public Member Deborah Herring, RN Mary Jones, LPN Jennifer Kaylor, RN Bobby Lowery, RN Sharon Moore, RN Bob Newsom, LPN Peggy Walters, RN Christina Weaver, RN Carol Wilson, LPN
Members Absent	Maggie Conklin, Public Member Cheryl Duke, RN Jackie Ring, RN
Staff Present	Julia George, RN, Executive Director Anna Choi, General Counsel Linda Burhans, Associate Executive Director – Education/Practice Brenda McDougal, Associate Executive Director - Operations Gayle Bellamy, Director of Finance Angela Ellis, Manager, Executive Office
Ethics Awareness and Conflict of Interest	Ethics Awareness and Conflict of Interest Statement was read. No conflicts were identified.
Consent Agenda	The Consent Agenda be approved as presented. MOTION: That the Consent Agenda be approved as presented. Lowery/Passed.
Consent Agenda	The following items were accepted/approved by the adoption of the Consent Agenda: <ul style="list-style-type: none">• Minutes of January 30, 2015 (Board Meeting)• Board Governance Committee<ul style="list-style-type: none">(a) Summary of Activities(b) 2015 Board Assessment Action Plan Final Report (FYI)• Education and Practice Committee

- (a) Education Program Activity (Attachment A)
- (b) 1st Quarter NCLEX Pass Rates
- (c) 12th Annual Education Summit
- Licensure Review Panels
 - (a) Licensure Review Panel Report (Attachment B)
- Hearing Committee
 - (a) Settlement Cases (Attachment C)
- Report on Non-Hearing Discipline, Investigation/Monitoring, Practice Matters (Attachment D)
 - (a) Administrative Actions on Non-Hearing Disciplinary Activities
 - (b) Administrative Actions on Non-Hearing Compliance Matters
 - (c) Administrative Actions on Non-Hearing Practice Matters
- JointSub Committee
 - (a) Ratification of JSC Panel Actions
 - (b) Ratification of Policy JSC-7 Continuing Education Credits (Attachment E)
- Drug Monitoring Programs
 - (a) Program Statistics
- Meetings/Conferences/Liaison Activities:
 - (a) NCSBN Institute of Regulatory Excellence (IRE) Conference
 - (b) NCSBN Midyear Meeting
 - (c) NCSBN APRN Roundtable
 - (d) Federation of Associations of Regulatory Boards (FARB) Forum
 - (e) NC Emergency Medical Services Advisory Council
 - (f) 4th Annual Statewide RIBN Conference
 - (g) NCNA 2015 Nurse Practitioner Spring Symposium

Meeting Agenda The Meeting Agenda be adopted as presented.
MOTION: That the Meeting Agenda be adopted as presented.
 Weaver/Passed.

Open Comment No requests to address the Board
 Period

Finance Committee

- Received and reviewed Summary of Activities to include 3rd Quarter Financials and review of investments as presented by Joe Bryan with Wells Fargo Advisors
- Received and reviewed fiscal planning and budget for FY 15/16 to include an increase in renewal fee from \$92 to \$100 effective July 1, 2015.
MOTION: That the Board approve the proposed budget for the fiscal year July 1, 2015 through June 30, 2016 to include an increase in renewal fee from \$92 to \$100 effective July 1, 2015.
 Committee Recommendation/Passed.
- Received and reviewed request for designation of funds for IT Operations, Regulatory Reserves and Fixed Asset Replacement (Building Reserve).

MOTION: That the Board designate \$340,000 of unrestricted net assets for IT Operations, Regulatory Reserves and Fixed Asset Replacement (Building Reserve).

Committee Recommendation/Passed

- Received and reviewed proposed revisions to Fiscal Policy F5 Investments (Attachment F) for a revised target asset allocation related to fixed income securities and investment in equities.

MOTION: That the Board approve a revised asset allocation that allows for 65% - 70% invested in fixed income securities and 30% - 35% invested in equities, with a target allocation of 20% - 25% stock and 75% - 80% bonds given current market conditions.

Committee Recommendation/Passed.

- Received and reviewed proposed revisions to Fiscal Policies F3 Internal Controls and F12 Purchase of Goods and Services.

MOTION: That the Board approve proposed revisions to Fiscal Policies F3 Internal Controls and F12 Purchase of Goods and Services as presented.

Committee Recommendation/Passed.

Executive Director

Received updates as follows:

- Provided update on passage of the Nurse Licensure Compact Agreement and APRN Compact at the May 2015 Called NCSBN Delegate Assembly
- Provided update related to staff activities to include newly approved policy on Safety, recognition of completion of nursing program for Pamela Trantham and retirement of Eileen Kugler.
- Provided update regarding companion House and Senate Bills for modernization of the Nursing Practice Act.
- Received and reviewed 2015 Strategic Plan Roadmap.
- Announced Bobby Lowery's resignation from the Board effective June 30, 2015 to accept a staff position at the Board of Nursing.
- Provided update on ECPI Raleigh and South College based on actions taken at the January 2015 Board meeting.

Performance Measures Scorecard

Received and reviewed annual Performance Measures Scorecard.

Discipline Review Workgroup Action Update

Received verbal report regarding activities of the Discipline Review Workgroup. Workgroup continues to meet to discuss proposed revisions to 21 NCAC 36 .0217 Revocation, Suspension or Denial of Licensure. Next meeting scheduled July 22, 2015.

Statewide Strategic Plan for Prescription Drug Use

Received verbal report from Kathleen Privette who serves as the Board's representative on the Statewide Strategic Plan for Prescription Drug Use. The strategic initiative was developed by the NC Governor's office to reduce drug abuse in the state.

Education & Practice

- Received and reviewed summary of activities from the Education and Practice Committee.
- Received and reviewed proposed new Position Statement for Palliative Sedation for End-of-Life Care (Attachment G).
MOTION: That the Board approve proposed new Position Statement for Palliative Sedation for End-of-Life Care.
Committee Recommendation/Passed.
- Received and reviewed proposed revisions to the Position Statement for Transport of the Client (Attachment H).
MOTION: That the Board approved proposed revisions to the Position statement for Transport of the Client
Weaver/Passed.
- Received and reviewed proposed new Position Statement for Practicing at Level Other Than Highest Licensure/Approval/Recognition (Attachment I).
MOTION: That the Board approve the new Position Statement for Practicing at Level Other Than Highest Licensure/Approval/Recognition.
Lowery/Passed.
- Received and reviewed Education Consultant's report regarding Chamberlain College of Nursing, Charlotte – BSN Feasibility Study to Establish BSN Program. Jason Shuffitt, DNP, FNP-BC, FAAP, Program Director and Richard Cowling, PhD, APRN-BC, AHN-BC, FAAN, Vice President of Academic Affairs were in attendance.
MOTION: That Chamberlain College of Nursing be granted initial approval for a Bachelor of Science in Nursing program and approval for maximum total enrollment for 300 students to begin January 2016.

Hearing Committee

- Received and reviewed recommended decision and order regarding Melanie R. Slate, RN.
MOTION: Based upon the foregoing recommended Findings of Fact and Conclusions of Law, the Committee recommends the license of Melanie Slate be issued a Probationary License for one (1) year.
Committee Recommendation/Passed.
- Received and reviewed recommended decision and order regarding Jane Ann Bower Coe, RN
MOTION: Based upon the foregoing recommended Findings of Fact and Conclusions of Law, the Committee recommends the license be **SUSPENDED** for a minimum of twenty-four (24) months and shall be effective from November 26, 2014. At such time as Licensee is permitted to petition for reinstatement of her license, she shall appear before the Licensure Review Panel ("LRP") and comply with all decisions of the LRP.
Committee Recommendation/Passed.
- Received and reviewed recommended decision and order regarding Marcellina Yvette May, RN.
MOTION: Based upon the foregoing recommended Findings of Fact and Conclusions of Law, the Committee recommends the license be **SUSPENDED** for a minimum of twelve (12) months and shall be effective

from March 6, 2015. At such time as Licensee is permitted to petition for reinstatement of her license, she shall appear before the Licensure Review Panel (“LRP”) and comply with all decisions of the LRP. Committee Recommendation/Passed.

AP/CDDP Duration of Monitoring Contract	<p>Received and reviewed proposed changes related to the AP/CDDP Duration of Monitoring Contract.</p> <p>MOTION: That the Board offer the option to licensee to complete after three (3) years of employment OR after 5 years of screening. In the event the licensee has NOT been employed in nursing for 5 years, the Licenses should be encouraged – not mandated - to complete a refresher program. Committee Recommendation/Passed.</p>
AP/CDDP Employment in Treatment Facility	<p>Received and reviewed proposed changes related to the AP/CDDP Employment in Treatment Facility.</p> <p>MOTION: That the Board approve lifting the first year restriction when the Board has documented evidence of one year sobriety as evidenced by compliance with drug screening and all other aspects of the program. Committee Recommendation/Passed.</p>
Intervention Program Contract Duration	<p>Received and reviewed proposed changes related to the Intervention Program Contract Duration.</p> <p>MOTION: That the Board eliminate the requirement for employment for licensees in the IP and to limit the duration of required drug screening in the IP to one full year of non-failed screens. Committee Recommendation/Passed.</p>
Summary of Activities and Recommendation for Appointment	<p>Received and reviewed summary of activities for the Medication Aide Advisory Committee. The following members have agreed to be considered by the Board for reappointment to additional 3 year terms:</p> <p><u>October 2015 through October 2018:</u></p> <ul style="list-style-type: none"> • Debbie Childress – Clinical Supervisor of medication aides • Eva Meekins – Education and experience in curriculum development • Mae Cheung – AHEC System with education and experience in curriculum development <p><u>January 2016 through January 2019:</u></p> <ul style="list-style-type: none"> • Bethany Davis – Master Teacher actively teaching medication aides • Karen Bauer – Instructor actively teaching medication aides • Lisa Bare – Clinical Supervisor of medication aides • Sharon Wilder – Public Member • Kathy Turner – Department of Health and Human Services • Jan Moxley – Department of Health and Human Services <p>In addition, the Committee has one vacancy for a Medication Aide Chief Educator. Mary Williamson, RN, MSN, Medication Aide Master Teacher submitted her name as a candidate for this vacancy and meets all</p>

requirements. This appointment would be effective October 2015 through October 2018.

MOTION: That the Board vote to appoint one new member and reappoint nine members of the Medication Aide Advisory Committee for three year terms, as listed above, to be effective in October 2015 through October 2018 and January 2016 through January 2019.
Committee Recommendation/Passed.

Election of
Nominating
Committee

Conducted election for the Nominating Committee.

MOTION: That the following Board members be elected to the Nominating Committee: Mary Jones, LPN; Christina Weaver, RN; Carol Wilson, LPN
Lowery/Passed.

Executive Session

MOTION: 11:35 am Executive Session for discussion of legal matters.
Wilson/Passed

Open Session

MOTION: 11:49 pm Open Session
Newsom/Passed

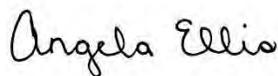
Adjournment

MOTION: 11:50 pm Meeting be adjourned.
Lowery/Passed.

Minutes respectfully submitted by:

6/1/15

Date Submitted



Angela Ellis, Manager, Executive Office

9/25/15

Date Approved



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

ATTACHMENT A

Ratification of Full Approval Status

- Brunswick Community College, Supply – PN
- James Sprunt Community College, Kenansville – ADN and PN

Ratification to Approve the Following Expansions in Enrollment

- UNC – Greensboro, Greensboro – BSN – increase of 60 students beginning May 2015 for a total of 260 students

FYI Accreditation Decisions by ACEN

- Cape Fear Community College, Wilmington – ADN – continuing accreditation, next evaluation visit Fall 2022.
- Central Piedmont Community College, Charlotte – ADN – initial accreditation, next evaluation visit, Fall 2019.
- Durham Technical Community College, Durham – ADN – continuing accreditation, next evaluation visit, Fall 2022 if the follow-up report is accepted.
- Durham Technical Community College, Durham – PN – continuing accreditation, next evaluation visit, Fall 2022 if the follow-up report is accepted.
- Edgecombe Community College, Tarboro – ADN – initial accreditation, next evaluation visit, Fall 2019.
- Edgecombe Community College, Tarboro – PN – initial accreditation, next evaluation visit, Fall 2019.
- Wake Technical Community College, Raleigh – ADN – initial accreditation, next evaluation visit, Fall 2019.

ATTACHMENT B

The Licensure Review Panel met on January 8, 2015 and submits the following report regarding actions taken:

- Reviewed three (3) candidates for reinstatement
- Angela P. Childers, RN#159232 – Contingent upon declaration of NC as primary state of residence, license will be reinstated without conditions; will be issued a multi-state license. ACCEPTED
 - Jessica Pickering, RN# 151872 – Reinstated without conditions. ACCEPTED
 - Danielle P. Tessener, RN# 225649 – License will be reinstated with probationary conditions for 12 months. ACCEPTED
- Reviewed one (1) candidate for request to lift probationary conditions and issue an unencumbered license
- Susan P. Akers, RN# 228589 – Contingent upon meeting requirements for reinstatement of expired license, will be reinstated without conditions. ACCEPTED

The Licensure Review Panel met on February 12, 2015 and submits the following report regarding actions taken:

- Reviewed six (6) candidates for reinstatement
- Jennifer Anke Godwin (Futrell), RN# 236505: License will be reinstated without conditions. ACCEPTED
 - Shawna Leigh White, RN# 195625: Licensee offered participation in the Chemical Dependency Discipline Program. ACCEPTED
 - Jill Funderburk Adams, RN# 144696: Licensee offered participation in Chemical Dependency Discipline Program ACCEPTED
 - Tanya Lynelle Hill (Ferguson) RN# 134909: License will be reinstated without conditions. ACCEPTED
 - Berrie Grey Bunn, LPN# 48848: License reinstated with probationary conditions for one (1) year. ACCEPTED
 - Charles Greson Manning, RN# 218156: Approved for reinstatement. ACCEPTED
- Reviewed one (1) candidate for request to extend time to complete probationary conditions
- Sharon Moore Dickerson, LPN# 35600: License reinstated without conditions. ACCEPTED

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- Reviewed one (1) candidate for endorsement
- Kent Hendrickson, Endorsement Application # HEND-C50AKQ: Offered participation in the Chemical Dependency Discipline Program (CDDP). Upon successful completion of a Board approved RN Refresher Course, will be issued a single state NC license. ACCEPTED

The Licensure Review Panel met on March 12, 2015 and submits the following report regarding actions taken:

- Reviewed five (5) candidates for reinstatement
- Carlos Anthony Thompson, RN# 225993: Reinstate license with probation. ACCEPTED
 - Ryan James Demarchi, RN# 178608: Reinstate license without probation. ACCEPTED
 - Lori Hicks Greenhill, RN# 242293: Offered participation in the Chemical Dependency Discipline Program (CDDP). ACCEPTED
 - Erin Byrd Young, RN# 187085: Reinstate license without probation. ACCEPTED
 - Christina Gray Stone, RN# 156548: Denied reinstated at this time; shall be required to have a re- evaluation from one of four Addictionologists chosen by the Board. Following an evaluation with approval to return to practice with no recommendations, license shall be reinstated without restrictions. Following evidence of successful completion of the Minnesota Health Professionals Services Program (HPSP) or if there are recommendations on licensee's approval to return to practice, licensee must follow all recommendations of Addictionologist and appear before Licensure Review Panel (LRP) to petition for reinstatement. ACCEPTED
- Reviewed two (2) candidates for endorsement
- Rena Tandon: Endorsement granted without conditions. ACCEPTED
 - Theodore William Schroeder: Offered participation in the Chemical Dependency Discipline Program (CDDP). ACCEPTED

ATTACHMENT C

The Hearing Committee met on January 22, 2015 and reviewed the following Settlement Cases:

Reviewed 2
candidates for
Settlement

- Belinda D. Reid, RN – issued Letter of Concern. ACCEPTED
- Robin Rodgers, RN – issued Letter of Concern. ACCEPTED

The Hearing Committee met on March 27, 2015 and reviewed the following Settlement Cases:

Reviewed 6
candidates for
Settlement

- Nicole Kynard, LPN - Licensee will be issued a REPRIMAND. Licensee will be required to submit proof of successful completion of 2 remedial courses within (45) days.
- Angela McClellan Clay, LPN - Licensee's license will be suspended for twelve (12) months. ACCEPTED
- Tina Kujawski, RN, NP - Licensee's approval to practice as a Nurse Practitioner will be suspended for a minimum of twelve (12) months. The suspension will be stayed. Licensee will be issued a Probationary approval to practice as a Nurse Practitioner for twelve (12) months. ACCEPTED
- Donna Price, RN- issued Letter of Concern. ACCEPTED
- Heather Tye, RN - Licensee's license will be suspended for three (3) months. The suspension will be stayed and the Licensee will be issued a Probationary License for six (6) months. ACCEPTED
- Katharine Berg, RN - issued Letter of Reprimand. ACCEPTED

ATTACHMENT D

TOOK THE FOLLOWING ACTIONS REGARDING NON-HEARING ACTIVITIES
BY THE ADOPTION OF THE CONSENT AGENDARatified Absolutions as follows:

Karyn Thompson, LPN (Hendersonville)

Ratified the Issuance of Reprimands as follows:

Dianne Randall Bruton, RN (Wilmington) – failure to maintain licensure; practicing without a license

Margaret R. Chapman, RN (Tucker, GA) – fraud; falsification of application seeking licensure

Sherry Lynn Leatherman, LPN (Vale) – documentation errors; failure to maintain an accurate medical record

Desiree Sophia Montgomery, LPN (Charlotte) – fraud; falsification of application seeking licensure

Ratified the Issue of Reprimand with Conditions as follows:

Jackie Dukelow Bowker, RN (Waxhaw) – failure to maintain licensure; practicing without a license

Manuel Alberto Bravo, Sr, LPN (Charlotte) – neglect; sleeping on duty

Kaelan Elizabeth Britt-Ausley, RN (Clinton) – neglect; sleeping on duty

Donna M. Clayton, LPN (Winston Salem) – documentation errors; falsification of medical records

Theresa Manning Connolly, RN (Greensboro) – neglect; sleeping on duty

Jeffrey Eugene Drye, LPN (Concord) – neglect; sleeping on duty

Robin Patricia Johnson, LPN (Charlotte) – withholding crucial health care information

Alyssa Dawn Luckadoo, LPN (Spindale) – neglect; sleeping on duty

Angelia M. Maner, LPN (Willow Spring) – failure to maintain licensure

Ratified Issuance of Probation with conditions as follows:

Kimberly Gillis Creed, LPN (Lexington) – sleeping on duty

Shelly Roberta Smith, RN (Charlotte) – action in another jurisdiction

Ratified Probation with Drug Screening:

Derek Joseph Burge, RN (King) – documentation errors; failure to maintain an accurate medical record

Omar Roger Daniel, RN (Mills River) – positive drug screen

Marketta Perry Little, LPN (Wadesboro) – positive drug screen

Teresa Ivester McSwain, RN (Shelby) – impaired on duty; odor of alcohol

Ratified Suspension of Probationary License as follows:CDDP:

Emily Erin Carpenter, LPN (Winterville) – stopped drug screening

Susan Elizabeth Donovan, RN (Raleigh) – positive screen, admitted use

Tiffney Allison Foushee, RN (Jamestown) – positive screen, admitted to consuming alcohol

Monique Dianna Patterson, LPN (Oxford) – requested to withdraw

Brian I. Roa, RN (Reno, NV) – requested to withdraw

Theodore William Schroeder, RN Endorsement Applicant (Greenville) – failure to comply with screening requirements

Illicit Drug and Alcohol/Intervention Program:

Melissa L. McAnally, RN (Benson) – failed drug screen

Probationary License – Drug Screening:

Monica Mosby, RN (Durham) – failed drug screen

Tiffany L. Wiggins, LPN (Garner) – failed drug screen

Shawna Aaron Wilson, RN (Randleman) – failed drug screen

Ratified CDDP Reinstatements as follows:

Jill F. Adams, RN (Davidson)

Tara Ann Cypher, RN (Wake Forest)

Amy Corbitt Denton, LPN (Pikeville)
Karen Petree Drake, RN (Winston Salem)
Nina S. Edison, RN (Concord)
Denise Michelle Floyd, RN (Morganton)
Lori H. Greenhill, RN (Durham)
Anna Elizabeth Hankins, LPN (Eden)
William B. Kidd, LPN (High Point)
Gina J. Needham, RN (Pilot Mountain)
Wendy Joanne Nilsson, RN (Rocky Point)
Cynthia Gayle Pittman, RN (Graham)
Derek Ned Watson, RN (Asheville)
Shawna L. White, RN (Wilmington)

Ratified Staff Reinstatement of Probationary License:

Cindy Jane Martin (Baker), RN (Roanoke Rapids)

Accepted the Voluntary Surrender as follows:

Keith George Bennett, RN (Laurinburg) – positive drug screen
Ashley Perera, RN (Richmond Hill, GA) – diversion of drugs; controlled substances

Ratified acceptance of Voluntary Surrender for failure to comply with Alternative Program as follows:

Sandra Samira Alabbas, RN (Weddington/Charlotte) – discharged unsuccessfully from treatment; failed to register for drug screening
Nolan Peck Beall, RN (Charlotte) – failed to report relapse in the timeframe required by the Contract
Donitta Dawn Brown, RN (Granite Falls) – requested to withdraw
Davonna Doc Coleman, RN (Kenly) – requested to withdraw
Ranie Tenise Green, RN (Elizabeth City) – failed to comply with terms for entry into AP
Pamela Gladson Gurganus, RN (Greenville) – failed drug screen
Donna Vestal Knox, RN (High Point) – requested to withdraw
Marcellina Yvette May, RN (Durham) – failed drug screen
Vanessa Hinnant Narron, RN (Lucama) – attempted to obtain fraudulent specimen for drug screening; failure to maintain abstinence and report relapse in the timeframe required by the AP contract
Katherine Pierce Shrock, RN (Tarboro) – failed drug screen
Jamie Lindsay Spicka, RN (Gastonia) – requested to withdraw

Ratified Suspension as follows:

Bradley Keith Brock, RN (Asheville) – positive drug screen
Robin Ann Curtis, Compact LPN (Blairsville, GA) – violating conditions imposed by the Board
Teri Ann Dalton, RN (Matthews) – action in another jurisdiction
Kristie Ann Hall, LPN (Emerald Isle) – violating conditions imposed by the Board
Debra Lynn Paige, RN (Garner) – unsafe practice; drugs

Ratified Suspension with Conditions as follows:

Edna Carlomega Perkins, LPN (Eden) – fraud; false claims

Ratified Suspension with Stay and Conditions as follows:

Fricia Dalva Bruton, LPN (Badin) – neglect; failure to perform prescribed treatments
Lesta Ellen Dunn, RN (Spindale) – withholding crucial health care information
Amy Elizabeth Fender, RN (Mebane) – exceeding scope
Veronica Darlene Holt, RN (Salisbury) – abandonment
Gary Mark Swanger, RN (Canton) – exceeding scope

Ratified Revocation as follows:

Dorian Lee Harper, RN (Monroe) – court conviction; criminal charges-convictions-nolo contendere plea

Ratified Revocation of Privilege to Practice as follows:

Melinda Page Garcia, Compact LPN (Tennessee) – diversion of drugs; controlled substances

Ratified Completion of Probation as follows:

Susan Akers, RN (Hendersonville)
Angela Barringer, RN (Bessemer City)
Sharon Dickerson, LPN (Charlotte)
Janet Enemali, LPN (Durham)
Benita Fenderson, LPN (Smithfield)
Terri Lynn Gallman, RN (Asheville)
Erin Sember Giles, LPN (Pantego)
Wendy Hammonds, RN (Chadbourn)
Katherine Henderson, RN (Hope Mills)
Jarrell Hill, RN (Knightdale)
Carolyn Hollingsworth Lugo, RN (Fayetteville)
Mary Jocius, RN (New Bern)
Carolyn Lugo, RN (Fayetteville)
Colleen Healy Maslowski, LPN (Hendersonville)
Sherry McManus (Little), LPN (Stallings)
Sally Negus-Durisseau, LPN (Bryson City)
Elizabeth Patton, RN (Clemmons)
Barbara Pickens, RN (Charlotte)
Shahnaz Poursaied, RN (Winston Salem)
Christina Elizabeth Roberson, LPN (Chapel Hill)
Pamela Styles, RN (Murphy)
Michael Taber, RN (Holly Springs)
Laura Williamson, LPN (Asheville)
Brandi Zimbelman, RN (NP Only) (Cherryville)

ATTACHMENT E

POLICY NUMBER: JSC-7**AREA: Practice****AUTHORITY: 21 NCAC 36. 0807****TOPIC: Continuing Education Credits****PURPOSE: Further defining what constitutes continuing education credits for approval to practice as a nurse practitioner****DATE APPROVED: November 17, 2009****Policy Statement/Procedure:**

NP Rule 21 NCAC 36.0807 states that the nurse practitioner shall earn 50 contact hours of continuing education each year. At least 20 hours of the required 50 hours must be those hours for which approval has been granted by the American Nurses Credentialing Center (ANCC) or Accreditation Council on Continuing Medical Education (ACCME) or other national credentialing bodies or practice relevant courses in an institution of higher learning.

Nurse practitioners may choose to obtain formal continuing education credits from the above bodies for the full 50 hours, or they may choose to complete the following activities for all or any part of the 30 hours that do not have to meet the formal criteria.

- (1) Five (5) hours - Clinical Presentations – Designing, developing and conducting an educational presentation or presentations for health professionals totaling a minimum of 5 contact hours
- (2) Preceptor hours – with validation from educational program – up to 30 hours
- (3) Five (5) hours - author on a journal article or book chapter published during renewal year
- (4) Fifteen (15) hours - primary or secondary author of a book published during renewal year
- (5) Ten (10) hours – Completion of an Institutional Review Board (IRB) approved research project related to your certification specialty
- (6) Five (5) hours - Professional volunteer service during renewal year with an international, national, state or local health care related organization in which your NP or certification specialty expertise is required. Examples of accepted volunteer activities include board of directors, committees, editorial boards, review boards or task forces

Note:

- Initial or recertification in Basic Life Support (BLS) does not count toward NP continuing education credit.
- Only initial certification in Advanced Cardiovascular Life Support (ACLS) and Pediatric Advanced Life Support (PALS) will count toward NP continuing education credit if one has obtained a certificate with the date completed and number of contact hours provided.

ATTACHMENT F

POLICY NUMBER: F-5**AREA: Fiscal****AUTHORITY: NC Board of Nursing, G.S. 147-69.1; 147-69.3(d)****TOPIC: Investments****PURPOSE: To establish investment guidelines that provide for prudent management of invested cash.****DATE REVISED: January 24, 2014; May 28, 2015****Policy Statement/Procedure:**

The primary objectives of the investment program of the North Carolina Board of Nursing shall be safety, liquidity and yield on invested cash, in that order. Investments shall be managed to ensure preservation of capital and to minimize interest rate risk and credit risk.

The Board will minimize credit risk, which is the risk of loss due to the failure of the security issuer, by limiting investments to the types of securities listed below and diversifying the investment portfolio so that the impact of potential losses from any one type of security will be minimized.

The Board will minimize interest rate risk, which is the risk that the market value of securities in the portfolio will fall due to changes in market interest rates, by structuring the investment portfolio so that securities mature using a ladder approach thus avoiding the need to sell securities prior to maturity. An exception may be made if a security is sold early to minimize loss of principal.

The following are permissible investment types:

1. Obligations of the United States or obligations fully guaranteed both as to principle and interest by the United States.
2. Obligations of the Federal Financing Bank, the Federal Farm Credit Bank, the Federal Home Loan Banks, the Federal Home Loan Mortgage Corporation, Fannie Mae, Government National Mortgage Association, The Federal Housing Administration, the Farmers Home Administration.
3. Certificates of deposit and other time deposits of financial institutions;
4. Obligations of the State of North Carolina.
5. Corporate bonds and notes provided they bear the highest rating of at least one nationally recognized rating service ~~and do not bear a rating below the highest by any nationally recognized rating service which rates a particular obligation.~~
6. Prime quality commercial paper bearing the highest rating of at least one nationally recognized rating service ~~and not bearing a rating below the highest by any nationally recognized rating service which rates the particular obligation~~
7. Bills of exchange or time drafts drawn on and accepted by a commercial bank and eligible for use as collateral by member banks or its holding company is either (i) incorporated in the State of North Carolina or (ii) has outstanding publicly held obligations bearing the highest rating of at least one nationally recognized rating service and not bearing a rating below the highest by any nationally recognized rating service which rates the particular obligation.
8. Repurchase Agreements with respect to securities issued or guaranteed by the US government or its agencies or other securities eligible for investment by this section

executed by a bank or trust company or by primary or other reporting dealers to the Federal Reserve Bank.

9. Asset backed securities provided they bear the highest rating of at least one nationally recognized service and ~~do not have a rating below the highest rating by any nationally recognized rating service which rates the particular securities.~~
10. Equity market.

Determination of the type of investment is based on cash flow needs. Investments in money market accounts, certificates of deposit and/or savings accounts shall be maintained in federally insured financial institutions.

Asset Allocation

A ~~conservative~~ moderate income investment approach has been adopted by the Board. Recognizing the need for diversification, two types of investments are identified as appropriate for the portfolio: equities and fixed income investments. The fixed income holdings provide a stable base while equities provide favorable returns in a declining bond market. The following asset mix is designed to achieve long-term consistency of performance and produce returns that over time should result in the desired rate of growth:

~~Asset Allocation Class Target Maximum:~~

Equities – ~~20%~~ 30% - 35%
Fixed Income – ~~80%~~ 65% - 70%

Target Asset Allocation:

Equities – 20% - 25%
Fixed Income – 75% - 80%

The portfolio is to be diversified to limit the impact of large losses on individual investments. In the corporate bond component of the fixed income investments no more than \$75,000 shall be invested in any single company.

Rate of Return

The objective of the NCBON investment program is to achieve a target rate of return (net of fees) over a 3 to 5 year period that will grow the fund's total value in real terms (after inflation) that at least equals 3% real growth.

Custodian for Securities

An independent professional investment manager shall be selected by the Board to purchase and hold investments and give periodic advice on investment mix. All investments shall be maintained by investment firms with a Federal Reserve Bank Account and that are members of the Securities Investor Protection Corporation ("SIPC") which provides certain financial protection to clients should the brokerage firm become insolvent.

Review

The Board may delegate the ongoing oversight responsibilities for investments to the Finance Committee. The Finance Committee shall review at least annually the investment manager's performance, asset allocation, investment strategy and advise the Board regarding investment performance to assure compliance with investment policy.

ATTACHMENT G

**DRAFT – NEW POSITION STATEMENT
PALLIATIVE SEDATION FOR END-OF-LIFE CARE
NCBON Position Statement for RN and LPN Practice**

Issue:

Palliative Sedation (differentiated from Procedural Sedation) is defined as the controlled and monitored administration of medications at the end-of-life to reduce the client's level of consciousness to the extent necessary, up to and including unconsciousness, to provide relief of intolerable and refractory symptoms but not to intentionally hasten death. Palliative Sedation is not euthanasia or assisted suicide. (Note: "Monitored" in the context of Palliative Sedation refers to monitoring by a nurse to maintain ordered level of sedation but may or may not include electronic physiologic monitoring modalities.)

Palliative Sedation is indicated for both adults and children with advanced incurable (i.e., terminal) illness. It is administered in settings including, but not limited to, inpatient hospice, home hospice, assisted living facilities, skilled nursing facilities, and hospitals.

Palliative Sedation includes minimal (anxiolysis), moderate (conscious), and deep (unconscious) levels based upon effectiveness in relieving refractory symptoms. Palliative Sedation may be administered intermittently or continuously, based on Physician, Nurse Practitioner (NP), or Physician Assistant (PA) orders.

Refractory or intractable client symptoms indicative of the need for Palliative Sedation are those for which:

- aggressive efforts have failed to provide relief;
- additional invasive /noninvasive treatments are incapable of providing relief;
- additional therapies are associated with excessive/unacceptable morbidity; or,
- additional therapies are unlikely to provide relief within a reasonable time frame.

Refractory or intractable client symptoms indicative of the need for Palliative Sedation include, but are not limited to, agitated delirium, dyspnea, pain, bleeding, seizure, uncontrolled myoclonus, or any symptom that is refractory to treatment and declared by the client or their surrogate to have risen to the level of intolerable suffering. In addition to medical assessment, determination of the need for Palliative Sedation may include psychological assessment by a skilled clinician and/or spiritual assessment by a skilled clinician or clergy.

When Palliative Sedation is implemented, informed consent is obtained from client or surrogate and "Do Not Resuscitate (DNR)" is ordered. The administration or discontinuance of routine medications is specified in Physician, NP, or PA orders or protocols. Nutrition and/or hydration, based on changing client status and needs, are addressed through Physician, NP, or PA orders or established protocols.

RN Role:

It is within Registered Nurse Scope of Practice to administer medications and monitor Palliative Sedation (including minimal, moderate, and deep levels) at the end-of-life. This includes administration of all medications ordered by physicians, NPs, or PAs, including those classified as anesthetic agents (e.g., propofol). In contrast to Procedural Sedation, RN administration of moderate and/or deep Palliative Sedation does not require the presence of a physician, NP, or PA.

LPN Role:

Licensed Practical Nurse Scope of Practice is limited to the administration and monitoring of Physician, NP, or PA medication orders (e.g., opioids), for minimal sedation (anxiolysis). The administration of Palliative

Sedation at moderate and deep levels, including the administration of anesthetic agents, are not within LPN Scope of Practice.

Both RN and LPN Roles:

All appropriate medication administration routes are within RN and LPN scope of practice. The nurse must:

- a. Possess knowledge, skills, and abilities including but not limited to:
 - o pain assessment and treatment,
 - o dying and death,
 - o ethical and practical issues surrounding use of palliative sedation for end-of-life care, and
 - o pharmacology for sedating and anesthetic agents;
- b. Demonstrate applicable competencies; and
- c. Ensure agency policies and procedures are in place before administering palliative sedation.

RN and LPN delegation of the technical task of administering medications for routine sedation and pain relief, or for minimal Palliative Sedation, must be evaluated by assessing all elements as required in the NC BON Position Statement: Delegation of Medication Administration to UAP and the NC BON Decision Tree for Delegation to UAP (available at www.ncbon.com –Practice tab –Position Statements).

Delegation of the technical task of administering medications for moderate or deep Palliative Sedation to Unlicensed Assistive Personnel (UAP) is not permitted.

References:

NC GS 90-171.19 – Nursing Practice Act

21 NCAC 36.0224 – Components of Practice for the Registered Nurse (RN Rules)

21 NCAC 36.0225 – Components of Practice for the Licensed Practical Nurse (LPN Rules)

NCBON Procedural Sedation/Analgesia Position Statement – www.ncbon.com

NCBON Position Statement: Delegation of Medication Administration to UAP – www.ncbon.com

NCBON Decision Tree for Delegation to UAP – www.ncbon.com

ATTACHMENT H

**Transport of the Client
DRAFT - Position Statement for RN Practice****Issue:**

It is within Registered Nurse (RN) scope of practice to function as members of interdisciplinary air and/or ground transport teams on a routine and/or as needed basis. Throughout a client transport, the RN is responsible for:

- providing and maintaining the required level of nursing care, including all ordered medical interventions and medications;
- managing all equipment necessary for client care; and
- ensuring overall client safety.

RNs providing nursing care during client transports are licensed and regulated by the North Carolina Board of Nursing and are not required to hold Emergency Medical Services (EMS) credentials. Employers may, however, require RNs employed by their agency to hold additional credentials or certifications prior to transporting clients.

RN Responsibilities and Role:

The responsibilities of the transport nurse include, but are not limited to:

- obtaining and documenting appropriate education, training, and initial and ongoing competency validation specific to the type of nursing transport responsibilities and activities being delivered;
- maintaining accountability for oversight and supervision of the care of the client;
- conducting comprehensive assessment, continuous evaluation, and reassessment of the effectiveness of the nursing care and medical interventions provided to the client; and developing and revising the plan of care appropriate to the client's needs;
- implementing appropriate interventions based on the plan of care, client priorities, emergency air and ground nursing transport standards of practice, established policies/procedures/protocols, standing orders, and orders received on-line/off-line from authorized providers including physicians, nurse practitioners, certified nurse midwives, and physician assistants;
- communicating and documenting all relevant assessments, nursing care, and medical treatments provided to the client, and the client's response to care;
- providing an accurate and thorough handoff report of client status, both written and verbal, to the receiving health care team;
- working collaboratively with other pre-facility, intra-facility, and inter-facility providers and healthcare professionals to ensure the continuum of optimum client care; and
- ensuring appropriate age and client specific equipment is available prior to embarking on the transport.

RN scope of practice for specific advanced activities, performed during transport and/or within the facility, are evaluated using the NCBON Scope of Practice Decision Tree for the RN and LPN that is available at www.ncbon.com in the Nursing Practice-Position Statements and Decision Trees section. This tool provides for the careful consideration of standards of practice, evidence-based support, and appropriateness of an activity in a particular setting for a specific client or client population.

LPN Role:

Given the level of independent assessment, decision-making, nursing management, and evaluation required for the safe care of the client in transport situations, this activity is **beyond** LPN scope of practice.

The LPN may, however, provide convalescent transports for stable clients under the assignment and supervision of an RN, physician, dentist, or other person authorized by State law to provide LPN supervision.

References:

G. S. 90-171.20 (7) – Nursing Practice Act

21 NCAC 36.0224 – Rules Defining Components of Practice for the Registered Nurse.

NCBON Scope of Practice Decision Tree – www.ncbon.com

Air and Surface Transport Nurses Association (ASTNA) – www.nstna.org – Qualifications, orientation, competencies, and continuing education for transport nurses.

Air and Surface Transport Nurses Association (ASTNA) – www.astna.org – Role of the registered nurse in the out-of-hospital environment.

Air and Surface Transport Nurses Association (ASTNA) – www.astna.org – Staffing of critical care transport services.

Emergency Nurses Association (ENA) www.ena.org – Care of the patient during interfacility transfer.

ATTACHMENT I

**Practicing at Level Other Than Highest Licensure/Approval/Recognition
DRAFT - Position Statement for RN, LPN, and APRN Practice****Issue:**

Licensed nurses are sometimes employed in positions having qualifications and responsibilities below the level of the nurses' highest level of licensure/approval/recognition.

This Position Statement applies, but is not limited to, licensed nurses employed in the following situations:

- Registered Nurse (RN) working as Licensed Practical Nurse (LPN) or Unlicensed Assitive Personnel (UAP)
- LPN working as UAP
- Advanced Practice Registered Nurse (APRN) [Nurse Practitioner, Certified Nurse Midwife, Certified Registered Nurse Anesthetist, or Clinical Nurse Specialist] working as an RN, LPN, or UAP

RN, LPN, and APRN Responsibility and Accountability:

Licensed nurses are held responsible and accountable for practicing at all times within the scope associated with their highest level of active licensure as either an RN or LPN, and with their highest level of active approval/recognition as an APRN. Regardless of employment role, title, status, or position description, licensed nurses are responsible and accountable for the components of practice specified in the Nursing Practice Act and Administrative Code Rules. This includes, but is not limited to, the responsibility/accountability to assess, plan, implement, and evaluate client care within the full scope of their highest level of active licensure/approval/recognition. Employment roles, titles, status, and position descriptions do not alter or eliminate this responsibility and accountability. Employers, nurse leaders, and others can restrict or limit specific practice activities or tasks but cannot expand legal scope of practice and cannot alter or eliminate legally-determined components or standards of practice.

Nurses should give careful consideration to the challenges and potential complexities of accepting employment at a level other than their highest level of active licensure/approval/recognition. Role and scope of practice confusion may result when performing duties within a designated position description while still being held responsible and accountable for practicing within the full scope of highest level of active licensure/approval/recognition.

References:

G.S. 90-171.20 (7) and (8) Nursing Practice Act
21 NCAC 36.0224 Components of Practice for the Registered Nurse (RN Rules)
21 NCAC 36.0225 Components of Practice for the Licensed Practical Nurse (LPN Rules)
21 NCAC 36.0226 Nurse Anesthesia Practice
21 NCAC 36.0228 Clinical Nurse Specialist Practice
21 NCAC 36.0800 Approval and Practice Parameters for Nurse Practitioners
G.S. 90-178.1 through 90-178.7 Practice of Midwifery
21 NCAC 33.0100 Midwifery Joint Committee
G.S. 90-640 Identification Badges Required