

The Bulletin

The Official Publication of the North Carolina Board of Nursing.



CE Article

Staying Inside the Lines:

The Importance of Boundaries in Coordination of Care

Equity. Integrity. Agility.



The Bulletin is the official publication of the North Carolina Board of Nursing.

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Mission

Protect the public by regulating
the practice of nursing.

Vision

Exemplary nursing care for all.

Protect the public by regulating the practice of nursing.

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The Bulletin is published three times a year by the NCBON. In compliance with the Americans with Disabilities Act, this publication may be requested in alternate formats by contacting the Board's office.





message from the

CEO

“When you are a nurse, you know that every day you will touch a life or that a life will touch yours” – Unknown

This quote is the essence of nursing. As a nurse for almost 40 years and a nurse practitioner for 24 years, I have seen the nursing profession be innovative in solving patient care problems. These innovations and willingness to care for all

patients in need are why I feel nurses are continuously named as the most ethical and honest by the public through the Gallup Poll. Thank you to all NC nurses for providing exemplary nursing care to all!

Currently, the NCBON licenses over 181,000 RNs and LPNs. Of these 181,000 licensed nurses, there are 18,637 Advanced Practice Registered Nurses (NP, CRNA, CNS, and CNM). The numbers of RNs and LPNs continue to increase as pre-licensure nursing programs in NC continue to expand. A complete list of NC pre-licensure nursing education programs can be found on the [NCBON website](#).

During the January Board Meeting, Dr. LaDonna Thomas presided over her first Board Meeting as Chair along with Dr. Lora Bartlett as Vice-Chair. This meeting can be viewed on [NCBON's YouTube channel](#). Additionally, Dr. Carmen Shaw and Sandra Lewis began their service as board members. Each of the board meetings are live-streamed to increase accessibility and transparency. The links are available on the NCBON website and social media platforms a few days prior to the scheduled meeting.

Over this coming year, a priority for me is to engage with nursing leaders and nurses across the state to discuss the scope of practice for RNs and LPNs. I want to hear from nurses so that the NCBON can develop information that will be valuable to all practicing nurses and the interdisciplinary team. The survey can be accessed [HERE](#) and will be sent your email on file with the Board. The survey will also be posted to our social media accounts to have members of the interdisciplinary team provide information. I hope you take the time to complete the survey as the information gathered will inform future presentations and additional resources.

Sincerely,

A handwritten signature in black ink that reads "Crystal L. Tillman".

Crystal L. Tillman
DNP, RN, CPNP, PMHNP-BC, FRE
NCBON Chief Executive Officer



message from the

Board Chair



With great honor, I greet you as the Chair of the North Carolina Board of Nursing (NCBON) for 2024. I am sure that most of you have heard the statement at some point this year, "There will be more in '2024'". When applying this statement to the actions of the NCBON, I believe it is safe to say that through the delivery of social media and other outlets, the NCBON will continue to make strides in delivering more up-to-date moments and regulatory guidance regarding the ever-changing landscape in healthcare.

In 2024, the Board will have three openings: RN Practical Nurse Educator, RN Staff Nurse, and APRN. A new process for nominations will now be completed through the Nurse Gateway portal.

Being a member of the NCBON is a position I take very seriously. I decided to run because the board aligns with my personal and professional mission and objectives of engaging in public service. As a board member, I have learned to transcend self-regard and offer steadfast fortitude while upholding the Board's mission and values. It is important to always keep the public of North Carolina at the forefront of all decisions. As an Advanced Practice Nurse, I understand the importance and the significance of all nurses practicing at the top of their practice scope.

As Nurses, it is an innate fabric of our being to provide excellent care for our patients while using our moral and ethical compass to navigate the journey to optimal care for our patients. I am confident that this will never change. Therefore, it should come as no surprise that in the most recent Gallup Poll, once again, nursing has been voted the most ethical and honest profession. It is a great time to be a nurse. So, let us continue to elevate, inspire, motivate each other, mentor, and learn from our novice nurses, and take notes from the nurses with years of experience. There is a wealth of institutional knowledge from the ones who have endured the many facets of the nursing profession. We all have something to offer and many great things to look forward to this year. I believe that we will continue to be successful in our practice areas while continuing to deliver safe care to our patients. Continue to be the influential agent of change that all other professions look to. Continue to make a difference in the lives of our patients. Continue to be the haven they look to for safe and effective care. Most of all, as you always have, continue to make a difference in the nursing profession.

I pray that you will be blessed with so much more in 2024!

Stronger together as one in nursing!

Sincerely,

A handwritten signature in black ink that reads "LaDonna C. Thomas". The signature is fluid and cursive.

LaDonna Thomas
DNP, ANP-C, VHA-CM, FFMRCIS, FCN
NCBON Board Chair



Message From The Editors

RECEIVE

The North Carolina Board of Nursing (NCBON) publishes *The Bulletin* three times per year; February, June, and October. *The Bulletin* is disseminated to all North Carolina licensed

nurses via the email address you list in the Nurse Gateway (portal), shared via @NCNursingBoard social media platforms, and posted to the NCBON website.

If you have not received a publication or communication from the NCBON, you may have unsubscribed from the email distribution list. If you think this has occurred and would like to be added back to the email distribution list, please email publications@ncbon.com with a request to be added back to the email distribution list for *The Bulletin*. If there is an error in your email address like *jon.d.nurse@gamil.com*, this could also result in not receiving communications from the NCBON.

Previously all the content in *The Bulletin* was written by NCBON staff. Over the last year, NCBON has received multiple inquiries expressing interest from members of the community on how to submit articles/content for publication.

CONTRIBUTE

In response to these inquiries, the NCBON developed a process to review topics and provide information for potential authors. The potential authors would receive information on submission guidelines, the date for submission, and a copyright agreement. In addition, the potential author will be provided with information on submitting an article with continuing education hours if requested.

GET PUBLISHED

If you are in a graduate-level nursing program that requires the publication of a project, this is an opportunity for you to have your work published.

The mission of the NCBON is to protect the public by regulating the practice of nursing. The vision is exemplary nursing care for all. With this as the focus of our publications, the article topics should have a link to patient safety.



The NCBON looks forward to hearing from NC Nurses who are interested in submitting content!



NCBON Gives Back

Giving All Year Round

What happens once the holiday magic dies down...

and hospital toy donations drop and needs increase in the coming year?

Not what you may think!

This past holiday season, the NC Board of Nursing (NCBON) partnered with the Lundy Management Group to donate new and unwrapped toys via the Wide Open Charitable Foundation to pediatric patients at UNC Children's Hospital. The children will receive toys after the first of the new year. The items will benefit patient care programs, fill birthday boxes, and comfort patients and their families during hospital stays throughout 2024.

NCBON staff collected items from December 1ST through December 31ST, 2023. The items were placed in a sleigh, which, as you can see, was overflowing!



Pictured: NCBON staff with toy donations.

More information about Wide Open Charitable Foundation can be found at [Childhood Cancer Research - The Wide Open Charitable Foundation \(wideopencf.com\)](https://www.wideopencf.com).



2024 Board Member Oath of Office



Sandra L. Lewis, RN and
Dr. Carmen Shaw, DNP, RN
(pictured left to right)
took the oath of office for terms
starting in January 2024.

Duties of a Board Member

The major duties and responsibilities of NCBON Board members are defined in the Nursing Practice Act (GS 90-171.23). A portion of the duties are listed below:

- Issue its interpretations of the Nursing Practice Act (i.e. position statements and decision trees). These can be found on the NCBON website (www.ncbon.com).
- Adopt, amend, or repeal rules and regulations as necessary to carry out the provisions of the Nursing Practice Act (NPA).
- Establish qualifications of, employ, and set the compensation of an executive officer who shall be a registered nurse and who shall not be a member of the Board.
- Examine, license, and renew the licenses of duly qualified applicants for licensure.
- Investigate and take appropriate action for violations of the NPA.
- Establish standards and monitor nursing programs that lead to initial licensure.
- Implement and monitor continuing education of nurses.
- Appoint advisory committees.
- Appoint and maintain a subcommittee of the Board to work jointly with the subcommittee of the North Carolina Medical Board to develop rules and regulations to govern the performance of medical acts by registered nurses.
- Recommend and collect such fees for licensure, license, renewal, examinations, and reexaminations.
- Implement the interstate compact.
- Establish programs for aiding in the recovery and rehabilitation of nurses who experience chemical addiction or abuse or mental or physical disabilities and programs for monitoring such nurses for safe practice.
- Establish programs for aiding in the remediation of nurses who experience practice deficiencies.

Each elected or appointed Board member serves a 4-year term.





NCBON
North Carolina Board of Nursing



LaDonna Thomas
Board Chair



Lora Bartlett
Board Vice-Chair

2024 Board Members



Cheryl Wheeler



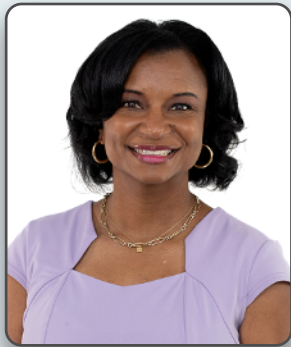
Racquel Ingram



Edna Ennis



Anna Seaman



Aimy Steele



Sandra Lewis



Karen York



Carmen Shaw



Arlene Imes



Dianne Layden



Andrea Jeppson



Tom Minowicz



Upcoming Events

Meetings may be held virtually. Please check www.ncbon.com.

Board Business Meeting

May 23, 2024

Administrative Hearings

May 22, 2024

July 31, 2024

Hearing Committee

March 21, 2024

April 24, 2024

June 26, 2024

Education & Practice Committee

March - cancelled

Nurse Leaders Regulatory Orientation (NLRO)

April 2, 2024 - in person

May 7, 2024 - virtual

20th Annual Education Summit

April 12, 2024 - virtual

REGISTRATION NOW OPEN!

For more information see page 25

Noontime Knowledge: Continuing Competence

June 5, 2024 - virtual

REGISTRATION NOW OPEN!

For more information see page 26

Please visit www.ncbon.com for updates to our calendar and call-in information to attend public meetings.

Following @NCNursingBoard on Social Media gives you access to up-to-date information between issues of *The Bulletin* - Practice Changes, Renewal Reminders, Rule Revisions, and so much more.

Click any of the icons below to find our pages.



NCBON Board Business Meeting

January | Raleigh, NC

Board meetings are held each year in January, May, and September. Board meetings are open to the public and individuals are encouraged to attend either the full meeting or the Open Comment Period.

The purpose of the Open Comment Period is to provide members of the public and nursing community an opportunity to bring issues of concern to the Board. Individuals are encouraged to share their concerns, offer views, and present questions regarding issues that impact nursing and nursing regulation. For more information on the Open Comment Period process, visit www.ncbon.com.



**NCBON Board Meetings
Channel on YouTube**

Meeting Minutes

**Meeting minutes are transcribed for delivery to the State Archives. Historical accuracy of these minutes is paramount in this process. As such, official meeting minutes take longer to produce than recorded video.*

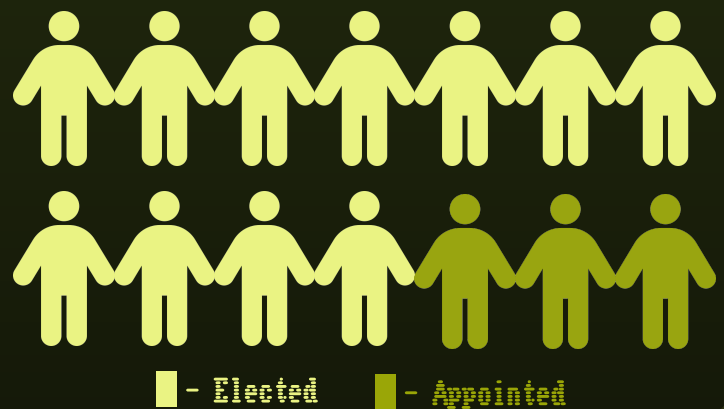


GO INTO THE DIGITAL AGE

NCBON Enhances Electronic Election System

Written by: Angela Ellis & Chandra Graves

North Carolina is the only state in the nation that elects its nurse members and has now enhanced the electronic election system to make it easier for nurses to petition for candidacy for a NCBON position. Eleven of the fourteen members are elected by nurses across North Carolina. The NCBON election provides a voice for NC nurses in the selection process as well as opportunities for leadership on a state level. Serving on the NCBON, allows elected nurses to be at the table during discussions to raise questions, dialogue, and make policies that impact the profession of nursing!



And now the NCBON has enhanced the electronic election system to further streamline the election process! The new enhanced electronic system was implemented on January 1, 2024.

What does this mean for nurses seeking candidacy? Both the nomination and candidate packets will now be submitted electronically through the Nurse Gateway portal available on the NCBON's website at www.ncbon.com. Delivery and receipt of hard copy packets to the NCBON is a thing of the past! The electronic election system will provide submission confirmations and provide updates regarding the status of the nomination and qualification processes. Prospective candidates can access the Nurse Gateway portal 24/7 to receive updates!

In 2024, the Board will have three open positions: **Advanced Practice Registered Nurse (APRN), RN-Staff Nurse, and RN-Practical Nurse Educator**. Read the nomination instructions below and make sure the candidate(s) being nominated meets all the requirements.

****Please note there are no open LPN positions in the 2024 election.****

Instructions

Nominations for both RN and LPN positions shall be made by submitting the electronic nomination form completed by at least 10 RNs (for an RN nominee) or 10 LPNs (for an LPN nominee) eligible to vote in the election. The minimum requirements for an RN or an LPN to seek election to the Board and to maintain membership are as follows:

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

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

If you are interested in being a candidate for one of the positions, visit our website at www.ncbon.com for additional information, including a Board Member Job Description and other Board-related information. You may also contact the NCBON at elections@ncbon.com. After careful review of the information packet, **you and your petitioners** must complete the electronic nomination form by 5:00 pm April 1, 2024.

Guidelines for Nomination

1. RNs can petition only for RN nominations and LPNs can petition only for LPN nominations.
2. Only petitions submitted on the electronic nomination form will be considered.
3. The Nurse Gateway portal will validate that the petitioner and each nominee holds appropriate North Carolina licensure.
4. If the nominee receives fewer than ten petitioners, the petition shall be declared invalid.
5. Petitions must be submitted via Nurse Gateway nomination form on or before 5:00 pm April 1, 2024, for the nominee to be considered for candidacy.
6. Elections will be held from July 1, 2024 through August 15, 2024. Those elected will begin their terms of office in January 2025.

Instructions for the new electronic nomination and candidate processes are located on the NCBON website at www.ncbon.com.



NC BOARD
OF NURSING
YOUR
VOTE
COUNTS



We, the undersigned currently licensed nurses, do hereby petition for the name of _____ **RN / LPN** (*circle one*),
whose License Number is _____, to be placed in nomination as a
Member of the North Carolina Board of Nursing in the category of (*circle one*):

Advanced Practice Registered Nurse (APRN) | RN – Staff Nurse | RN – Practical Nurse Educator

PETITIONER

Name	Signature	Certificate Number
<p>  Form is now electronic! </p> <p> Click <u>here</u> to access _ </p>		

Staying Inside the Lines:

The Importance of Boundaries in Coordination of Care

Disclosure Statement — The following disclosure applies to the NCBON continuing nursing education article entitled "Staying Inside the Lines: The Importance of Boundaries in Coordination of Care." Participants must read the CE article, online reference documents (if applicable), and the Reflective Questions in order to earn CE contact hours. Verification of participation will be noted by online registration. Neither the authors nor members of the planning committee have any conflicts of interest related to the content of this activity.



Provider Statement — The North Carolina Board of Nursing will offer 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.

Learning Outcome: Nurses completing this article will gain increased knowledge regarding the coordination of care, creating a PLLC, and avoiding boundary violations.

EARN CE CREDIT

INSTRUCTIONS

Read the article, online reference documents (if applicable), and the Reflective Questions.

EARN CONTACT HOUR CERTIFICATE

Go to www.ncbon.com and scroll over "Education"; under "Continuing Education," select "Board Sponsored Bulletin Offerings," scroll down to link, "Staying Inside the Lines: The Importance of Boundaries in Coordination of Care." 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, provide your full name and the title of the CE offering (Staying Inside the Lines: The Importance of Boundaries in Coordination of Care).

Registration deadline is July 1, 2024.



Introduction

The North Carolina Board of Nursing (NCBON) has seen a recent increase in the number of complaints submitted about nurses who provide care coordination services that cross professional boundaries. Nursing services provided to patients in these settings can lead to situations that challenge the nurse with maintaining a solely professional relationship while encouraging the patient to be as independent as possible. This behavior, by the nurse, may result in harm to the patients and could result in violations of the NC Nursing Practice Act (NPA).

Objective

To prevent this shifting of boundaries, the nurse must understand the practice of care coordination and the risk factors associated with blurred boundary lines. This article provides resources for nurses practicing in the care coordination role. This article will describe the coordination of care and the RN/LPN scope of practice. We will review examples of potential boundary violations and provide resources related to professional boundaries. Reflection questions are provided for nurses to reflect on their own practice and encourage further conversation related to professional boundaries.

Definitions

The American Nurses Association (ANA) and the American Academy of Nursing (AAN) defined care coordination as “the deliberate synchronization of activities and information to improve health outcomes by ensuring that care recipients’ and their families’ needs and preferences for health care and community services are met over time” (Lamb et al., 2015, p. 526). With patients spending less time in an acute care setting, there is no denying that care coordination is a needed aspect of patient care to improve patient outcomes and lower healthcare costs (Karem et al., 2021). Typically, this coordination begins in the hospital or other inpatient settings and transitions to community care coordination where a nurse may own a business providing this service (Karem et al., 2021). Nurses often coordinate care between physicians, outpatient services, pharmacies, and in-home patient care while assisting the patient in navigating other resources such as advanced care planning. If nurses choose to own their own business, to provide nursing or related services, it is recommended that they seek legal advice in establishing a Professional Corporation (PC) or Professional Limited Liability Company (PLLC). Licensed Practical Nurses (LPN) are not authorized to establish such PC’s or PLLC’s. The [Professional Corporation Act](#) defines who can form a professional corporation in GS 55B-14. Specific information related to nurses owning a business can be found on the NCBON website at:

<https://www.ncbon.com/practice-professional-corporations-and-professional-limited-liability-companies>.

On page 31, Stacey Thompson, Practice Consultant, provides more information on regulations for these businesses.

Role of Care Coordination

A Registered Nurse (RN) engaging in care coordination is responsible for developing and updating care plans according to patient needs, providing education to the patient and their families, and facilitating care across many different settings and providers (ANA, 2017). Due to the significance of care planning and education required for care coordination, it is also important to note the scope of practice for the RN or the LPN providing care coordination. The NCBON provides guidelines via position statements. The Scope of Practice Decision Tree, found at [RN-LPN Scope of Practice Decision Tree \(ncbon.com\)](#) provides details about specific scope for the RN and LPN in relation to assessment, planning and implementation, evaluation, reporting, collaborating, teaching, and counseling, managing nursing care, administering nursing services, and accepting responsibility. For example, the RN could develop the patient’s plan of care, and the LPN could participate in planning by suggesting goals and interventions. The LPN could assess and identify the client’s response to nursing interventions and the RN would determine the effectiveness of the nursing interventions and expected outcomes while modifying the plan of care. The RN would be responsible for



identifying learning needs, developing and evaluating teaching plans, and making appropriate referrals while the LPN could participate in that teaching as assigned through implementation of an already established teaching plan or protocol.

Investigations and Boundary Violations

The NCBON's mission is to "protect the public by regulating the practice of nursing (NCBON, 2023)." Investigating allegations of potential violations of the Nursing Practice Act (NPA) filed against nurses aligns with the mission of the NCBON. Unprofessional relationships with a patient can lead to boundary violations and can be detrimental to the patient personally, financially, and emotionally. According to GS 90-137.21 the NCBON "may initiate an investigation upon receipt of information about any practice that might violate any provision of this Article, or any rule or regulation promulgated by the Board (NPA, 2019)." Additionally, the NPA grants the NCBON authority to "determine and administer appropriate disciplinary action (NPA, 2019)." It further delineates that discipline may be issued for specific circumstances in which the nurse may have engaged in unprofessional conduct, even if a patient is unharmed; and/or commits acts of dishonesty, injustice, or immorality in the course of their practice. Additionally, the North Carolina Administrative Code (NCAC), 21 NCAC 36.0217, provides specific guidance related to boundary violations in Rule 23 noting that "violating boundaries of a professional relationship such as physical, sexual, emotional, or financial exploitation of a client or a client's family member or caregiver" (NCAC, 2019).

Supporting the NCBON's mission of the regulation of nursing practice, includes utilizing the investigatory process. The investigatory process could result in an offer of resolution from no further action, remediation, or disciplinary recourse. To learn more about the options for resolution, see [Resolution | North Carolina Board of Nursing \(ncbon.com\)](https://www.ncbon.com/Resolution%20North%20Carolina%20Board%20of%20Nursing). Not all professional boundary violations occur with the intent of impacting the patient, but nurses need to be aware that violations could negatively impact the patient. Nurses who share information about their personal lives and financial hardships with patients have already crossed a boundary by sharing this information. When the sharing of this type of information, either by the nurse or patient, leads to an exchange of money, gifts, or personal favors between parties, there is a risk of a violation.

Nurses working in a home care setting could be reported to the NCBON for crossing professional boundaries. Boundary crossings can refer to situations involving money, romantic relationships, physical relationships, and friendships. It is essential for nurses, either independently employed or through an agency, to be aware of their professional role and set clear boundaries for patients. The National Council of State Boards of Nursing (NCSBN) provides a free resource titled "A Nurse's Guide to Professional Boundaries" and defines professional boundaries as "the space between the nurse's power and the patient's vulnerability" (NCSBN, n.d.). These resources can be ordered at no charge, through NCSBN at: https://www.ncsbn.org/public-files/ProfessionalBoundaries_Complete.pdf. NCSBN's professional boundaries resource provides an illustration to reinforce the important balance of a nurse's role. Nurses are encouraged to utilize resources, such as NCSBN and NCBON websites for guidance regarding therapeutic patient relationships to help avoid these types of boundary violations. NCBON practice consultants are available to discuss concerns related to potential boundary issues and can be reached by email, practice@ncbon.com.

Caldicott (2019) describes five elements that may potentially lead a nurse to cross a professional boundary. These elements include risk factors such as practice type and patient population, vulnerabilities such as emotional makeup and life stress, accountability measures such as inability to self-regulate or hold themselves accountable, resistance by justifying their actions, and catalysts such as a temptation or trigger (Caldicott, 2019). The nurse's primary concern should always be the health and well-being of the patient (Haddad & Geiger, 2023). If a nurse feels there is potential for a professional boundary violation, they should immediately act (College of Nurses of Ontario [CNO], 2020). An immediate action could be removing themselves from that patient's care or collaborating with other providers to ensure the patient's needs are



met (CNO, 2020). It is important to consider patient abandonment if you decide to remove yourself from the patient's care. Further information and required reading related to the abandonment and the NCBON's position statement containing the RN and LPN's responsibility can be found at:

[staffing-and-client-patient-safety.pdf \(ncbon.com\)](https://ncbon.com/staffing-and-client-patient-safety.pdf).

Conclusion

Nurses can practice in diverse settings while providing a range of nursing care. In some instances, nurses provide coordination of care and home health services. Therefore, it is crucial that nurses remain cognizant of their scope and legal requirements related to coordination of care. Nurses are encouraged to utilize the resources from the NCBON and NCSBN that provide education and guidance related to maintaining professional boundaries.

Reflection Questions

- How does the Board protect the public?
- What is the role of RN versus LPN in the coordination of care business?
- What is used to define the RN and LPN's scope of practice?
- What steps should be taken by an RN when considering creating their own home care business?
- How can nurses and patients access resources to ensure home care services are being provided fairly and appropriately?
- List examples of boundary crossing in the nurse/patient relationship?
- What is the difference between a PLLC and LLC? Who can own a PLLC and LLC?
- During a home visit a family member asks you to pick up groceries for them and gives you their credit card. They tell you to buy yourself some lunch while you are out. How do you handle this situation?
- While off duty, a patient's family member begins to message you and asks for you to come over and check on the patient. How would you react? What are your responsibilities in this situation?
- An LPN is going to be assigned to provide care coordination to a client. What should be in place, prior to the LPN providing care to the client?

Authors



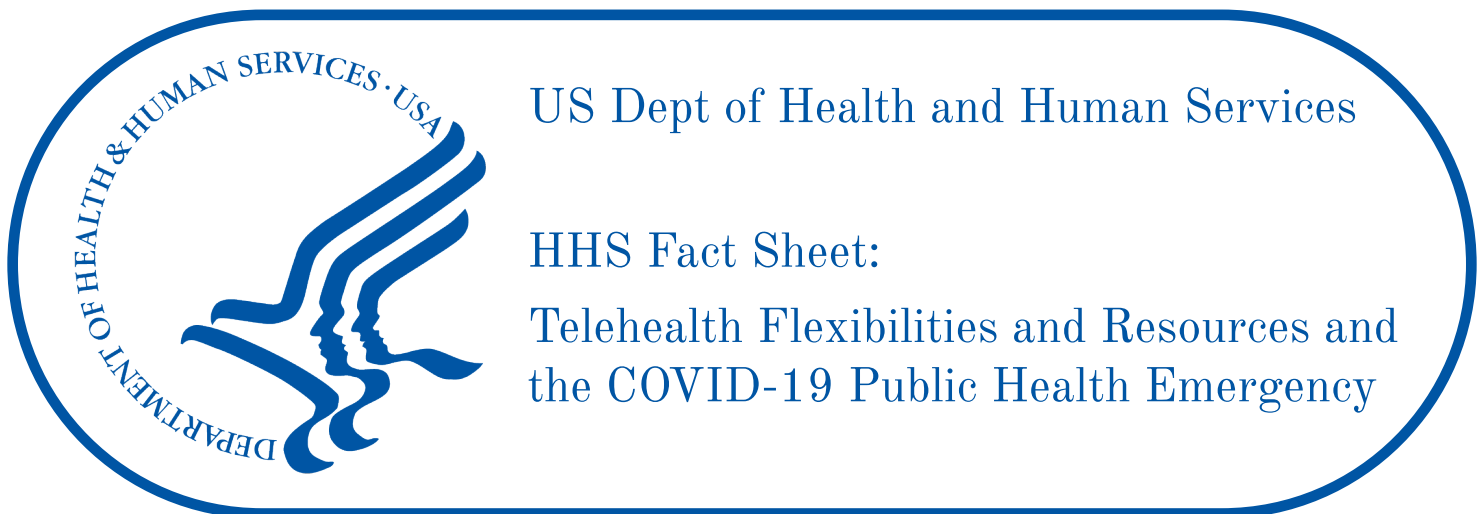
Kristina Deaver
MSN, RN
Nurse Investigator



Anne Hardee
MSN, RN, NEA-BC
Manager, Investigations

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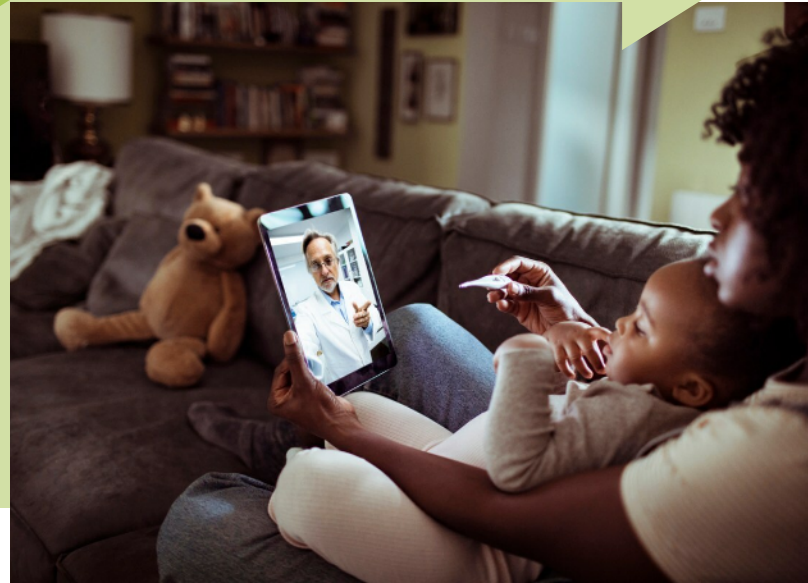


LEADING FORWARD:

Newly Revised Telehealth/Telenursing Position Statement

Author: Joyce Winstead, MSN, RN, FRE
Director, Practice

Overnight, the onset of COVID-19 changed the delivery of healthcare services. COVID-19 served as catalyst for the development and innovation of new telehealth services and virtual platforms. Professional healthcare disciplines, including nursing, focused on telehealth as a modality for the



delivery of client care. Telehealth and telenursing became an essential modality for healthcare delivery during the pandemic. Rutledge & Gustin (2022) reported that telehealth cases surged from 13,000 per week pre-COVID to 1.7 million per week post-COVID-19. They further indicated that the utilization of telehealth was occurring in various healthcare settings such as hospitals, hospices, pediatrics, home healthcare, and other settings. The increased use of telehealth assisted clients with access to healthcare services and reduced the spread and impact of COVID-19 (Rutledge & Gustin, 2022).

The surge in utilization of telehealth/telenursing nursing services prompted the need for the 2023 Education and Practice (E&P) Committee of the North Carolina Board of Nursing (NCBON) to review the Position Statement Telehealth/Telenursing and related laws and rules to ensure the continuation of appropriate guidance for nurses providing telehealth care delivery. The E&P Committee was composed of six NCBON Board Members from various healthcare and public service settings. The Position Statement Telehealth/Telenursing was last reviewed by the E&P Committee in 2018. During the 2018 review, the Position Statement was revised and approved by the NCBON.

The 2023 E&P Committee review of the Position Statement Telehealth/Telenursing and related laws and rules began with a comprehensive exploration of North Carolina Nursing Law and Rules, National Council of State Boards of Nursing (NCSBN) Model Act and Rules, Position Paper on Telehealth Nursing Practice (NCSBN, 2014), and the NCSBN 2023 Environmental Scan: Nursing at a Crossroads – An Opportunity for Action (NCSBN, 2023), other state boards of nursing laws/rules/position statements, professional guidelines, Veterans Administration telehealth model, and healthcare literature. The E&P Committee then received presentations from 17 representatives from various practice



settings across the state regarding their use of telehealth services and the nurse's role. The practice settings included school nursing, rural health primary care, client experience, ambulatory care, nursing education, nursing student educational experience, acute care at home hospital, electronic Intensive Care Unit, critical access hospital, home health, hospice, palliative care, Veterans Administration, Psych Mental Health Nurse Practitioner (NP), Women's Health NP, and managed telehealth services NP. In addition, an NCSBN representative presented information about the NCSBN International Telehealth Nursing Research Study and the International Guiding Principles for Telehealth Nursing.

The E&P Committee determined that revisions to the Position Statement Telehealth/Telenursing were needed to provide clarification of the nurse's role and responsibilities for telehealth nursing and to align with NCSBN's International Guiding Principles for Telehealth Nursing and the guidance provided in the healthcare literature, professional standards, and other state boards of nursing law/rules/position statements. The revisions focused on the following identified key points.

- Telehealth nurses need to obtain the appropriate education and competencies to safely provide telehealth nursing services. This includes having knowledge of the language and cultural norms of the jurisdiction(s) where they are caring for clients.
- Agency and facility nurse leadership are responsible for identifying, establishing, and implementing written policies, procedures, and/or protocols to guide telehealth nursing practice.
- Advanced Practice Registered Nurses must have prescriptive authority to prescribe medications or treatments in the state/country in which the client is located.
- Nurses are responsible for maintaining and safeguarding client privacy and confidentiality of telehealth services and information.
- Nurses are responsible for providing identification of themselves to the client and client's family during the delivery of telehealth services.

The newly revised Position Statement Telehealth/Telenursing was approved during the 2024 January NCBON Board meeting. The Position Statement Telehealth/Telenursing is available on the NCBON website (www.ncbon.com) in the Practice section.

The utilization of telehealth/telenursing is anticipated to increase in the future. The NCBON 2023 charge to the E&P Committee regarding telehealth/telenursing contributes to the NCBON 2022–2025 Strategic Plan:

- Initiative #4 – Foster mobility of licensed nurses and facilitate access to safe nursing care:
 - Objective #2 Facilitate the safe and effective practice of nurses using telehealth and emerging technologies.

As healthcare continues to evolve, it is crucial that nurses maintain knowledge of telehealth technologies and modalities of care delivery.



REFERENCES

- NCSBN (2014). The NCSBN Position Statement on Telehealth Nursing Practice.
<https://www.ncsbn.org/papers/the-ncsbn-position-paper-on-telehealth-nursing-practice>
- NCSBN (2023). The NCSBN 2023 Environmental scan: nursing at a crossroads – an opportunity for action. *Journal of Nursing Regulation Supplement (13)* 19 –21. DOI: [https://doi.org/10.1016/S2155-8256\(23\)00006-6](https://doi.org/10.1016/S2155-8256(23)00006-6)
- Rutledge, C., & Gustin, T. (2021). Preparing nurses for roles in telehealth: Now is the time! *Online Journal of Issues in Nursing*, (26)1.
<https://ojin.nursingworld.org/table-of-contents/volume-26-2021/number-1-january-2021/preparing-nurses-for-roles-in-telehealth-now-is-the-time/>
- NCSBN, International Guiding Principles for Telehealth Nursing. Unpublished.

ADDITIONAL RESOURCES

Information is located on the NCSBN website:

<https://www.ncsbn.org/event-video-view/international-guiding-principles-for-telehealth-nursing-2022am>.

Questions about the International Guiding Principles for Telehealth Nursing document may be addressed to Dr. Brendan Martin PhD, Director, Research, NCSBN
bmartin@ncsbn.org.

Author

Joyce Winstead, MSN, RN, FRE
Director, Practice



NC DHHS Issues FAQ: Gabapentin Reporting Changes

The NC Department of Health and Human Services (NC DHHS) requested the North Carolina Board of Nursing to share information related to changes in Gabapentin reporting. This correspondence is being shared with you to provide you with the final version of the North Carolina Controlled Substance Reporting System (NC CSRS) Gabapentin Frequently Asked Questions (FAQ) document developed by NC DHHS. Per legislative Session 2023-2024, North Carolina GS 90-113.70 requires the dispensers of controlled substances to report these dispensations to the North Carolina Controlled Substances Reporting System. HB 190 Section 11.2 G.S. 90-113.73(c) included the required reporting of Gabapentin as a substance of interest for practitioners and dispensers effective March 1, 2024, and effective for veterinarians March 1, 2025.

The Gabapentin FAQ document has been designed by NC DHHS to provide clear answers to common questions arising from this change.



[View NC DHHS Gabapentin FAQ](#)

CONSUMER ALERT



**Be skeptical of professional
licensing scams**



Attorney General
Josh Stein

If you have any questions about the authenticity of a call regarding an investigation, contact the NCBON directly.

(919) 782-3211



CE Opportunities

TO ACCESS ONLINE CE ARTICLES, SESSION REGISTRATION, AND THE PRESENTATION REQUEST FORM, GO TO WWW.NCBON.COM AND LOOK FOR CONTINUING EDUCATION OFFERINGS.

QUESTIONS? EMAIL PRACTICE@NCBON.COM

Online Bulletin Articles

- Staying Inside the Lines: The Importance of Professional Boundaries in the Coordination of Care (1.0 CH)
- The Role of Nursing Empowerment: An Integrative Literature Review (1.0 CH)
- Delegation: What are the Nurse's Responsibilities? (2.0 CH)

For more free CE articles, go to www.ncbon.com.

Nurse Leader Regulatory Orientation

Learn about the functions of the NCBON and how these functions impact the roles and responsibilities of the nurse leader (administrator, director, manager, clinical leader, supervisor, and others) and aspiring leaders in all types of nursing services and practice settings. The orientation offers 4.5 contact hours.



Registration is open to active NC or compact state RNs in leadership and aspiring leadership roles.

The 2024 sessions are listed below as follows:

April 2 - In-Person

May 7 - Virtual

Sept 10 - In-Person

October 15 - Virtual

\$50.00 fee (non-refundable). 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 provide this information via email to practice@ncbon.com so someone on the waiting list can attend.

Available Online

Legal Scope of Practice Online Course (1.5 CHs)

The purpose of this offering is to provide information and clarification of the components of the legal scope of practice for licensed nurses (RN and LPN) practicing in North Carolina.

Just Culture in Nursing Regulation Booklet (1.0 CH)

The booklet provides an introduction to the basic principles of Just Culture and the use of these concepts in evaluating the reportability of untoward events to the Board using the NCBON Complaint Evaluation Tool (CET).





NCBON Staff Presentations

NCBON Staff are available upon request to provide continuing education presentations regarding nursing practice. To request a presentation, 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 25 – 30 licensed nurses (APRN, RN or LPN) are required for presentations.

Standard Presentation Offerings

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 component of the RN and LPN scope of practice including nursing accountability for delegation of tasks to unlicensed assistive personnel. Potential violations are discussed.

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. Discussion includes the role and responsibilities of the nurse for delegation to unlicensed assistive personnel.

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.

NC Nursing Regulation Overview and Updates (1 CH) – 1 hour – Describes an overview of the NC Board of Nursing authority, composition, vision, function, activities, strategic initiatives, resources, and provides NCBON updates.

Introduction to Just Culture and NCBON Complaint Evaluation Tool (1.5 CHs) – 1.5 hours – 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 audience is nursing leadership: director, administrator, manager, supervisor, etc.

Introduction to the NCBON Complaint Evaluation Tool (1 CH) – 1 hour – Provides brief information about Just Culture concepts and instructions for use of the NCBON's Complaint Evaluation Tool, consultation with the NCBON, consultation with NCBON about practice errors and mandatory reporting. Suggested for leadership familiar and unfamiliar with Just Culture.

Overview of Nursing Practice Act (NPA) Violations and Investigations – (1.5 CHs) – 1.5 hours – Provides information regarding the five common NPA violations reported to the NCBON and the five common pieces of evidence gathered during an investigation.

Participants must attend the entire offering and submit a completed evaluation to earn contact hours. Verification of participation will be noted by signature on evaluation.

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.



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20th Annual NCBON Education Summit

April 12, 2024

Virtual

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**Disrupting Nursing
Education with XR and
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Michael Rayo

PhD

The Ohio State University

**Disrupting Nursing
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NCBON

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Noontime KNOWLEDGE

Continuing Competence

Presenters



Stacey Thompson
MSN, RN, NE-BC
Practice Consultant



Tammy Edelen
Licensure Specialist

June 5, 2024

12 noon – 1:15 p.m.

Learn about RN and LPN
continuing competence
by attending this
free live webinar!

Register here!

Contact hours will be offered.



APRN

Nurse Practitioners, are you compliant?

Having the right tools to understand the regulation of your practice is crucial!

As a North Carolina Nurse Practitioner (NP), you are required to keep up your skills and knowledge to provide safe and high-quality care for your patients. Navigating and understanding how to maintain compliance with North Carolina regulations within our large and complex healthcare systems can be a challenge. In these evolving healthcare ecosystems, the NP Survival Guide can be your compass.

The NP Survival Guide provides you with both an overview and detailed information as to what documentation you are required to keep.

Think of the following items (full details in the NP Survival Guide) as some of the gear you'll need to forge a path as a North Carolina Nurse Practitioner; providing exceptional care for North Carolina patients. Equipped with these items, you can prevent discrepancies with compliance.



Paulette Hampton

MA

Practice Coordinator

Gear	Usage
Proof of Continuing Education or Current Maintenance of National Certification	Proof that you maintain competence in your knowledge consistent with the national standards.
Collaborative Practice Agreement (CPA)	<p>The CPA outlines the agreement between you and the primary supervising physician.</p> <p>It indicates what drugs, devices, medical treatments, tests, procedures, and pre-determined plan for emergency care are in place, and how the physician remains available if needed.</p>
Quality Improvement Meetings	<p>The QI meetings are documentation that the NP and primary supervising physician use to collaborate and discuss clinical problems, and if needed, discuss recommendations for improving outcomes.</p> <p>The QI meetings are required monthly for the first 6 months after a new or changed primary supervising physician is in place and then once every 6 months thereafter.</p>
Proof of Registration Controlled Substances System	If you prescribe controlled substances, you are required to enroll and utilize the Controlled Substances Reporting System. (Please also see guide for a reminder of what annual continuing education is required if you prescribe controlled substances.)

Not sure of the best way to maintain preparedness?

We've got you covered! The NP Survival Guide has examples and templates of CEs, the CPA, and QI documents.

If you still have questions while on your NP journey, please email us at aprnpractice@ncbon.com.



Compliance



Alison Bailey
Manager, Compliance

What is a probationary license?

NCGS § 90-171.23 establishes the North Carolina Board of Nursing's (NCBON) authority to "determine and administer appropriate disciplinary action." A probationary license (PL) may be required following an investigation establishing clear and convincing evidence of a violation of the Nursing Practice Act (NPA). The intent of a PL is to verify remediation of the nurse's practice through a period of monitored, satisfactory nursing practice.

PL conditions are set forth in a published, disciplinary Order posted on NCBON's

license verification system and Nursys®, the national licensure and disciplinary database. Upon execution of a PL Order, the participant is contacted by the designated NCBON Compliance Case Analyst responsible for monitoring compliance with the PL Order conditions. Key tenets of a PL include:

- A single-state license for the duration of participation.
- A minimum period of monitored nursing practice, typically 12 months, with quarterly performance evaluations completed by an approved licensed supervisor evidencing a minimum of 64 hours of satisfactory nursing practice each month.
- A deadline to satisfy the probationary conditions, usually double the length of the PL.
- Standard conditions include notifying NCBON of changes in employment, a limit to one employer and one site at a time, no volunteering as a nurse, and no supervisory nursing employment.

Additional conditions may be required, based on the specific facts of the violation. Examples include, but are not limited to:

- Restricted to employment with an on-site RN supervisor
- Shift and overtime restrictions
- Restrictions on specific practice areas
- No access to or accountability for controlled substances
- Continuing in the care of a therapist or psychiatrist
- Probation reports, if on supervised court probation
- Random drug screening and reporting medications to NCBON
- Completion of courses or essay examination

PL participants are subject to the Order conditions until the specified duration of satisfactory nursing practice has been met. If the Order is terminated due to non-compliance, the license is suspended for a minimum of 12 months and the participant is required to appear before the Licensure Review Panel to request reinstatement.

If you still have questions about the probationary license, please contact Alison Bailey, Manager of Compliance, at abailey@ncbon.com



Education



Jennifer Lewis
PhD, MSN/MBA, RN
Education Consultant

What are common questions regarding student clinical experiences?

Q: Are nursing students working under my license as a faculty member or preceptor?

A: No, a nursing student is not working under the nursing license of the faculty member or preceptor.

A nursing student who is in a clinical area as part of an approved nursing education program is working as an “unlicensed provider”. The authority to practice or “student status” is granted in The Nursing Practice Act Article 90-171.43 (2) License required.

The faculty member and/or preceptor is responsible for “appropriate supervision and delegation.” The law allows a licensed nurse to delegate certain nursing responsibilities to individuals competent to perform the assignment. Persons caring for the patient are responsible for knowing the boundaries of their role and for knowing if they have the knowledge, skills, and abilities to provide for the client’s needs. It is up to each nurse to decide what activities can safely be assigned or delegated to another individual based upon the agency policies/procedures, the education/training of the individual, and the validated competency of the individual. When the nurse has delegated appropriately, the nurse is not accountable for the actions/errors of the individual delegated the task.

Q: Is there a list of activities a nursing student can perform in the clinical setting?

A: No, there is no comprehensive list of activities that a nursing student can perform.

Students can perform those activities that they have received applicable education and training and for which they have been validated as competent to perform by their respective faculty member(s). Programs and their clinical partners will determine what activities are appropriate for the nursing student to perform given the assessment of learners’ needs by faculty, the level of the student, the clinical setting, determination of goals and objectives for learning by faculty, and availability of faculty.

While program and clinical agency policies may allow for a student to perform an activity, it ultimately remains the decision of the nurse faculty or preceptor to decide what activities can safely be delegated to the nursing student, at a given time, based upon the education/training of the individual, the validated competency of the student, the complexity and frequency of nursing care needed by the client population, the proximity of clients to personnel, the qualifications and number of personnel in the practice setting, the accessible resources, and established policies, procedures, practices, and channels of communication that lend support to the types of nursing services offered in the practice setting consistent with 21 NCAC 36. 0401. Additional information on delegation to unlicensed assistive personnel is available at www.ncbon.com under the Practice Header. Please visit Nursing Education | North Carolina Board of Nursing (ncbon.com) for more information. Should you have additional questions regarding clinical experiences for prelicensure nursing students, please contact the Education Department at education@ncbon.com.



Licensure

What if I want to place my license on inactive or retired status?

If you plan to discontinue the practice of nursing temporarily or permanently in North Carolina, a request may be made for Inactive Status or Retired Status. What's the difference?

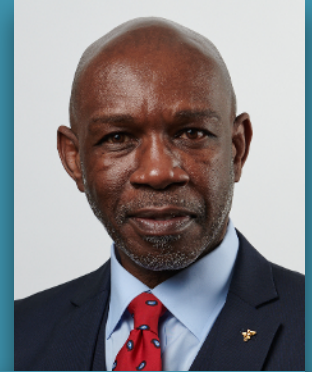
Inactive status places your license on temporary hold. No updates, continuing education, or fees are required while on inactive status. Nurses who do not plan to practice nursing in NC during the upcoming licensure period but may decide to practice in the future are generally the ones who select this option. When/if you decide to return to practicing nursing in NC you simply log into your nurse portal and submit the reactivation or renewal application and pay the renewal fee.

To place your license on **retired status**, there is a one-time fee of \$30. Retired status allows a nurse to use the "retired" designation. The most common applicants are nurses who have reached retirement age and no longer plan to practice nursing. Retiring your nursing license does not mean you can't become active in the profession again. If you decide to practice as a nurse again, simply log into your nurse portal and complete the reinstatement process which includes a criminal background check. If you have not held an active license in any jurisdiction within the previous five (5) years, completion of an approved refresher course is required.

Now, let's explore when you're eligible to select these options. The request must be submitted via your nurse portal within 90 days of your expiration date or within the renewal period. Either option will allow you to reactivate or reinstate your license later if eligible. Please note that you cannot retire an inactive license. If you elect to place your license on inactive status and later make the decision you want a retired nurse status, you must reinstate the license to make it active before you can place it on retired nurse status. This is important to note as there are fees associated with the reinstatement licensure process.

Both options require:

- An **active license** in North Carolina.
- A current license that is **within 90 days of expiration**.
- An **unencumbered license**.



Tony Graham
MS, CPM
Chief Operations Officer

For more information visit our website at

<http://www.ncbon.com/>



Practice

Can a nurse own a business to offer nursing services?

The North Carolina Board of Nursing (NCBON) receives questions related to the scope of practice for nurses licensed to practice in North Carolina (NC) with a recent increase in inquiries related to owning a business as a licensed nurse.

The Registered Nurse (RN) scope of practice is defined by the Nursing Practice Act (NPA) [General Statute \(G.S.\) 90-171.20 \(7\)](#) and NC Administrative Code (NCAC) [21 NCAC 36.0224](#).

NC law ([G.S. 55B-14](#)) allows an RN to own a business offering nursing or related services. RNs exploring entrepreneurial opportunities are encouraged to seek legal advice in establishing a Professional Corporation (PC) or Professional Limited Liability Company (PLLC) as a licensed nurse. Application is made through the NCBON and through the NC Secretary of State. Nursing PCs and PLLCs must meet all requirements set forth in all applicable NC laws and rules including, but not limited to: NCBON, NC Board of Pharmacy, NC Medical Board, NC Division of Health Services Regulation Home Care Licensure (DHSR), and other agencies.

Licensed Practical Nurses (LPN) are not authorized to own professional nursing businesses, in full or in part, under NC law.

Recent questions from licensed nurses are specific to intravenous (IV) hydration clinics. The RN practice is defined by nursing law and rules as an independent practice. The nursing practice of the RN does not require assignment and/or supervision. Implementing the treatment and pharmaceutical regimen prescribed by any person authorized by State law to prescribe the regimen is one of the components of RN practice. Prescriptive orders by prescribing providers guide nursing practice within the business. Licensed nurses are accountable for the provision of safe and competent nursing care in all practice settings, including non-traditional settings such as “walk-in” or mobile hydration clinics, drip bars, and other practice settings.

It would not be within the RN scope of practice to determine what IV fluids, vitamins, or other treatments a client will receive.

[G.S. 55B\(14\)\(c\)](#) defines the appropriate owners of Professional Limited Liability Corporations. It is within the RN scope of practice to own a business providing nursing services such as the administration of IV fluids, nutrient therapies, and medications as authorized by a valid order from a prescribing provider acting within the legal scope of practice. The RN must have the appropriate education, training, and competency to perform the activities in addition to a client assessment, treatment plan, and valid order performed by the authorized prescribing provider. Facility policies outlining RN responsibilities in providing services including emergency management procedures are important.

The following resources are provided by the NCBON to RN business owners providing nursing or related services.

Position Statements:

- [Scope of Practice Decision Tree for RN/LPN](#)
- [Physician Orders Communication and Implementation](#)
- [Standing Orders](#)
- [IV Hydration Clinics](#)

Additional Resource: www.ncbon.com - [Professional Limited Liability Company](#)

**Contact the NCBON at practice@ncbon.com
if you have any questions or would like further clarification.**



Stacey Thompson

MSN, RN, NE-BC

Practice Consultant



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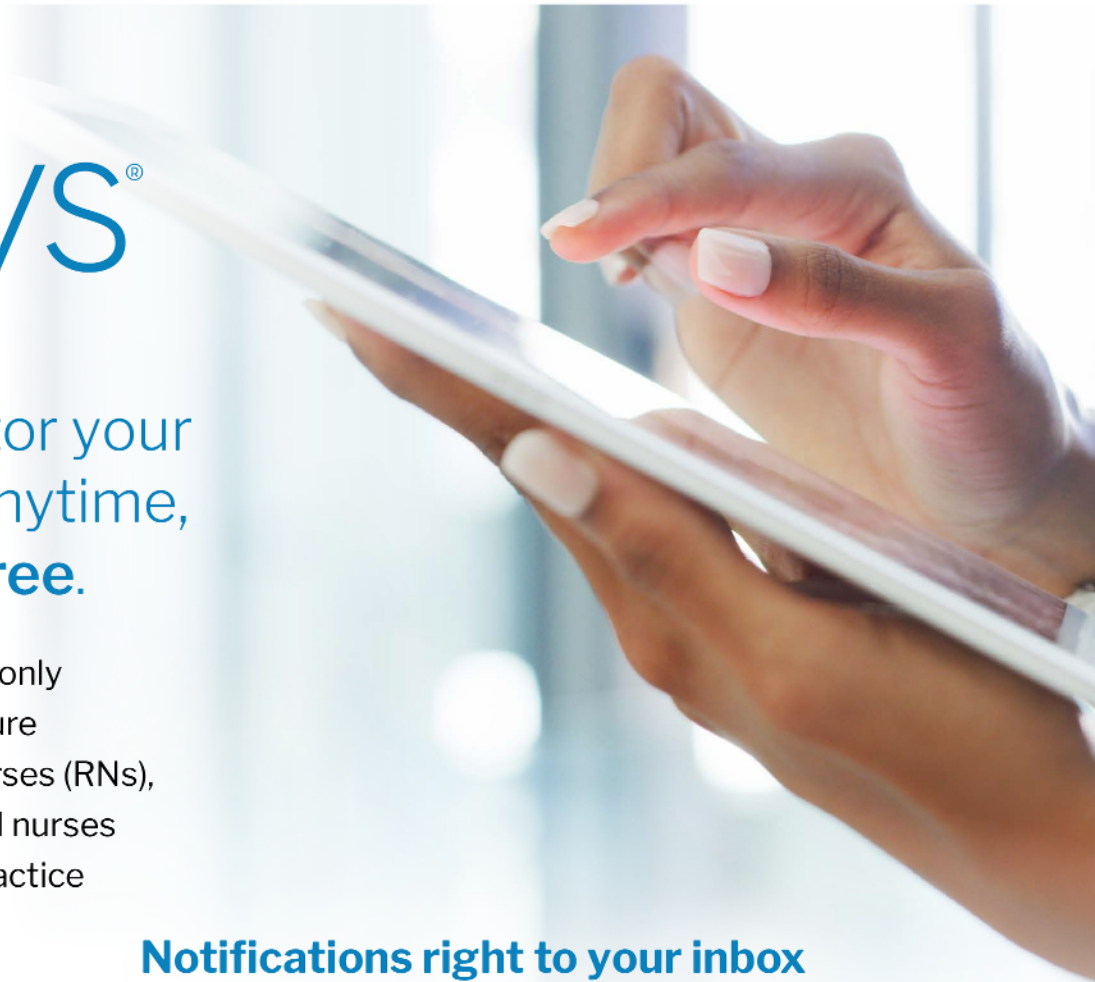
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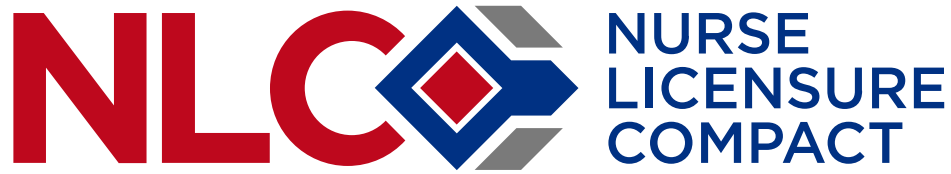
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Interstate Commission of Nurse Licensure Compact Administrators Adopts New Residency Rule

Announcement: Starting Jan 2, 2024, a new NLC rule will be in effect. Nurses relocating to another compact state have 60 days from the time they move to apply for a new license by endorsement in a new primary state of residence.

The new rule reads:

402(2) A multistate licensee who changes primary state of residence to another party state shall apply for a multistate license in the new party state within 60 days.

Helpful FAQs and a brief video about the new rule are available online. Nurses can enroll at no cost in Nursys eNotify to receive notifications related to license renewals at www.nursys.com.

For more information



Visit
www.nlc.gov



email
nursecompact@ncsbn.org



The next issue of

The Bulletin

will be released in **June 2024**

What to expect...

- Free Continuing Education
- Slate of Candidates for the NCBON Election of Nurse Members

"The greatness of a community is most accurately measured by the compassionate actions of its members."

~ Coretta Scott King

