

# Nursing Regulation Update

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**Manager, Practice**



**Nurse Executives' Legal Conference**  
**November 8, 2010**

# Mission

**The mission of the North Carolina Board of Nursing is to protect the public by regulating the practice of nursing.**

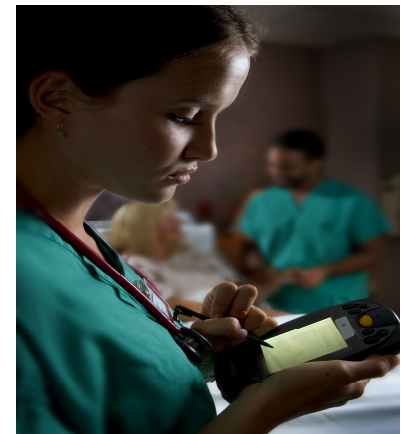


# Vision

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**The NC BON proactively advances public protection and regulatory excellence through:**

- 1. Leadership in addressing challenges in a dynamic healthcare environment; and**
- 2. Innovation that drives continuous process improvement.**



# Strategic Initiatives 2010 – 2013

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- **Advance excellence in nursing regulation**
- **Enhance the Board's proactive leadership in public protection**

# **New Location**

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## **New Home for NC Board of Nursing**

**4516 Lake Boone Trail**

**Raleigh, NC 27607**

**919-782-3211**

**[www.ncbon.com](http://www.ncbon.com)**



# Foundation of Regulation

- 1903 first state to regulate nursing
- NPA and NCAC define nursing in NC
- Board sets standards



# Where does BON regulatory authority come from?

- Authority to regulate nursing is derived from NC G.S.90-171 - NPA
- NCAC-Rules for Occupational Licensing Boards-Title 21:Chapter 36
- Components of Practice defined under G.S.90-171.20 (7) and (8)
- RN practice is independent
- LPN practice is dependent

# Powers and Duties of Board

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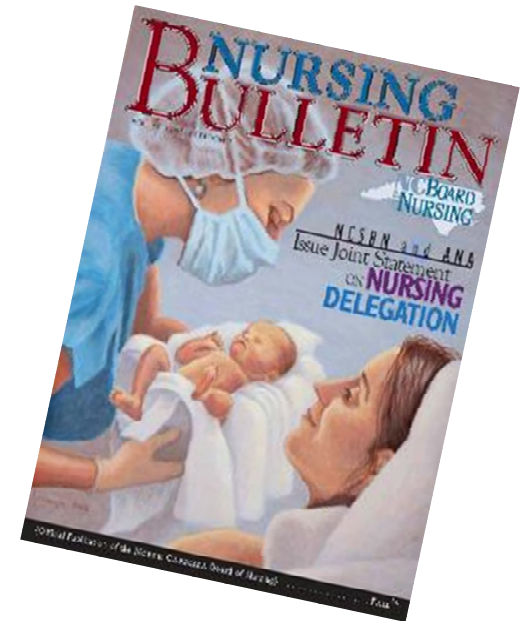
- **Composition of the Board**  
14 members: 8 RN, 3 LPN, 3 Public
- **Board Committees**
- **Board Staff/Roles**





# Board Communication

- ***Bulletin***
- **Website**
  - News and Alerts
  - Renewal/reinstatement/verif
  - Complaint submission
  - Annual election
  - Compact State info
  - Online courses
  - Practice resources



# NCBON Practice Resources

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- **Position Statements**
- **Decision Trees**
- **Joint Statements**
- **Frequently Asked Questions (FAQ's)**
- **Practice Consultants**

# Recent Legislative Activity

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## Changes to Nursing Practice Act (SB 356):

**Establish programs for aiding in  
remediation of  
nurses who  
experience practice  
deficiencies**



# Changes to the NPA (continued)

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**Provides added discretion in initiation of investigation-change in language from “shall” to “may”**



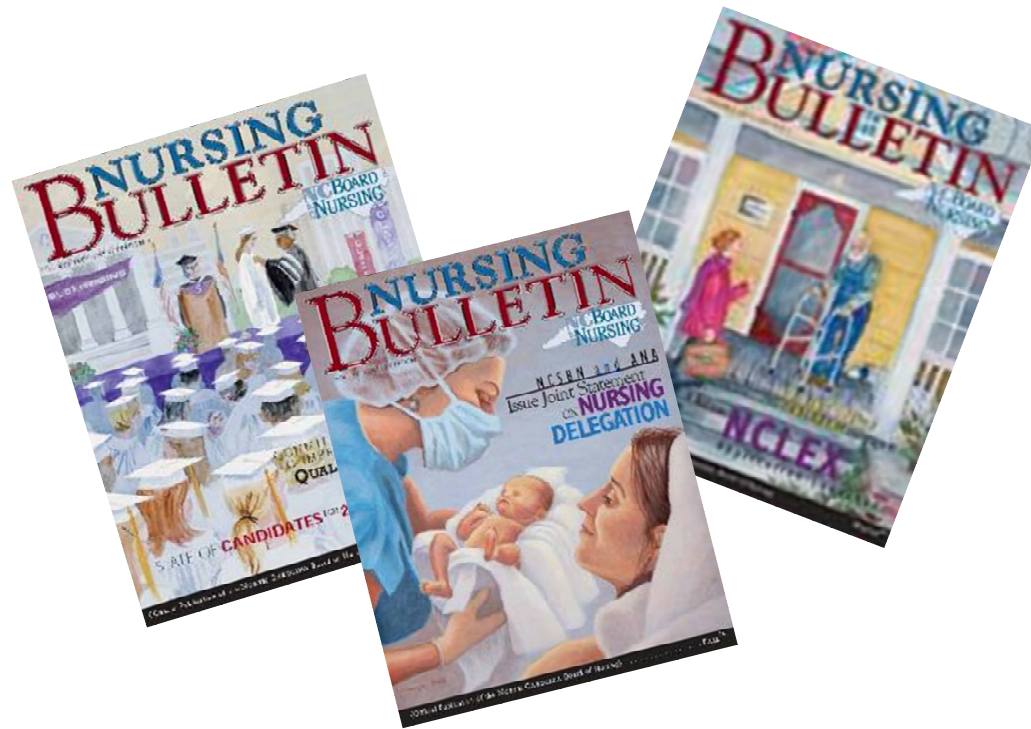
# Changes to NPA (continued)

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**Authority to conduct state and national criminal history record checks for license reinstatement**



# NCBON Initiatives





# PREP and Just Culture

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## Evolution of remediation for practice issues- PREP and Just Culture



# PREP

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- **Pilot began 6/01 with 7 hospitals**
- **Expanded to nursing homes 7/02**
- **July 2004 – Board approved as statewide program**
- **2005-2009: 418 participants**





# PREP OBJECTIVES

- To provide a more positive avenue for reporting incidents or competency concerns to regulatory board
- To shift focus from individual blame to upgrading skills and knowledge
- To enhance safe, competent care



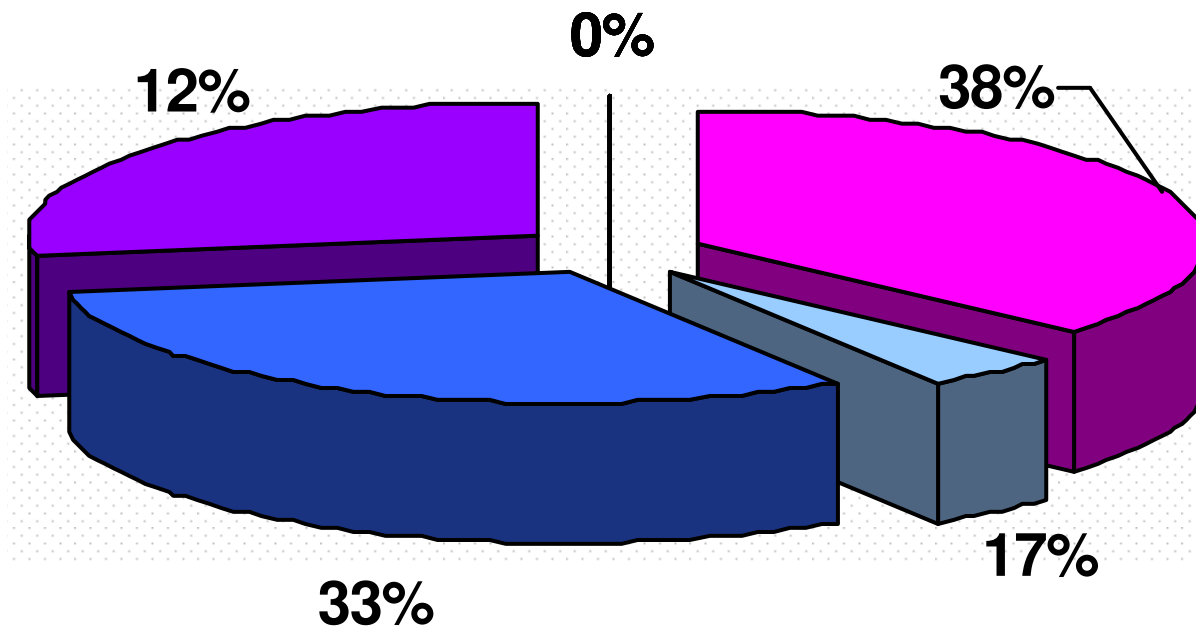


# 2009 Prep Cases

- **79% of all Nurses referred to PREP in 2009 were RNs**
- **21% of all Nurses referred to PREP in 2009 were LPNs**
- **12% were males - 88% females**
- **Average length of licensure: 12.9 years**



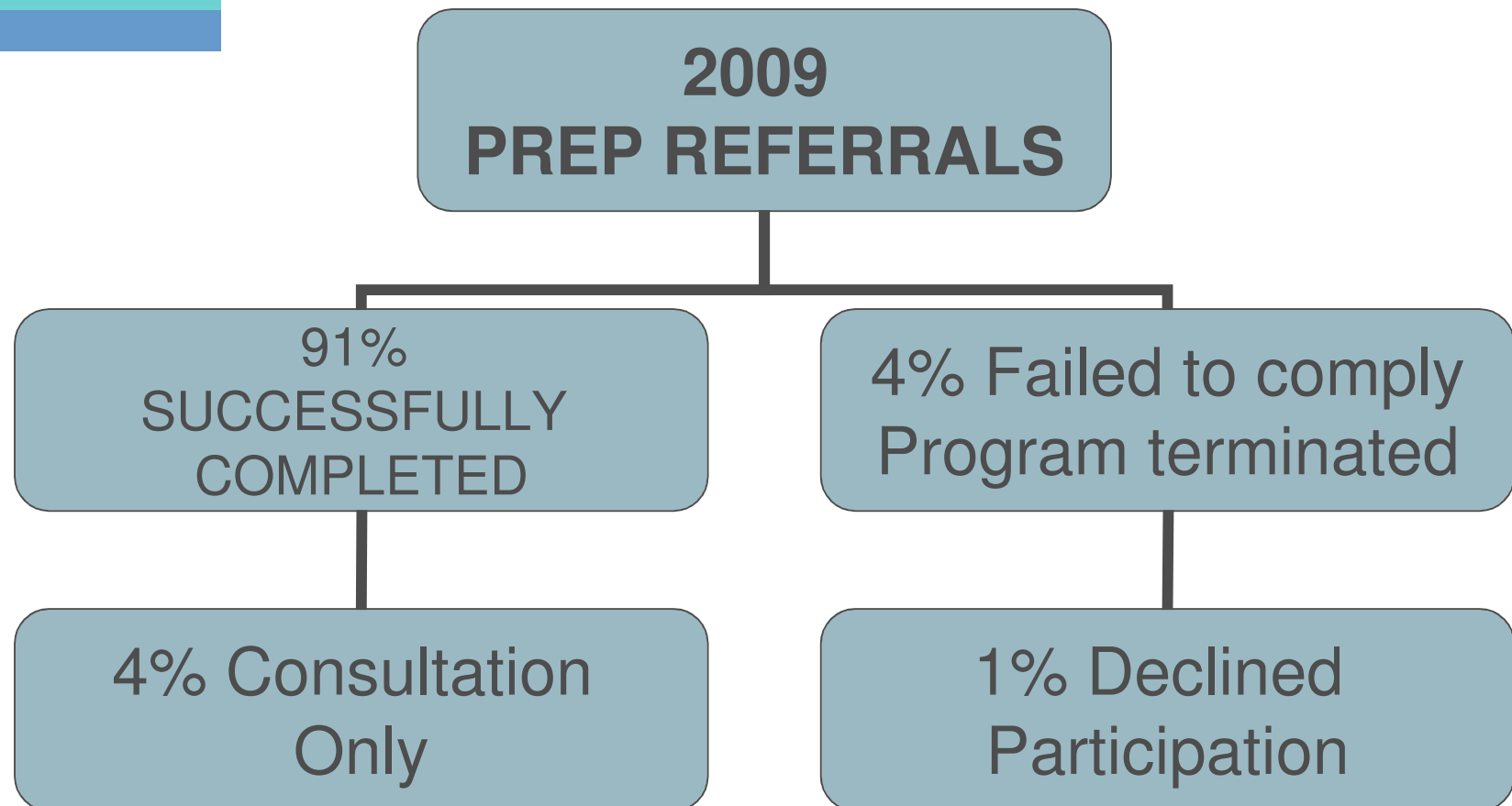
# 2009 PREP Cases



- Exceed scope
- Patient Rights
- Patient Care (med errors / critical thinking)
- Documentation



# PREP OUTCOMES 2009



# Responses to PREP

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- Improved communication between participating hospitals and BON
- Collaborative relationships
- Positive reception from nursing community for proactive, non-punitive approach by BON
- Positive response from individuals referred to PREP



# Just Culture

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**The single greatest impediment to error prevention in the medical industry is “that we punish people for making mistakes”**

Dr. Lucian Leape

Professor, Harvard School of Public Health

Testimony before Congress on  
Health Care Quality Improvement



# Just Culture

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## Cornerstones of a Just Culture: Create a Learning Culture

- Eager to recognize risk at both the individual and organizational level.
- Risk is seen through events, near misses, and observations of system design and behavioral choices.
- Without learning we are destined to make the same mistakes.

# Just Culture

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## Cornerstones of a Just Culture: Create an Open and Fair Culture

- Move away from an overly punitive culture and strike a middle ground between punitive and blame free.
- Recognize human fallibility:
  - Humans will make mistakes.
  - Humans will drift away from what we have been taught.



# Just Culture

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Requires us to understand:

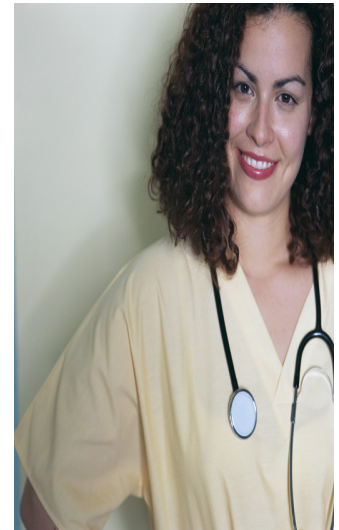
- To Err is Human
- To Drift is Human
- Risk is Everywhere
- We Are All Accountable



# North Carolina Board of Nursing Just Culture Pilot Project

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- ❑ Utilizes a collaborative approach to develop plan of remediation
- ❑ Assures employers that mandatory reporting requirements have been met
- ❑ Facilitates retention of nurses whenever possible
- ❑ Allows an additional complaint resolution option of employer directed remediation for the nurse as indicated



# Pilot Status

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- Collaborative effort with NCCHQPS
- 10 Hospitals
- 2 LTC
- 13 Nursing Education Programs



# Where will Just Culture take us?

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- Provide data related to human factors that contribute to practice deficiencies and/or minor incidents
- Serve as a model to assist regulatory boards to redefine individual accountability in productive manner
- Facilitate the shift from culture of blame to quality improvement



# LPN Scope of Practice Initiative

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- **Need for clarification identified 2008**
- **LPNs, RNs, employers confused about dependent practice status of LPN**
- **LPN “participates” in assessment, planning, evaluation, client teaching**

# LPN Initiative (cont'd)

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- LPN role in delegation to UAP
- Assignment to other LPNs
- Limited supervisory role

# LPN Initiative (cont'd)

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- **RN ONLY functions:**
  - Management
  - Administration
  - Staff education
  - Competence validation
  
- **Educational programs available**

# Continuing Competence

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- **First audit cycle completed June 30, 2010**
- **Board approved audit process change effective July 1, 2011**
- **Licenses will not be issued if Continuing Competence requirements not met**



# Criminal Background Checks

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- **Effective August 1, 2010, CBC required on reinstatement of all licenses lapsed for 6 mo or longer**
- **Continuing CBC for all new licenses via exam and endorsement**

# Employer Notification System

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- **Notify employers of**
  - **Changes in licensure status of employees imminent or happened**
  - **When actions taken on RN or LPN licenses or NAll listing**

# Department Updates

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## Education

- **Continue to process new program applications**
- **Programs working toward national accreditation**
- **Faculty hired prior to July 2006 must meet formal educ in teaching reqs by 12/31/10**
- **If hired after 2006 must meet in 3 years**

# Department Updates (cont'd)

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## **Invest/Monitoring/Discipline**

- **Online license verif now includes disciplinary information**
- **New info available on website on Substance Use Disorders**
- **NC 1<sup>st</sup> state Board to seek independent assessment of Alternative Program by CAC**

# Department Updates (cont'd)

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## Invest/Monitoring/Discipline

- **NC also 1<sup>st</sup> BON to develop Deferred Prosecution Program with a local DAs office**

# Department Updates (cont'd)

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## Practice

- **Proposed NP Rule change approved by JSC and Medical Board and Board of Nursing 21 NCAC 36.0809--  
Prescribing Authority**
- **NP will be able to prescribe refills for Schedule III drugs—if approved**

# Department Update (cont'd)

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## Practice

- **Public Hearing at September Board Meeting on 21 NCAC 36.0226--Nurse Anesthesia Rule to eliminate Graduate Nurse Anesthetist status**

# NCBON APRN Committee

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- **Consensus Model for APRN  
Regulation: Licensure, Accreditation,  
Certification & Education**

**July 7, 2008**





# NCBON APRN Committee

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- **NCBON established APRN Advisory Committee**
- **Purpose: to assist and support the Board in issues related to APRN practice and regulation**
- **LACE Initiative**

# NP Compliance Reviews Continue

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- **Joint Subcommittee Action as a result of Compliance Review**

**2008**

**Letter of Concern issued to one NP**



# NP Compliance Review Results

	2008	2009
<b>Total reviews</b>	<b>29</b>	<b>30</b>
<b>Site visits</b>	<b>14</b>	<b>19</b>
<b>Mail-ins</b>	<b>15</b>	<b>11</b>
<b># Reviews in compliance</b>	<b>14 48%</b>	<b>7 23%</b>
<b># Reviews with discrepancies</b>	<b>15 52%</b>	<b>23 76%</b>

# Primary Discrepancies

	2008	2009
<b>Back up MD form</b>	<b>4</b>	<b>3</b>
<b>Continuing education</b>	<b>5</b>	<b>11</b>
<b>CPA</b>	<b>6</b>	<b>16</b>
<b>QI meetings</b>	<b>6</b>	<b>15</b>
<b>Additional documentation required</b>	<b>12</b>	<b>20</b>

# NP Rule Changes Effective December 1, 2009

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- **.0804(g) Elimination of Interim Status**
- **.0807 Continuing Education—50 hrs at least 20 must be approved by ANCC, ACCME, other credentialing bodies or be practice relevant courses in an institution of higher learning**
  - **New NP CE Policy**

# NP Rule Changes Effective December 1, 2009

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- **.0810(5)(a) QI Meetings--Monthly QI meetings during 1<sup>st</sup> six months of any CPA and at least every six months thereafter**
- **.0810 Physician cosigning eliminated**
- **All notifications to Board of Nursing**

# Other NP Reminders

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- **No grace period for annual renewal**
- **Must renew RN license before NP approval**
- **Online application glitches**
  - **Application is not complete until we receive additional required documentation**

# NP Refresher Course

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- **21 NCAC 36.0808 – Inactive Status**
- **Required if inactive NP status greater than 5 years**
- **NP seeking 1<sup>st</sup> time approval to practice in NC who has not provided direct patient care as an NP in more than 5 years**



# NP Refresher Course

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- Graduate level Pharmacology course
- 100 contact hours CE
- At least 400 hours in a clinical preceptorship

# National/International Nursing Issues

- **Advanced Practice**
- **LACE**
- **DNP**
- **Unlicensed personnel**



# National/International Nursing Issues (continued)

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- **Overlapping scopes of practice**
- **Mobility**
- **Nursing Faculty Requirements**
- **Simulation in nursing education**

# Impact

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- **Pressure to expand scope**
- **Pressure to use least costly employees to deliver care**
- **Pressure to lower standards**



# Relevancy for Nurse Leaders

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- **Vigilance to uphold standards in education and practice**
- **Realistic expectations to contain costs and deliver care**
- **Need for innovation and collaboration**




# Practice Issues

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# RN/LPN Scope of Practice

RN Scope of Practice	LPN Scope of Practice
<b>Accepting Assignment</b>	<b>Accepting Assignment</b>
<b>Assessment (Determination of)</b>	<b>Assessment (Participates in)</b>
<b>Planning (Identifying client's needs)</b>	<b>Planning (Participation in identifying client's needs)</b>
<b>Implementation</b>	<b>Implementation</b> 1) RN supervision required 2) assignment to other LPNs and delegation to UAPs 3) supervision by LPN to validate tasks have been completed according to agency policies and procedures
<b>Evaluation</b>	<b>Evaluation</b> (Participates in outcomes/evaluation) 

# RN/LPN Scope of Practice

RN Scope of Practice	LPN Scope of Practice
Reporting and Recording	Reporting and Recording
Collaborating (with community and working cooperatively with individuals whose services may affect client's health care)	Collaborating (in implementing the health care plan as assigned by the RN)
Teaching and Counseling (Responsibility of)	Participating in the Teaching and Counseling as assigned by the RN or other qualified licensed professional
<b>Managing Nursing Care</b>	<b>N/A</b>
<b>Administering Nursing Services</b>	<b>N/A</b>
Accepting Responsibility for Self	Accepting Responsibility for Self



# PH Nursing Supervisors and Directors

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- **Responsibilities of Public Health Nursing Supervisors and Directors**
- **Managing Nursing Services**
- **Administering Nursing Services**

# RN ONLY

## Managing Nursing Services

- **RN is accountable for validating qualifications of nursing personnel and establishing mechanisms for validation of competency**
- RN makes final determination of competency
- LPN may participate in on-the-job validation that tasks have been performed according to agency policy/standards



# RN ONLY

## Administering Nursing Services

- 21 NCAC 36 .0224 (j)
- Identification and implementation of standards, policies and procedures regarding nursing care
- Planning and Evaluation of Nursing Care Delivery System
- Management of Personnel



**RN ONLY**

## **Administering Nursing Services**

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- **Management of Personnel includes**
  - Allocation of human resources
  - Defined levels of accountability and responsibility within the nursing organ.
  - **Mechanism to validate qualifications, knowledge, skills of nursing personnel**
  - Provision of educational opportunities
  - Validation of implementation of performance appraisal system

# Competency Validation

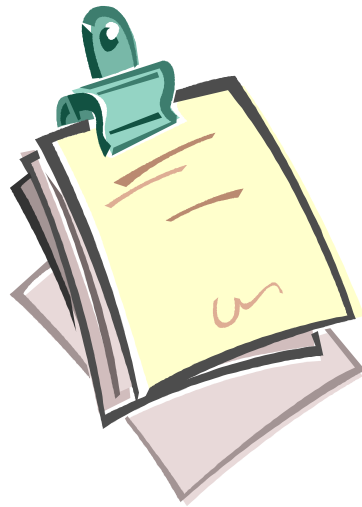
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- CE article in nursing *Bulletin* Fall 2010 on Validation of Nursing Competence

# STANDING ORDERS

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- **The NC Nursing Practice Act allows nurses to carry out standing orders**



# STANDING ORDERS

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- Describe the parameters under which the nurse may act in specified situations
- Outline the assessment, testing, treatment a nurse may perform on behalf of physician

# STANDING ORDERS

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- **Must be in writing, dated and signed by physician licensed in NC**
- **Reviewed annually and revised as necessary**
- **Materials on NC Public Health Nursing website**



# STANDING ORDERS

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- **ASSESSMENT :**
  - *SUBJECTIVE FINDINGS*
  - *OBJECTIVE FINDING*
- **PLAN OF CARE:**
  - *CONTAINS THE STANDING ORDER*
  - *CONTAINS THE NURSING ACTIONS FOLLOW -UP*
- **PHYSICIAN SIGNATURE**

# Unlicensed Assistive Personnel

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- Includes MOAs, CMAs, CHAs, MAs
- Utilization of UAPs
  - Resources for decision making

# Questions/Discussion

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- **Concerns**
- **Issues**
- **Questions**
- **Suggestions for BON**



# Website Address and Contact Information

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