

Nursing Regulation Update

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Mission

The North Carolina Board of Nursing is committed to protecting the health and well-being of the public through regulating the delivery of safe, effective nursing care.



Vision

Regulatory

- Excellence
- Expertise
- Collaboration



Foundation of Regulation

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



2009 Legislative Activity

Changes to Nursing Practice Act (SB 356):

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



Changes to the NPA (continued)

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



Changes to NPA (continued)

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



Other legislative activity

- **Christian Science “Nurses”**
- **Certified Professional (lay) midwives**
- **Retired Nurse employment (state)**



National/International Nursing Issues

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



National/International Nursing Issues (continued)

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

Impact

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

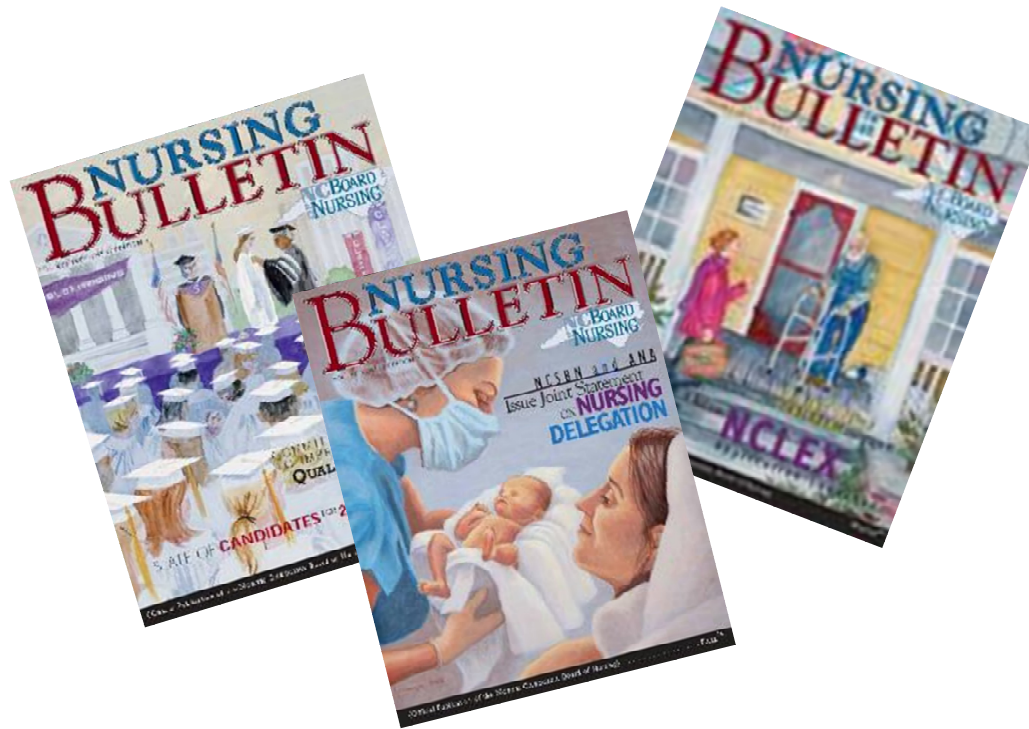


Relevancy for Nurse Leaders

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



Update on Initiatives



Education/Practice Committee

2008 Charge:

Guide the ongoing evaluation of the current and anticipated scope of the LPN.

Findings:

- 1) NC LPN Scope of Practice under Law and Rules seems adequate, broad, and flexible enough to meet current practice needs
- 2) Predictions of future practice needs could be accommodated within current LPN Scope

Education/Practice Committee

Additional Findings in 2008:

- **Current language in law and rules is confusing (e.g., supervision, participates in, assessment)**
- **Different perceptions of both RN and LPN Scope among LPNs, RNs, Employers, and Supervisors**
- **Agencies cite “the Board” rather than agency policy as reason for limiting practice of the LPN within agency or in specific practice sites**



Education/Practice Committee

2009 Charges:

- 1) Increase clarity of nursing practice act, rules, and position statements related to the LPN scope of practice
- 2) Develop an NCBON plan and mechanisms for clearly disseminating the LPN scope of practice information to all licensed nurses and employers

Unlicensed Assistive Personnel

- **Nurse Aide II**
 - **Task Review**
 - **Curriculum Review**
 - **Utilization Review**

- **Nurse Aide I + 4**
 - **Task Review**
 - **Utilization Review**



PREP and Just Culture

Evolution of remediation for practice issues- PREP and Just Culture



PREP

- **Pilot began 6/01 with 7 hospitals**
- **Expanded to nursing homes 7/02**
- **July 2004 – Board approved as statewide program**
- **2005-2009: 289 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



Eligibility Criteria

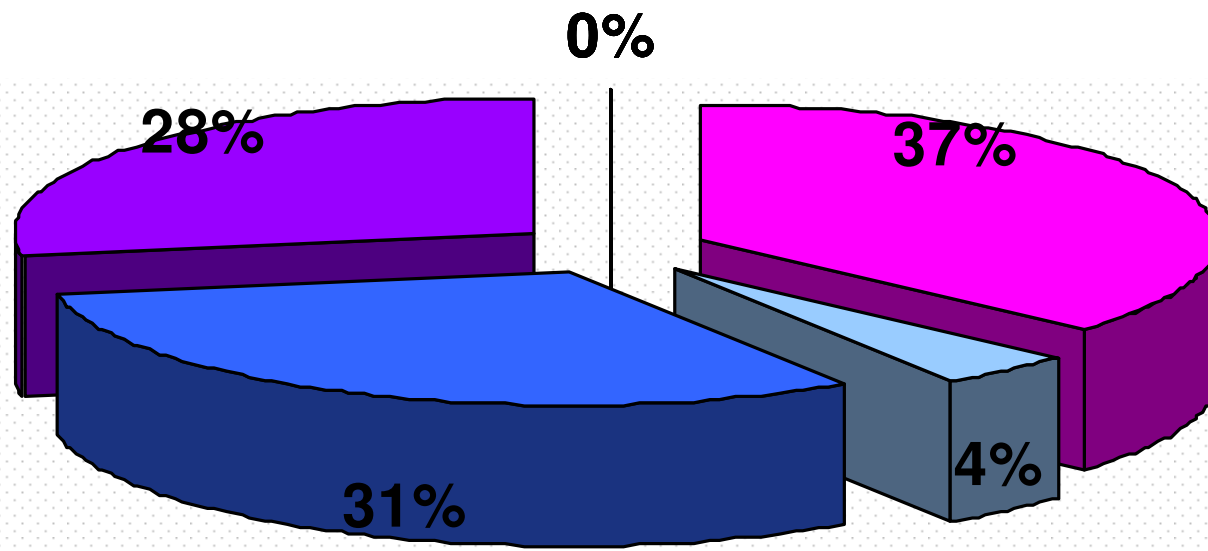
- **Concern is related to the individual, not “systems” issue**
- **Concern is minor in nature; does not pose risk to public**
- **Root cause related to practice, not misconduct**
- **Accepts responsibility for own practice - motivated to improve**



2008 Participant Profile

- **Average age = 46 years**
- **Average length of licensure = 11 years**
- **Types of settings –**
 - **Hospitals = 42%**
 - **LTC = 23%**
 - **Other (Rehab, Hospice, Management, Educators) = 24%**
 - **Clinics/MD office (Health Dept) = 1%**

2008 PREP Cases N=87



■ Exceed scope

■ Patient Rights

■ Patient Care
(Med errors/critical thinking)

■ Documentation

Responses to PREP

- 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



Employer Feedback



- “With the shortage of nursing and the amount of time it takes to orient new staff, the PREP* Program is a very useful retention tool.”
- “I think the PREP* Program is excellent for nurses who are struggling with their practice.”
- “There now is another avenue for staff vs. “firing” or potential license loss. Opportunity to move quicker with practice concerns.”

Just Culture

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

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

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

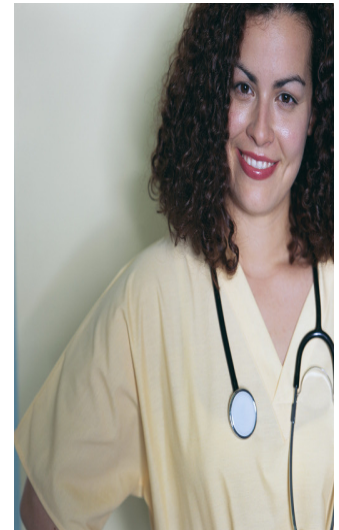
What Must We Believe?

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



North Carolina Board of Nursing Just Culture Pilot Project

- ❑ 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

- Collaborative effort with NCCHQPS
- 10 Hospitals
- 4 LTC
- Next: Nursing Education Programs



Where will Just Culture take us?

- 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



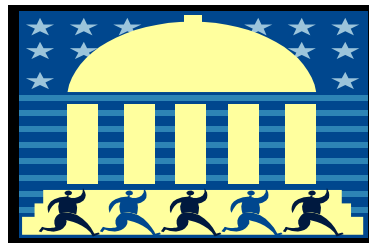
2008 NP Compliance Review Results

Total reviews	29	
Site visits	14	
Mail-ins	15	
# Reviews in compliance	14	48%
# Reviews with discrepancies	15	52%



Primary Discrepancies

Back up MD form	4
Continuing education	5
CPA	6
QI meetings	6
Additional documentation required	12



2008 NP Compliance Review Results

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

Letter of Concern issued to one NP



Proposed NP Rule Changes

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

Proposed NP Rule Changes

- **.0810 QI Meetings**

Monthly QI meetings during 1st six months of any CPA and at least every six months thereafter

- **NP notifies NCBON of changes in status**

NP Applications

- **Be sure to send in all paper requirements**
- **No “grace period” for annual renewal**

Evidence-based Transition to Practice Project

- **Purpose of the Project:**
to develop a statewide, evidence-based transition to practice model for newly licensed nurses

Foundation for Nursing Excellence

- Created by NCBON – 2002
- Mission: To improve health outcomes for the citizens of NC by enhancing the practice of nursing through leadership development, research and demonstration projects.
- Vision: To become a significant conduit through which innovative ideas related to health and healthcare can be evaluated and disseminated to the principal arenas of nursing and healthcare practice in NC



Status of Transition to Practice Project

- Phase I results on Foundation website: www.ffne.org
- Phase II focus: identification of best and promising practices for strengthening the preceptor/new nurse relationship
- enhancing new nurse competence and confidence development during the critically important transition period for newly licensed nurses


Transition to Practice (continued)

- **The long-term project goal is to create an evidence-based statewide transition to practice program for new nurse graduates by 2015**

Practice Update



RN/LPN Scope of Practice

RN Scope of Practice	LPN Scope of Practice
Accepting Assignment	Accepting Assignment
Assessment (Determination of)	Assessment (Participates in)
Planning (Identifying client's needs)	Planning (Participation in identifying client's needs)
Implementation	Implementation 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
Evaluation	Evaluation  (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
Managing Nursing Care	N/A
Administering Nursing Services	N/A
Accepting Responsibility for Self	Accepting Responsibility for Self

PH Nursing Supervisors and Directors

- **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



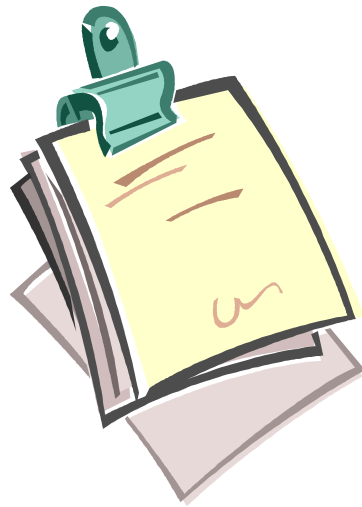
RN ONLY

Administering Nursing Services

- **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

STANDING ORDERS

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



STANDING ORDERS

- 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

- **Must be in writing, dated and signed by physician licensed in NC**
- **Reviewed annually and revised as necessary**

STANDING ORDERS

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

Unlicensed Assistive Personnel

- **New Position Statement--**
- **Delegation of Immunization Administration to UAP in Declared State or National Emergencies or Federal/State DHHS or CDC Initiated Mass Immunization Campaigns**
- **Allows licensed nurses to delegate**

Unlicensed Assistive Personnel

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

Questions/Discussion

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



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