

# Nursing Regulation Update

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**Manager, Practice**



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# North Carolina Board of Nursing Mission Statement

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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.

Revised January 2001



# Vision of the NC BON

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1. Achieving **excellence in nursing regulation**
2. Serving as the **primary source of expertise and information regarding nursing regulation in NC**
3. **Collaborating with others to promote safe, effective care in an ever-changing healthcare environment**

# NCBON Strategic Initiatives

## 2006-2009

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- **Establish the Board of Nursing as a leader in patient safety**
- **Maintain excellence in nursing regulation**
- **Support mobility of nurse workforce while maintaining public protection**
- **Increase congruence of education, practice and regulation for all levels nursing care providers**

# Current Regulatory Challenges

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## ■ Identify what makes a difference

- build evidence-based practice/QI into regulation
- function as a research/data-driven public service

## ■ Focus on Patient Safety - decreasing errors in a complex healthcare environment; create a learning environment

- determine human error, at-risk or reckless behaviors; assign accountability
- early deficit detection & intervention @ system and/or individual level
- assuring competency of practitioners

## ■ Become more proactive - facilitate change

## ■ Increase collaboration with delivery systems, other regulators and licensees to enhance safe care

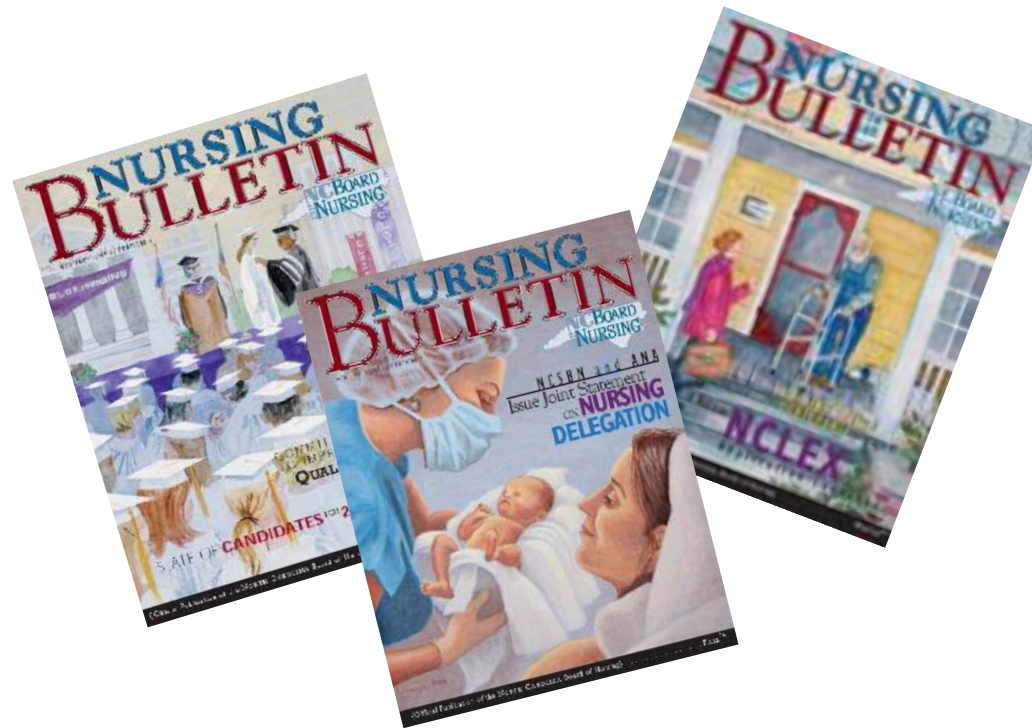
# NCBON Regulatory Initiatives.....

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- **Ensure Excellence in Nursing Regulation**
  - Implement a model for facilitating the continued competence of licensees
  - Focus on **early intervention/remediation** of deficits in knowledge, skills, abilities
- **Enhance congruence between education and practice**
  - Incorporate the 5 core competencies from IOM
  - Reframe knowledge as a skill set
  - Assure program standing and faculty qualifications
- **Define roles of all nursing care providers and their interface with other healthcare providers**
  - Position Statements, Med Aides, MOAs

# Update on Initiatives

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# Education

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- All programs to be nationally accredited by 2015
- All faculty required to meet accreditation requirements
- IOM competencies in curricula
- Education Summit-April 6th



# Evidence-based Transition to Practice Project

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- **Purpose of the Project:**  
to develop a statewide, evidence-based transition to practice model for newly licensed nurses
- **Foundation for Nursing Excellence--leading**
- **Collaboration with NC Center for Nursing and NC AHECs**

# Foundation for Nursing Excellence

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- 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

# History of Transition to Practice Project

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- **NCIOM Report**
- **Patient safety priority**
- **Increased complexity of health care**
- **Gap between school and work experience**
- **High turnover in first year of nursing practice**

# Transition to Practice Framework

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- Core competencies identified
- Assessment measures and tools
- New nurse mentoring/coaching
- Across all types of practice settings
- Pilot Best/Promising Practices

# Transition to Practice Framework

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- **Assess competency at entry and exit**
- **Explore “Residency” as a component of initial full licensure in North Carolina by 2015**
- **Regional Centers for competence assessment and development (*Centers for Excellence*)**

# Project Development

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- **Steering Committee**
- **Stakeholder and Advisory Groups**
- **Work Groups**

# Representatives At The Table.....

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- **Educators**
- **Employers**
- **Trade & Professional Organizations**
- **New Graduates**
- **Regulators**
- **Advocacy/Policy Groups**

# Core Competencies (9/05)

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- **Accurate assessment**
- **Effective communication**
- **Recognize imminent threat**
- **Know when don't know & ask for help**
- **Evaluate pt response and modify intervention appropriately**



# Core Competencies (9/05)

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- **Prioritize to provide care in a timely manner**
- **Medication administration and patient education**
- **Create a safe work environment**
- **Use critical thinking to develop action plan**
- **Collaborate to optimize outcomes**

# Phase I - Selection of Study Population

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## Phase I participants:

- Newly Licensed RNs within 1<sup>st</sup> 6 months of employment and their preceptors
- Acute Care (in-patient hospital settings)  
29 hospitals agreed to participate
- 3 Comparison groups

# Phase I - Comparison Groups

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- **A--Hospitals using a nationally standardized assessment and competence development system**
- **B--Hospitals using employer-developed formal transition programs**
- **C--Hospitals using “traditional” new employee orientation programs**

# Phase I - Research Questions

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- **What is the relationship of the type of transition to practice experience to**
    - progression of competency development, and
    - practice errors
- among newly licensed RNs in North Carolina hospitals?**

# Phase I Research Questions

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- **What is the relationship of the type of transition to practice experience to**
  - risk for practice breakdown
- **What is the relationship of preceptor characteristics**
  - to competency development

**among newly licensed RNs in North Carolina hospitals?**

# The Data Reveal...

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- CAUTION: Preliminary results



- The better the quality rating of new nurse/preceptor relationship, the higher the new RN perceived competence (statistically significant)

# Data

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- **Competence: areas of concern**
  - Recognizing care demands exceeding ability
  - Effective time management/workload organization
  - Recognizing implications of clinical presentation
  - Appropriate use of research findings
  - Fully understanding assignments/physician's orders

# Data (continued)

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- % of new RNs in Groups A and C that reported having errors were almost **2X higher** compared to those in Group B.
- On average, practice errors reported by preceptors were higher than new nurse self ratings in rounds 2 and 3.
- About 30% of new nurses in Round 1, 39% in Round 2 and 55.4% in round 3 reported committing practice errors.



# Data (continued)

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- >70% new nurses in all three rounds reported risk for practice breakdown occurring at least once.
- New nurse identified a **statistically significantly** higher risk for practice breakdown than that identified by the preceptor.
- Group B reported a **statistically significant** lower risk for practice breakdown in Round 1 compared to Group A regardless of previous experience in nursing.

# Data: Feel Overwhelmed

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- Responded “often” or “always”
- Round 1: 27.9%
- Round 2: 19.5%
- Round 3: 27.7%

# Next Steps

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- **Complete data analysis of initial data collection.**
- **Continuation of Phase I Survey to include:**
  - newly licensed LPNs across all practice settings
  - Newly licensed RNs in non-acute care settings
- **Implement Phase II – incorporating findings from Phase I**
- **Obtain additional funding for project**

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*Continuing Competence  
Requirements for  
License  
Renewal and  
Reinstatement*



*NC Regulatory Initiative.....*

# Implementation◆

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- Beginning July 1, 2006, at the time of license renewal or reinstatement, licensees must complete the process of self assessment, develop a learning plan, select an approved learning activity, and implement the plan!!

tools to assist you are available on NCBON website  
and NC Public Health Nursing website



# Accountability

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- Beginning July 1, 2008, at the time of license renewal or reinstatement, all licensees are required to attest to having complied with the requirement for Continuing Competence
- Licensees are randomly selected for audit and will be asked to submit evidence of completion of one of the approved learning activities



# Patient Safety – Practice Improvement Initiatives

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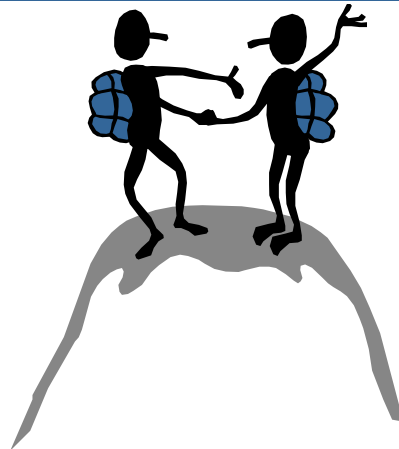
*Creating a Culture  
of  
Quality Improvement*

# Practitioner Remediation and Enhancement Partnership “PREP”

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## ■ Essential Elements:

- Voluntary, non-public, non-punitive
- Collaborative approach
- Motivation to enhance one’s competence
- Opportunity to learn from mistakes and upgrade knowledge, skills and abilities





# PREP Eligibility Criteria

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- **Concern/Incident primarily related to the individual, not the system**
- **Root cause related to practice, not misconduct**
- **Individual's licensure status in good standing**
- **Licensee eligible for continued employment**
- **Referrals via employer, licensee or Board's complaint process**

# Exclusionary Criteria

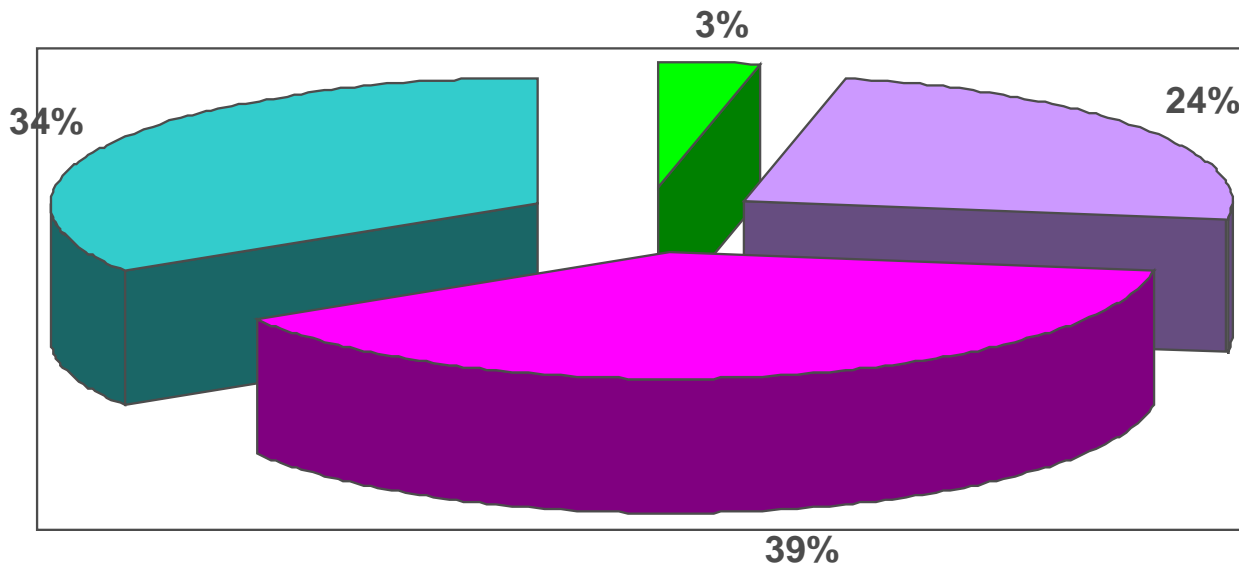
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- Drug related
- Abuse
- Fraud/Deceit
- Serious harm or death
- Pending criminal charges



# 2007 PREP PROGRAM PARTICIPANTS

n = 59



- Patient Rights
- Patient Care
- Documentation
- Scope of Practice

# Just Culture – Viewing Regulation in a New Way

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- Collaborative with NCHA, NC Center for Hospital Quality and Patient Safety
- Analyze causes of errors; learn; improve the system as needed – *not just a focus on outcomes*
  - Human error
  - At risk behaviors
  - Reckless behaviors

# Just Culture

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- Supports a learning culture
- Focuses on proactive management
- Seeks to identify risks
- Recognizes “human error”
- Captures errors before they become critical and permits recovery

# Desired Outcomes of Pilot Project

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- **Develop a common framework for review of practice issues that lends itself to continuous quality improvement**
- **Balance non-punitive learning with individual and system accountability**
- **Enhance patient safety by providing safeguards in the event a licensee fails to complete remediation**

# Practice Update

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# Advanced Practice

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## Nurse Practitioner Compliance Reviews

- Began January 2008
- Random Selection
- Site Visits and Self Assessments
- Compliance with 21 NCAC 36 .0800





# Advanced Practice

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## Nurse Practitioner Online Application Process

- Registration and Approval to Practice Applications
- Annual Renewal on NCBON website rather than Medical Board website

# Advanced Practice

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- **NP Rule Changes**
  - **Continuing Education Rule**
  - **NP Renewal Rule**

# Advanced Practice

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NP FAQ's on NCBON website



# NCBON Practice Resources

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

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



# Advisory Statements

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- As of May 2000, system of listing nursing activities by “Category I-IV” was converted to Advisory Statements
- Board approval is not needed for an agency to utilize these activities
- Board’s decision about the licensure level required to perform various activities has not changed
- Agency must have policies/education/validation of competency
- Added decision trees

# Position Statements

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## NCBON Position on Various Issues and Situations

- e.g. History and Physical Exams, Standing Orders, Office Practice Setting, Delegation, Accepting Assignment, Pronouncement of Death

# Decision Trees

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- **Decision Tree for Delegation to UAP**
- **Scope of Practice Decision Model for the Licensed Nurse**

# Joint Statements

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- **Pain Management**
- **Non-traditional Practice Settings for EMS Personnel**
- **Nursing Work Environments**



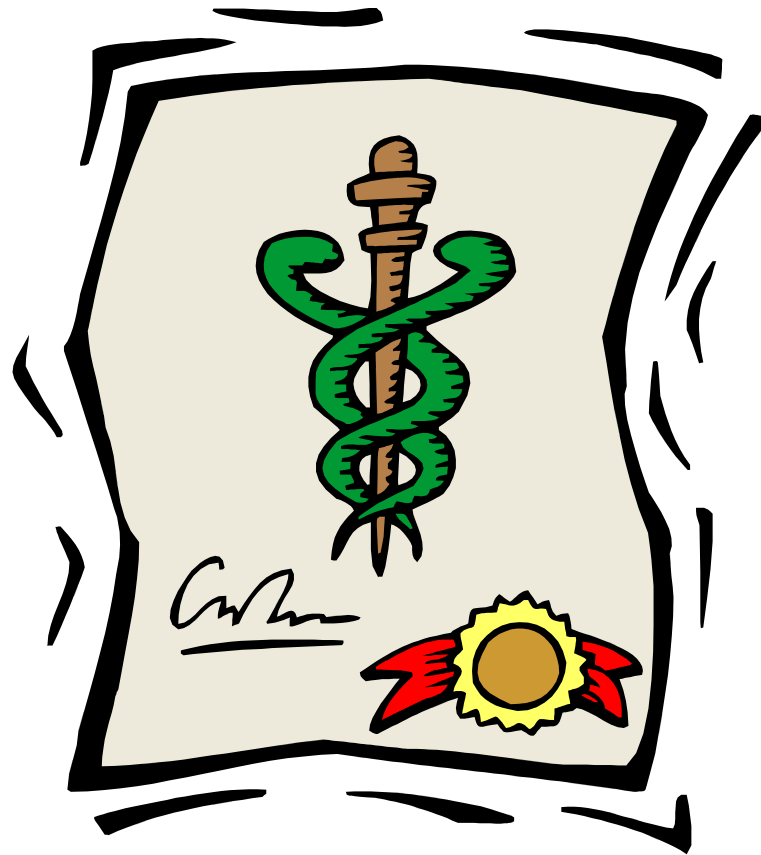
# Frequently Asked Questions

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- **FAQs on various topics, e.g.,**
  - **Sports Physicals**
  - **TB skin tests and LPNs**

# RN and LPN Scopes of Practice

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# Nursing Practice Act

## Components of Practice

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- **GS. 90-171.20 (7)**
- **Ten components of practice by the RN**  
*Does not require the RN to have nursing activities assigned to them nor be supervised by anyone.*
- **GS. 90-171.20 (8)**
- **Seven components of practice by the LPN**  
*Requires the LPN to have assignment and supervision by the RN or physician or other duly authorized person.*

# NPA STATUTE G.S. 90-171.20

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- In North Carolina, the RN has an INDEPENDENT role
- In North Carolina, the LPN has a DEPENDENT role.

# RN/LPN Scope of Practice

<b>RN Scope of Practice</b>	<b>LPN Scope of Practice</b>
<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



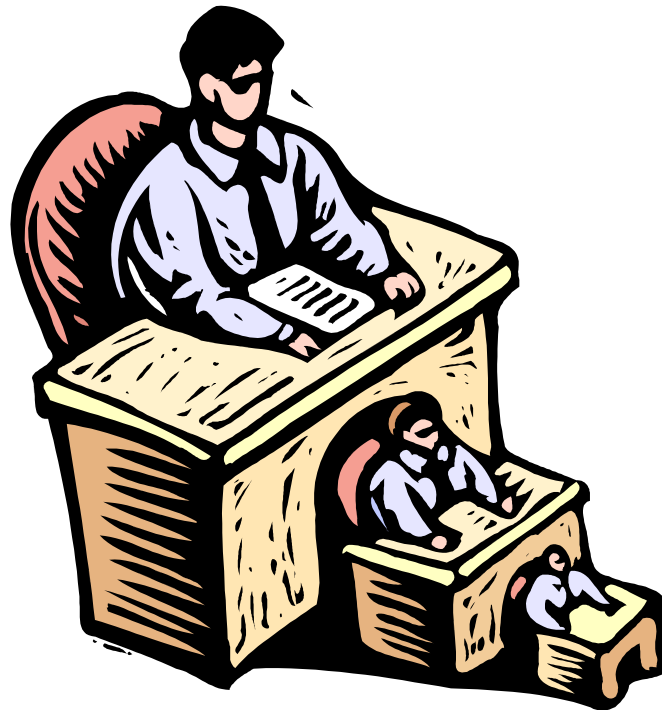
# PH Nursing Supervisors and Directors

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

# Assignment and Delegation

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# Definitions

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- **Delegation**-Transferring to a competent individual the authority to perform a selected nursing activity in a selected situation. The nurse retains the accountability for the delegation.
- **Assignment**-Designating responsibility for implementation of a specific activity or set of activities to a person licensed and competent to perform such activities.

# Definitions, continued

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- **Accountability/Responsibility** - “being answerable for actions or inaction of self, and of others in the context of delegation or assignment” - NC Board of Nursing

**RN is answerable for actions or omissions of self and others in the context of delegation-*not personally responsible for everything that happens***

# Relationship between RN/LPN and UAP in office setting

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- Who is directing care provided by UAP?
- From whom does UAP get authority to act?
- What are nursing activities for which the licensed nurse is held accountable?
- Beyond the scope of practice for LPN to have broad supervisory responsibilities
- Physician delegation/nurse responsibility

# Criteria for Delegation of Tasks to UAP

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- 21 NCAC 36.0221 - License Required
- Performed frequently
- Established sequence of steps in task
- Little or no modification from one client to another
- Predictable outcome
- Separate task performance from interpretation/decision-making
- Professional judgment retained by RN/LPN

# Delegation of Tasks to UAP's

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- RN/LPN maintains accountability for:
- Validating competency of UAP
- On-going patient assessment
- Evaluation of patient's response to care
- Interpretation/decision-making regarding patient care

# Assignment/Delegation RN Accountability

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- Validating competency of all nursing personnel
- On-going supervision of all nursing personnel
- On-going client assessment
- Planning nursing care
- Evaluation of client's response to care
- Interpretation/decision-making regarding patient care
- Assure delivery of safe nursing care

# Assignment/Delegation RN Accountability

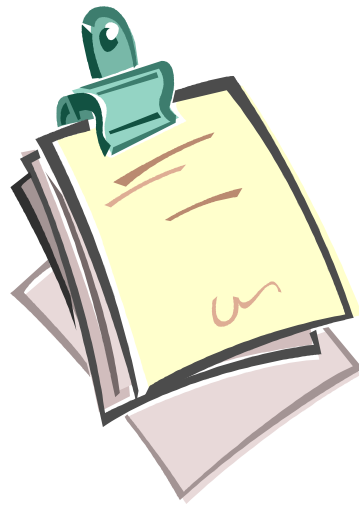
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## Decision Tree for Delegation to UAP

# STANDING ORDERS

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





# RN AND LPN

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CANNOT MAKE

- Medical Decisions
- Medical Judgments

OR DO

- Medical Acts
- No Prescriptive Authority

# 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**

# 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**

# *NCBON Purchase of Property*

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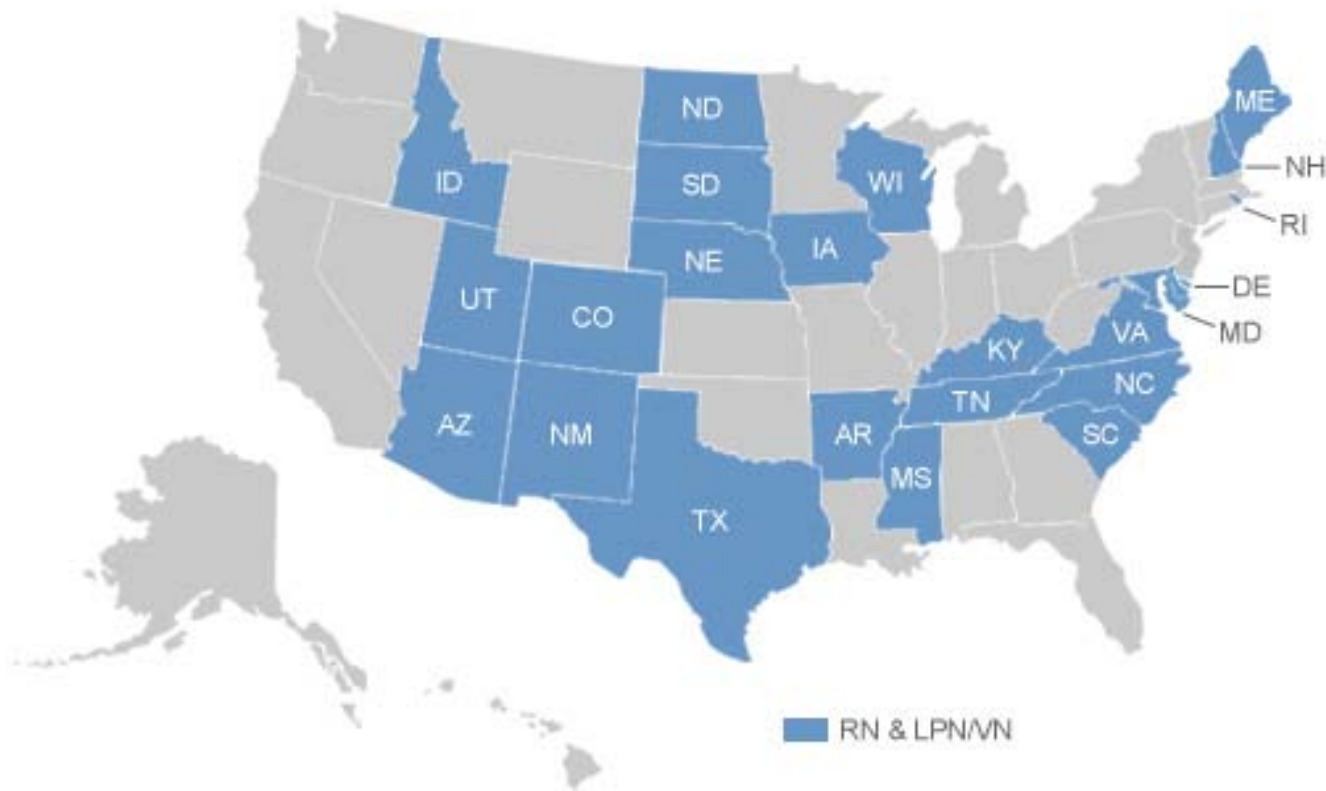
- **NCBON may purchase property**
- **Blue Ridge Road in Raleigh**
- **Projected occupancy October 2009**

# Facilitating Regulation in NC

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- **Cardless licensure - 2007**
- **On-line:** *primary source for licensure verification; initial licensure applications, renewals, NP application and renewals and other Board transactions*
- **Postcard Reminder** *for licensure renewals and CC audits*
- **Enhanced communication** – *Bulletin, Videoconferencing, Webcasting, Website, Public Information Director*
- **Board-sponsored education programs:** *Legal Scope of Practice (Webcast)*
- **Level 2 NCAfE Recognition** *–progression on hold this year*

# Participating States in Nurse Licensure Compact



# Questions/Comments.....

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



# Website Addresses and Contact Information

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