NORTH CAROLINA
BOARD OF NURSING

Update: Past, Present, and Future
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November 1, 2011
The mission of the North Carolina Board of Nursing is to protect the public by regulating the practice of nursing.
Foundation of Regulation

- 1903 first state to regulate nursing
- NPA and NCAC define nursing in NC
- Board sets standards
Authority to regulate nursing is derived from NC G.S.90-171 – NPA

Components of Practice defined under G.S.90-171.20 (7) and (8)

Rules for Occupational Licensing Boards- NCAC Title 21:Chapter 36

RN practice is independent

LPN practice is dependent
Powers and Duties of Board

- Composition of the Board
  14 members: 8 RN, 3 LPN, 3 Public

- Board Committees

- Board Staff/Roles

- VOTE!!!!
Recent Legislative Activity

- Education Rule Revisions
- NP Rule Revisions
137,390 licensed nurses in NC
- 115,731 RNs (86,015 working in nursing in NC)
- 21,659 LPNs (15,481 working in nursing in NC)

Advanced Practice Registered Nurses:
- Nurse Practitioners: 3,904
- Certified Nurse Midwives: 237
- CRNAs: 2,926
- CNS: 83 (recognized)
Board Communication

- **Bulletin**
- **Website:** [www.ncbon.com](http://www.ncbon.com)
  - News and Alerts
  - Renewal/reinstatement/verif
  - Complaint submission
  - Annual election
  - Compact State info
  - Online courses
  - Practice resources
N CBON Strategic Initiatives

Advance excellence in nursing regulation by:

- Supporting evidence-based decision making to improve outcomes
- Continuously evaluating regulatory processes to improve programs in relation to mission, vision, values
Enhance the Board’s proactive leadership in public protection by:

- Collaborating with external stakeholders to promote a learning culture that supports patient safety
- Ensuring equitable and efficient processes
- Supporting innovations in education and practice that promote a competent nursing workforce
Update on Strategic Initiatives

- Just Culture
- TERCAP
- Employer Notification System
- PREP program
- Continuing Competence
Update on Strategic Initiatives

Ed/Practice Review of RN Scope of Practice

NCSBN TTP project

APRN Advisory Committee

Collaboration with NCNA on Future of Nursing Initiatives
National/International Nursing Issues

- Future of Nursing Report
- Advanced Practice/Consensus Model
- DNP
- Unlicensed personnel
Overlapping scopes of practice

Mobility

Simulation in nursing education and validation of competence
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
NCBON Practice Resources

- Position Statements
- Decision Trees
- Joint Statements
- Frequently Asked Questions (FAQ’s)
- Practice Consultants
What defines RN/LPN scope of practice?

- Nursing Practice Act - Law
- NC Administrative Code - Rules
- Level of Licensure – RN or LPN
- Board Interpretive Statements/Opinions
- Agency Policy/Procedure - can restrict, but not expand scope
Registered Nurse

- Full scope of nursing, comprehensive care for all clients in all settings
- Teaching theory and practice of nursing, managing nursing personnel, and administering nursing services
Clarification of RN Scope

Responsibilities:

– Comprehensive client assessment
– Plan and evaluate nursing care
– Implement nursing care
– Teach & counsel clients
– Collaborate with multidisciplinary team
– Manage delivery of nursing care; supervise, teach & evaluate nursing personnel
– Administer nursing services
– Accept responsibility for nursing actions
Licensed Practical Nurse

- Directed scope of nursing, under supervision of RN, APRN, MD or other authorized provider

- Collecting focused data

- Contributing to and participating in the comprehensive care of clients
Clarification of LPN Scope

Responsibilities:
- Participate in focused client assessment
- Participate in planning & evaluation
- Implement established plan of care as assigned
- Report and record client information
- Collaborate in implementing health care plan
- Participate in teaching & counseling clients
- Accept responsibility for nursing actions
<table>
<thead>
<tr>
<th>RN Scope of Practice</th>
<th>LPN Scope of Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accepting Assignment</td>
<td>Accepting Assignment</td>
</tr>
<tr>
<td>Assessment (Determination of)</td>
<td>Assessment (Participates in)</td>
</tr>
<tr>
<td>Planning (Identifying client’s needs)</td>
<td>Planning (Participation in identifying client’s needs)</td>
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<tr>
<td>Implementation</td>
<td>Implementation</td>
</tr>
<tr>
<td></td>
<td>1) RN supervision required</td>
</tr>
<tr>
<td></td>
<td>2) assignment to other LPNs and delegation to UAPs</td>
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<tr>
<td></td>
<td>3) supervision by LPN to validate tasks have been completed</td>
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<tr>
<td></td>
<td>according to agency policies and procedures</td>
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<tr>
<td>Evaluation</td>
<td>Evaluation</td>
</tr>
<tr>
<td></td>
<td>(Participates in outcomes/evaluation)</td>
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<tr>
<td>RN Scope of Practice</td>
<td>LPN Scope of Practice</td>
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<tr>
<td>---------------------------------------------</td>
<td>--------------------------------------------</td>
</tr>
<tr>
<td>Reporting and Recording</td>
<td>Reporting and Recording</td>
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<tr>
<td>Collaborating (with community and working cooperatively with individuals whose services may affect client’s health care)</td>
<td>Collaborating (in implementing the health care plan as assigned by the RN)</td>
</tr>
<tr>
<td>Teaching and Counseling (Responsibility of)</td>
<td>Participating in the Teaching and Counseling as assigned by the RN or other qualified licensed professional</td>
</tr>
<tr>
<td>Managing Nursing Care</td>
<td>N/A</td>
</tr>
<tr>
<td>Administering Nursing Services</td>
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<tr>
<td>Accepting Responsibility for Self</td>
<td>Accepting Responsibility for Self</td>
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</table>
PH Nursing Supervisors and Directors

- Responsibilities of Public Health Nursing Supervisors and Directors

- Managing Nursing Services

- Administering Nursing Services
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.
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
Delegation: Definitions

- **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.
Assignment and Delegation

- RN assigns to LPNs within Scope of Practice and delegates to all UAPs
- LPN assigns to other LPNs within Scope of Practice and delegates to qualified unlicensed assistive personnel validated as competent by the RN
  - LPN has limited supervisory authority
  - Under the continuous availability of the RN
More Definitions

- **Accountability/Responsibility** - Being answerable for actions or inaction of self, and of others in the context of delegation or assignment.

- **Supervision** – The provision of guidance or direction, evaluation and follow-up by the licensed nurse for the accomplishment of an assigned or delegated nursing task.

RN and LPN are answerable for actions or omissions of self and others in the context of assignment or delegation - not personally responsible for everything that happens.
Licensed Nurse’s Role in Assigning to RN/LPNs and Delegating to UAPs

- Decision Tree for RN/LPN Delegation to UAP

- Decision Tree for RN/LPN Scope of Practice
Criteria for Delegation of Tasks to UAP

- 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

- 21 NCAC 36.0221-License Required
What Activities May Be Delegated?

Determined by
- Knowledge/skills of unlicensed personnel
- Verification of clinical competence
- Stability of client’s condition

Predictability
Absence of risk of complication
Rate of change
Variables in the practice setting

21 NCAC 36 .0401 Roles of UP
Delegation of Tasks to UAP

RN maintains accountability for:

- Validating competency of UAP
- On-going patient assessment
- Evaluation of client’s response to care
- Interpretation/decision-making regarding client care
Delegation of Tasks to UAP

LPN is accountable for:

- Verifying **qualifications** (as validated by RN) of staff
- Participation in on-going observations and evaluation of client’s response to care
- Supervision limited to validation that tasks have been performed as assigned or delegated and according to standards of care
The Five Rights of Delegation

- **Right Task** - One that is delegable for a specific client.

- **Right Circumstances** - Appropriate client setting, available resources, and other relevant factors considered.

- **Right Person** - Right person is delegating the task to the right person to be performed on the right client.

- **Right Direction/Communication(s)** - Clear concise description of task, including objectives, limits and expectations by delegator.

- **Right Supervision** - Appropriate monitoring, evaluation, intervention as needed, and feedback to delegatee.
NP Laws and Rules

■ Laws
  – § 90-18.2 and § 90-18.3

■ Rules
  – 21 NCAC 36.0801-.0814
  – 21 NCAC 32M.0101-.0116
Collaborative Practice Agreement means the arrangement for nurse practitioner-physician continuous availability to each other for on-going supervision, consultation, collaboration, referral and evaluation of care provided by the nurse practitioner.
Required Elements in the CPA

CPA must include:

- How NP and MD are continuously available to each other
- A pre-determined plan for emergency services
- Drugs, devices, tests, procedures

No specific format required
What elements to include???

Some considerations:

1. Practices differ – even if same specialty.
2. What is the Patient Population?
3. Most Common Diagnoses
4. Complexity of care – Client Population
5. Availability of Emergency Services, Diagnostic Centers & Specialists
6. Address components of CPA discussed in the rules mentioned above.
7. New graduate, seasoned NP, or seasoned NP & new Primary Supervising Physician

When NP & primary supervising physician address how they practice together, completed document is the nurse practitioner’s collaborative practice agreement.
YOU WILL FIND “THE COLLABORATIVE PRACTICE AGREEMENT: A GUIDE FOR IMPLEMENTATION” on

www.ncbon.com, then Practice, APRN, NP, Collaborative Practice Agreement Guidelines
Quality Improvement Process/Meetings

- Written Plan for evaluating the quality of care provided for one or more frequently encountered clinical problems (21 NCAC 36.0810(d))

- QI meetings monthly X 6 months for everyone, then at least every 6 months documented, signed, dated
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<tr>
<td>QI meetings</td>
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<tr>
<td>Add’l Doc.</td>
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Appointed in May 2010

Purpose: to assist and support the Board in issues related to APRN practice and regulation

Charge for 2010-2012: to study NC APRN Licensure, Accreditation, Certification, and Education models; identify differences with the national consensus model; and make recommendations to the Board
Committee Membership

- 14 members
- Public members (2)
- Employer members (2)
- APRNs (10)
- Board member liaison
- Board staff liaison
APRN Committee Work

- Studied Consensus Model for APRN Regulation and NCSBN APRN Model Act and Rules
- Identified major differences between the above and NC laws and rules
- Studied APRN regulatory models in other states
APRN Committee Work, cont.

- Reviewed the IOM, 2010 report on the Future of Nursing: Leading Change, Advancing Health
- Conducted a literature review on APRN practice related to patient safety and quality of care
Primary Recommendation: that the NC Board of Nursing pursue implementation of the NCSBN APRN Model Act, Rules and Regulations
APRN Advisory Committee Recommendations

Additional Considerations

- CNS Retain sole regulation by the Board of Nursing
  Gain title protection, grandfathering provision, prescriptive authority

- CNM Retain Midwifery Joint Committee
  Gain elimination of physician supervision
APRN Advisory Committee
Recommendations

Additional Considerations

- CRNA Retain sole regulation by the Board of Nursing
  Gain prescriptive authority

- NP Retain prescriptive authority
  Gain elimination of physician supervision
Website Address and Contact Information

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Questions/Discussion