

NORTH CAROLINA BOARD OF NURSING

Update: Past, Present, and Future

Eileen C. Kugler, RN, MSN, MPH, FNP



November 1, 2011

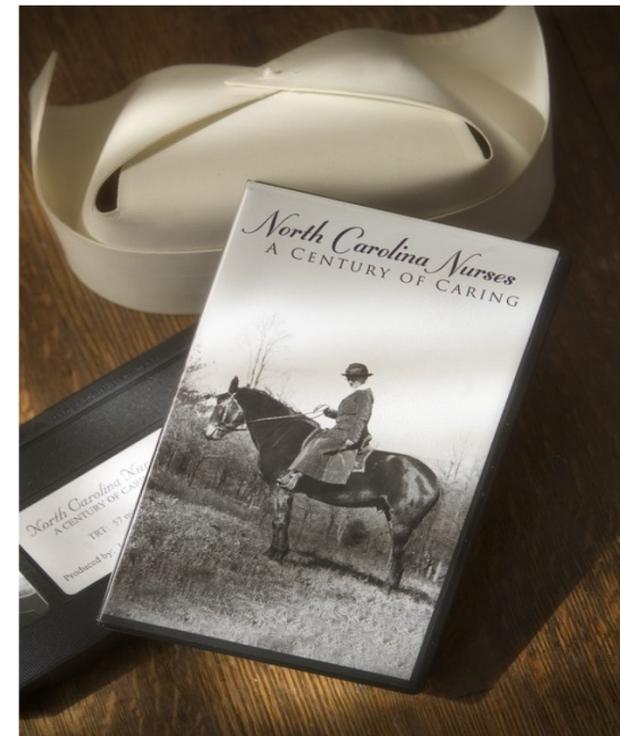
Mission

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



NCBON Regulatory Authority

- **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**

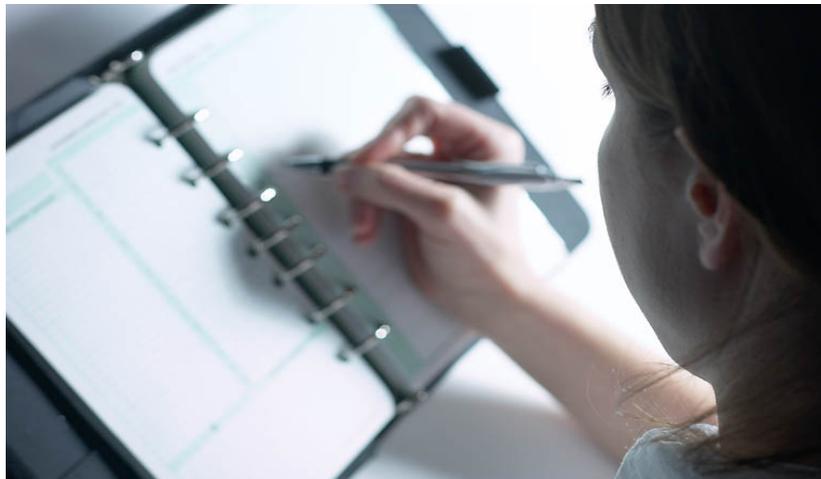
Powers and Duties of Board

- **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



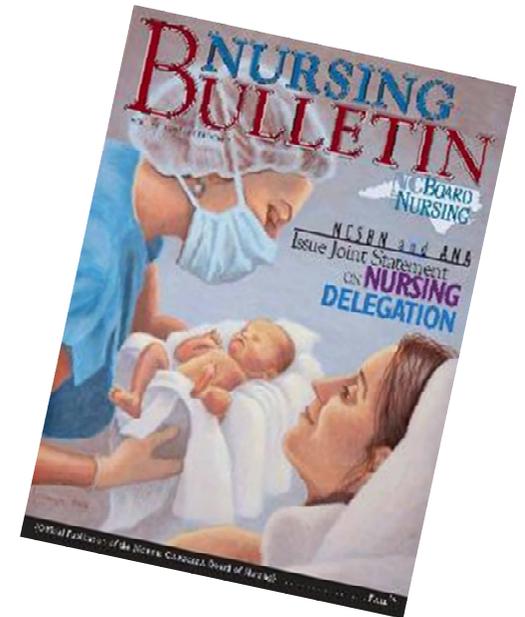
Nursing Stats for NC

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



NCBON 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

NCBON Strategic Initiatives

- **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

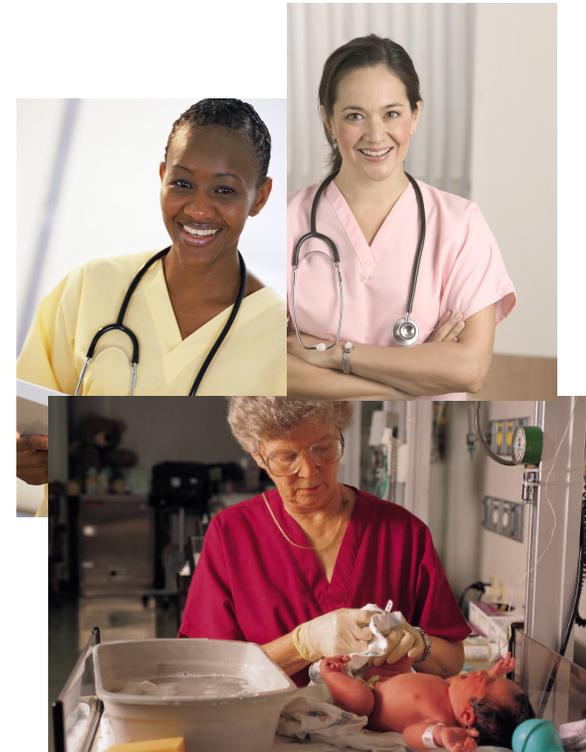
APRN Advisory Committee

**Collaboration with NCNA on
Future of Nursing
Initiatives**



National/International Nursing Issues

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



National/International Nursing Issues (continued)

- **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

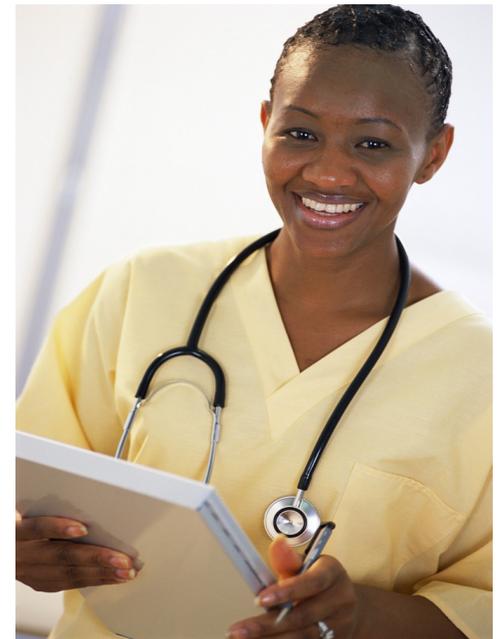
- **Position Statements**
- **Decision Trees**
- **Joint Statements**
- **Frequently Asked Questions (FAQ's)**
- **Practice Consultants**

RN/LPN Scope of Practice

- 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



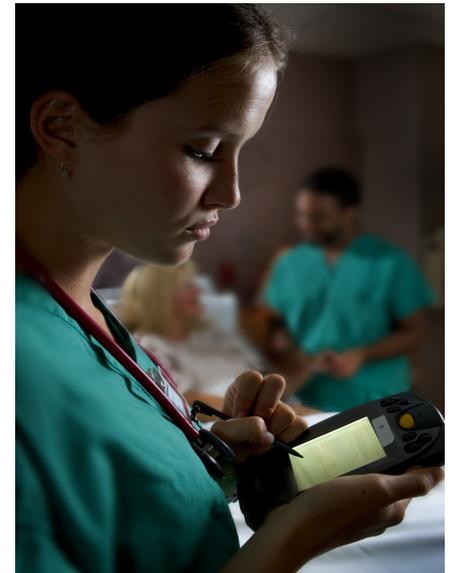
Clarification of RN Scope

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

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



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



NP COLLABORATIVE PRACTICE AGREEMENT

- **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.



NP COLLABORATIVE PRACTICE AGREEMENT

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

NP COLLABORATIVE PRACTICE AGREEMENT

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.

NP COLLABORATIVE PRACTICE AGREEMENT

- 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.

NP 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

NP COLLABORATIVE PRACTICE AGREEMENT

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**

NP Compliance Review Results

	2008	2009	2010
Total reviews	29	30	30
Site visits	14	19	19
Mail-ins	15	11	11
# Reviews in compliance	14 48%	7 23%	13 43%
# Reviews with discrepancies	15 52%	23 77%	17 57%

Primary Discrepancies

	2008	2009	2010
Back up MD form	4	3	1
Continuing Education	5	11	4
CPA	6	16	7
QI meetings	6	15	13
Add'l Doc.	12	20	7

NC BON APRN Advisory Committee

- **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

APRN Advisory Committee Recommendations

- **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

- Eileen Kugler, Manager-Practice



E-mail: ekugler@ncbon.com

Phone: 919-782-3211 ext. 255



www.ncbon.com



Questions/Discussion

