NC Board of Nursing Update: What Every NP Needs to Know

Bobby Lowery, PhD, FNP-BC, FAANP, FANAI
Sunday, March 26, 2017

2017 NPSS
Asheville, NC
Outcome

By the conclusion of this session, participants will:

1. Understand regulatory issues impacting nurse practitioner practice in NC.
   A. Recognize NP resources available on the NC Board of Nursing Website
   B. Recognize NP Compliance Measures
   C. Understand Incidence of disciplinary actions on APRN license.
   D. Understand Impending Rule Changes
   E. Consider implications of regulatory authority for full practice authority
NCBON History of Excellence

First in Nursing

- 1st BON in the Nation, founded in 1903
- Only state that elects the majority (11/14) of nurses to its Board
Regulatory Intelligence
The North Carolina Board of Nursing (NCBON)

Mission

• Public Protection
  – The mission of the NCBON is to protect the public by regulating the practice of nursing

Support and Resources for *all* nurses and the public
NCBON Website Resources

• Practice Info
  – NP Laws & Rules, Collaborative Practice Guidelines,
  – Compliance Review Materials, NP FAQs
  – Advanced Practice Registered Nurse

• Education

• Licensure/Listing

• Laws/Rules/ Proposed Rule Adoption

• Discipline & Compliance

• Contact Info; Staff Directory
NCBON Website

• A wealth of resources!

• [www.ncbon.com](http://www.ncbon.com)
The First NP Pioneer

- **Dr. Loretta Ford** and the late Dr. Henry Silver worked to develop the nurse practitioner in 1965 at Colorado University Schools of Nursing and Medicine.

- Shortage of primary care physicians provided an opportunity to demonstrate advanced practice in nursing.
NP Inception in NC

- Joint Regulatory Process through the NC BON & NCMB in early 70’s
- On the forefront in it’s inception
- Over the years has fallen behind national regulatory trends
A Nurse Practitioner is …

whatever the NC General Assembly says we are

(Joanne Stevens, Former Director of Governmental Affairs & NCNA Lobbyist)
The art and science of NURSING

- NP practice based on theoretical constructs of NURSING.
- Perform ADVANCED PRACTICE NURSING...not delegated medical tasks!
- NPs deliver holistic care with a preventive health focus.
- Overlapping boundaries with other professions.
Nurse Practitioner

…Registered nurse approved to perform medical acts consistent with the nurse's area of nurse practitioner academic educational preparation and national certification under an agreement with a licensed physician for ongoing supervision, consultation, collaboration and evaluation of the medical acts performed. Such medical acts are in addition to those nursing acts performed by virtue of registered nurse (RN) licensure. The NP is held accountable under the RN license for those nursing acts that he or she may perform.

– *(21 NCAC 36.0801 (9) DEFINITIONS)*
Registration & Approval to Practice

Nurse Practitioner Registration

- Online application for Registration permitting use of the title Nurse Practitioner.
- No authorization for practice with only registration.

Approval to Practice

Prior to the performance of any medical acts, a nurse practitioner shall:

1) meet registration requirements as specified in 21 NCAC 36 .0803;
2) submit an application for approval to practice;
3) submit any additional information necessary to evaluate the application as requested; and
4) collaborative practice agreement with a PSP
Scope of Practice

- Defined by the NP rules ((21 NCAC 36 .0801 (9) and 21 NCAC 36 .0802) )
- Operationalized by the Collaborative Practice Agreement (CPA)
- LACE
- Educational Preparation
- National Certification
- Maintained Competence
Does Your Practice Align with Your Education and Certification in a Role & Population?

- Can Nurse Practitioners practice in roles that are outside of their area of certification?
Case Scenario 1 of 2

FNP has been working in primary care for 7 years & now has an employment offer to work with surgery practice performing RNFA functions.

- **21 NCAC 36 .0804 (f)**
  - Applications for approval of changes in practice
- FAQ RNFA
- Uniform Standards/LACE
  - Education, Competence, Certification?
  - CPA?
Case Scenario 2 of 2

- AGACNP
  - 20 years experience acute care
  - accepted a position Multi—site Primary Care
  - After-hours On-Call Responsibilities.

- 21 NCAC 36.0804 (f)
  - Applications for approval of changes in practice

- AC vs PC

- Uniform Standards/LACE
  - Education, Competence Certification?
  - CPA?
NP Compliance Audits

- Standardized approach since January, 2008.
- Purpose: **Public safety** by ensuring NP meeting the requirements of the Boards’ rules and regulations.
- Random audits by mail or site visit (30 per yr.)
  - 25 mail
  - 5 on-site
- 24 hour notice before site visit
  - CE, CPA, QIP
## NP Compliance Review 2008-2016

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<td>43%</td>
<td>37%</td>
<td>33%</td>
<td>30%</td>
<td>23%</td>
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<td>17</td>
<td>19</td>
<td>20</td>
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<td>23</td>
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<td>unavail</td>
<td>12</td>
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<td>16</td>
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<td>Collaborative Practice Agreement</td>
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<td>14</td>
<td>17</td>
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<td>13</td>
<td>12</td>
<td>6</td>
<td>9</td>
<td>12</td>
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<td>7</td>
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<td>16</td>
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<td>18</td>
<td>7</td>
<td>15</td>
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<td>2</td>
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<td>Revisits completed</td>
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<td>unavail</td>
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### Nurse Practitioner (NP) & Primary Supervising Physician (PSP) Documentation Requirements

<table>
<thead>
<tr>
<th>NCBON Rules</th>
<th>NCMB Rules</th>
<th>Required Documentation</th>
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</thead>
</table>
| 21 NCAC 36.0807      | 21NCAC 32M.0107     | - **CE:** Certificates of approved CE  
- Other activities as allowed for current/previous approval year  
- Approval year is birth month to birth month |
| 21NCAC 36.0810       | 21NCAC 32M.0110     | - **CPA:** Current/signed/dated by NP, PSP  
- Annual CPA review, signed/dated by NP & PSP  
- Signature sheets for each year with PSP |
|                      |                     | - **Drugs** by group, category or individual; off label Rx; **Devices**, Medical **Tests**. |
|                      |                     | - **QI Meetings:** Must be with PSP @ specified intervals; may be in group format; filed x 5 yrs |
NPs
Proven Record of Safe Care

• NP role established 1965
  – Safe
  – Effective
  – patient-centered
  – Timely
  – efficient,
  – equitable
  – evidenced based.
The Healing of America

• “More than 20,000 Americans die in the prime of life each year from medical problems that could be treated, because they could not afford to see a doctor” (Reid, 2009, p. 2).
TOTAL LICENSEE POPULATION (1/1/16-2/31/16)

153,798

APRNs BY *GENDER

<table>
<thead>
<tr>
<th>Gender</th>
<th>CNM</th>
<th>CNS</th>
<th>CRNA</th>
<th>NP</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>Male</td>
<td>3</td>
<td>11</td>
<td>1143</td>
<td>520</td>
<td>1677</td>
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<tr>
<td>Female</td>
<td>333</td>
<td>243</td>
<td>520</td>
<td>7163</td>
<td>9187</td>
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</table>

*Some APRNs chose not to identify gender

APRNs COMPLAINTS RECEIVED

- CNM: 3
- CNS: 2
- CRNA: 5
- NP: 87

* NC licenses RN’s & LPN’s and issues Approvals to Practice for NP & CNM; Recognition for CRNA, CNM & CNS

Thank you to Kathy Chastain, RN, MN, FRE – Associate Director, Quality for data & Elizabeth Curlin – Administrative Coordinator for assistance with graphs.
## APRN Complaints Resolved in 2016 by Length of Time in Practice

<table>
<thead>
<tr>
<th>APRN Type</th>
<th># APRN Complaints Closed</th>
<th>Average Time in Practice</th>
<th>Range</th>
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</thead>
<tbody>
<tr>
<td>NP</td>
<td>87</td>
<td>10 yrs</td>
<td>0-40 yrs</td>
</tr>
<tr>
<td>CNM</td>
<td>3</td>
<td>7 yrs</td>
<td>4 - 11 yrs</td>
</tr>
<tr>
<td>CNS</td>
<td>2</td>
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</tr>
<tr>
<td>CRNA</td>
<td>5</td>
<td>6 yrs</td>
<td>2 - 13 yrs</td>
</tr>
</tbody>
</table>

- Calls/Emails/Consults
  - NP: 49%
  - RN/LPN: 14%
  - Credentialing/Manager: 13%
  - RN/LPN: 14%
  - Board Staff: 10%
  - Public: 1%
  - Education: 1%
  - Attorney: 0%
  - Unidentified: 3%
  - CNM: 2%
  - CNS: 2%
  - CRNA: 2%
Trends in application of APRN regulation

Trends in application of APRN Regulation

- Compliance: 24%
- Practice: 19%
- Education: 13%
- Business: 7%
- Legal: 8%
- Prescribing: 6%
- General: 6%
- Licensure: 17%
## NP Complaints

<table>
<thead>
<tr>
<th>NP Allegations</th>
<th>Board Action</th>
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</thead>
<tbody>
<tr>
<td>Failure to Maintain Standard</td>
<td>AAI/NFA</td>
</tr>
<tr>
<td>Inapprop. Rx</td>
<td>Letter of Concern</td>
</tr>
<tr>
<td>Inapprop. Interact.</td>
<td>Alt. Program</td>
</tr>
<tr>
<td>Neglect</td>
<td>CDDP</td>
</tr>
<tr>
<td>Rx. Forgery/Billing</td>
<td>Reprimand</td>
</tr>
<tr>
<td>Documentation</td>
<td>Suspension</td>
</tr>
<tr>
<td>Confidentiality</td>
<td></td>
</tr>
<tr>
<td>DWI/Substance Use</td>
<td></td>
</tr>
<tr>
<td>Exceeding Scope</td>
<td></td>
</tr>
</tbody>
</table>

- AAI/NFA: 85%
- Letter of Concern: 6%
- Alt. Program: 2%
- CDDP: 1%
- Reprimand: 1%
- Suspension: 3%
Rule Changes

1. **21 NCAC 36 .0806**
   - Clarification that maintaining national certification is required.

2. **21 NCAC 36 .0809**
   - Technical revisions to NP Rx Authority for clarity & consistency with DEA

3. **21 NCAC 36 .0807**
   - Addition of a minimum of 1 CH in Controlled Sub. CE for those who Rx Controlled Sub.
Pending Bill: Establish New Nurse Licensure Compact

4. Enhanced Nurse Licensure Compact (eNLC)
   - Rep. Szoka, Adcock, Boswell, and Williams (H338)
   - Sen. Pate; Hise; Krawiec (S362)

- 25 member states in the current NLC
- eNLC effective when 26 states joined or by 12/31/18
- Legally binding interstate commission for rule adoption.
- Criminal background checks
- Benefits
  - Allows mobility across state borders
  - Enables telehealth nursing services & online education
  - Reduced cost/redundancy
  - Respond to disasters
Full Practice Authority?

- **SB 73** (Sen. Ralph Hise, Sen. Louis Pate, and Sen. Joyce Krawiec)
- Modernize Nursing Practice Act
  - **NCNA** is THE leadership voice in this legislation
  - *When* successful...all APRN rules will need to be revised
In Summary

1. NP resources available on the NC Board of Nursing Website
2. NP Compliance Measures
3. Incidence of disciplinary actions on APRN license.
4. NP rule changes
Questions/Comments?

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References