Fall 2024 Volume 20 {N° 3} Issue 61

The Bulletin

The Official Publication of the North Carolina Board of Nursing.

Equity. Integrity. Agility.

NCBON
North Carolina Board of Nursing

The Bulletin

The Bulletin is the official publication of the North Carolina Board of Nursing.

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Mission
Protect the public by regulating the practice of nursing.

Vision
Exemplary nursing care for all.

The Bulletin is published three times a year by the NCBON. In compliance with the Americans with Disabilities Act, this publication may be requested in alternate formats by contacting the Board's office.

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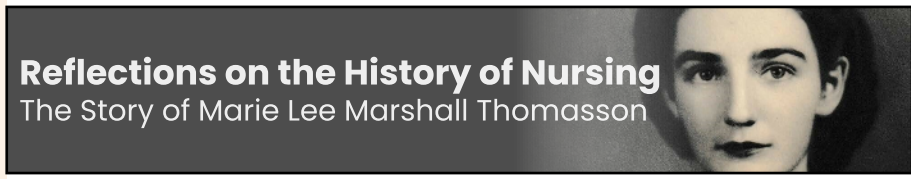

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Crystal L. Tillman
Chief Executive Officer

message from the CEO

"Alone, we can do so little; together we can do so much."

– Helen Keller

Hurricane Helene impacted Western North Carolina (WNC) in a way that was not foreseeable. The days after the event, communities came together, emergency responders were activated, and nurses immediately joined the efforts. The destruction required everyone to come together for one common purpose: to help, to care, and to serve the communities and people in need.

To increase access to care in WNC, the NCBON immediately reviewed regulations to determine rules that could be waived. Initially, waivers were implemented for RNs and LPNs. Additional waivers were executed after calling emergency meetings for the Midwifery Joint Committee (CNMs) and Joint Sub Committee (NPs). These waivers and other information and resources can be found on the NCBON website: https://www.ncbon.com/hurricane-helene.

Although the NCBON's focus has been on response to events in WNC, I would be remiss not to acknowledge the transition of board leadership. Drs. LaDonna Thomas and Lora Bartlett will complete their terms as Chair and Vice-Chair, respectively, on December 31, 2024. Their commitment to public safety is evident in the thoughtful discussions, decisions, and leadership over this past year. Dr. Racquel Ingram and Arlene Imes will start their new leadership roles on January 1, 2025. I look forward to the work ahead and engaging in strategic planning. Dr. Edna Ennis will complete her service on the Board on December 31, 2024, and Angela Moore will begin her term in January.

During the September Board Meeting, Cecil G. Sheps Center for Health Services Research Staff presented the *North Carolina Advanced Practice Registered Nurses: A Report on the Advanced Practice Registered Nurse Workforce in North Carolina*. We are grateful for this long-term collaborative relationship, which focuses on the nursing workforce in North Carolina.

As the NCBON continues its outreach efforts to engage with nurses, nursing leadership, and community stakeholders, please email communications@ncbon.com with any presentation requests. We look forward to ongoing collaborative efforts to meet our mission of public protection.

Regards,

Crystal L. Tillman, DNP, RN, CPNP, PMHNP-BC, FRE
Chief Executive Officer

Regulatory Report: *A Snapshot in Time*

The Regulatory Report supports the NCBON's Mission, Vision, and Values	
MISSION	Protect the public by regulating the practice of nursing
VISION	Exemplary nursing care for all
VALUES	Equity – we are committed to fairness and justice Integrity – we act in good faith in protecting the public Agility – we are responsive to emerging healthcare trends
Data reflects regulatory activities for May 2024 – August 2024	

Dr. Crystal Tillman presented the CEO Regulatory Report at the September 26th Board Business meeting. The report provides data regarding the activities of the full Board which support the Board's Mission, Vision, Values, and Strategic Plan.

The data provided reflects the major initiatives of the NCBON in protecting the public as follows:

- **Laws, Rules, and Legislation:** amendments to Chapter 36 regarding Nurse Practitioner Rules, permanent rule-making for Chapter 33 Midwifery Joint Committee, and monitoring of legislative activities related to nursing;
- **Education:** programs to include program approvals by program type and enrollment expansions by seat capacity and program type;
- **NCLEX:** NCLEX statistics revealing that LPN and RN NC pre-licensure programs are outperforming the national pass rate;
- **Licensure:** data regarding exam, endorsement, reinstatement, and renewals for both LPNs and RNs and data for APRNs, NAIIs, and Retired Nurses;
- **Practice:** trends in inquiries received related to LPN and RN scope of practice and the number of SANE Programs approved and renewed;
- **Investigations:** cycle times per allegation, complaints by license type, and volume of open cases;
- **Legal:** resolution of cases for Licensure Review Panel, Settlement, Hearings, and Joint Sub Panel; and
- **Monitoring:** active participants by program type.

To view the CEO's report from the September Board Meeting, visit our YouTube channel at https://ncbon.info/regsnapshot.

message from the Board Chair

LaDonna Thomas
Board Chair

Again, it is with great honor that I bring warm greetings as the Chair of the North Carolina Board of Nursing (NCBON). As my term as Board Chair ends on December 31, 2024, I cannot express enough my gratitude for the hard work and dedication of the Board Members and Board Staff in their continued efforts and support of maintaining the Board's overall goals and standards. Many tasks have been completed this year; however, there is still work to be done. Protecting the public through nursing regulations, while assuring exemplary care for all is an ongoing mission.

I am blessed to have been re-elected for another four-year term in the Advanced Practice Registered Nurse Role. Thank you for participating by voting in an election where the NCBON is the only Board that elects its Board Members. In 2025, we will have new leadership. The NCBON's Chair will be Dr. Racquel Ingram (BSN-Higher Nurse Educator) and the Vice-Chair will be Arlene Imes (Licensed Practical Nurse). Dr. Ingram and Ms. Imes are no strangers to these roles. If you can recall, they have both served as the Chair and Co-Chair in the past. Both bring experience and knowledge of nursing regulations and will continue to be at the forefront during their tenure. I am confident that they will continue to work in synergy with the Board Members and Board Staff to continue to lay the foundation and implement the Board's mission, vision, and values. Additionally, I would like to provide a very warm welcome to our newest member of the Board, Angela Moore, RN Staff Nurse. Ms. Moore will begin her term in January 2025. We are excited to have her join us.

Throughout my first four years on the Board, I have had the privilege of serving on various committees in addition to being the Chair of the Joint Subcommittee, the Hearing Committee, and Co-Chair of the Midwifery Joint Committee. One of the many highlights was the Midwifery Joint Committee's and Board's approval of the permanent rule for Certified Midwives. The permanent rule was in accordance with Senate Bill 20/Session Law 2023-14 "Care for Women, Children and Families Act", Title 21 Chapter 33 Midwifery Joint Committee which went into effect on October 1, 2024. Additionally, in response to the State of Emergency declared by Governor Cooper in the wake of Hurricane Helene in Western North Carolina, the work of the Joint Subcommittee and the NCBON and NCMB's approval of waivers, allowing reduction in regulatory burden for Nurse Practitioners (NPs) was pivotal. This action will allow NPs to provide care for patients in the impacted areas of Western North Carolina.

In closing, I would ask that we all continue to pray for and support our colleagues in Western North Carolina. The aftermath of Hurricane Helene has had a tremendous impact on our families, our communities, our patients, and on our children in this area of our state. Let us continue to show compassion and provide service and care in any capacity during this time of need.

We are stronger together as one in nursing!

Sincerely,

LaDonna Thomas, DNP, ANP-C, VHA-CM, FFNMRCSI, FCN
NCBON Board Chair

Message From The Editors

RECEIVE

The North Carolina Board of Nursing (NCBON) publishes *The Bulletin* three times per year; February, June, and October. *The Bulletin* is disseminated to all North Carolina licensed nurses via the email address you list in the Nurse Portal, shared via @NCNursingBoard social media platforms, and posted to the NCBON website.

If you have not received a publication or communication from the NCBON, you may have unsubscribed from the email distribution list. If you think this has occurred and would like to be added back to the email distribution list, please email **publications@ncbon.com** with a request to be added back to the email distribution list for *The Bulletin*. If there is an error in your email address like *jon.d.nurse@gamil.com*, this could also result in not receiving communications from the NCBON.

CONTRIBUTE

Previously all the content in *The Bulletin* was written by NCBON staff. Over the last year, NCBON has received multiple inquiries expressing interest from members of the community on how to submit articles/content for publication.

In response to these inquiries, the NCBON developed a process to review topics and provide information for potential authors. The potential authors would receive information on submission guidelines, the date for submission, and a copyright agreement.

GET PUBLISHED

If you are in a graduate-level nursing program that requires the publication of a project, this is an opportunity for you to have your work published.

The mission of the NCBON is to protect the public by regulating the practice of nursing. The vision is exemplary nursing care for all. With this as the focus of our publications, the article topics should have a link to patient safety.

The NCBON looks forward to hearing from NC Nurses who are interested in submitting content!

NCBON
North Carolina Board of Nursing

2025 Elected Officers & New Members

2025 Board Leadership

Dr. Racquel Ingram, RN
BSN/Higher Degree Nurse Educator
Chair

Arlene Imes, LPN
Licensed Practical Nurse
Vice-Chair

Re-elected Member

Dr. LaDonna Thomas, APRN
Advanced Practice Registered Nurse

Newly Elected Member

Angela Moore, RN
Staff Nurse

Re-appointed Member

Dianne Layden
Public Member

New terms begin January 2025
For information on your NCBON Board Members go to www.ncbon.com

Nomination Form for 2025 Election

General Nomination

Although we just completed a successful Board of Nursing election, we are already preparing for our next election. In 2025, the Board will have three openings: RN Practical Nurse Educator, RN At-Large, and Licensed Practical Nurse. The nomination form must be submitted by each petitioner via the Nurse Portal on or before April 1, 2025. Read the nomination instructions and make sure the individual being nominated meets all the requirements.

Instructions

Nominations for both RN and LPN positions shall be made by submitting the electronic nomination form completed by at least 10 RNs (for an RN nominee) or 10 LPNs (for an LPN nominee) eligible to vote in the election. The minimum requirements for an RN or an LPN to seek election to the Board and to maintain membership are as follows:

1. Hold a current unencumbered license to practice in North Carolina;
2. Be a resident of North Carolina;
3. Have a minimum of five years' experience in nursing; and,
4. Have been engaged continuously in a position that meets the criteria for the specified Board position, for at least three years immediately preceding the election.

Minimum ongoing-employment requirements for both RNs and LPNs shall include continuous employment equal to or greater than 50% of a full-time position that meets the criteria for the specified Board member position, except for the RN-At-Large position.

If you are interested in being a nominee for one of the positions, visit the NCBON website for additional information, including a Board Member Job Description and other Board-related information. You may also contact elections@ncbon.com. After careful review of the information packet, you and your petitioners must each complete the electronic nomination form by 5:00 pm April 1, 2025.

Guidelines for Nomination

1. RNs can petition only for RN nominations and LPNs can petition only for LPN nominations.
2. Only petitions submitted on the electronic nomination form will be considered.
3. The Nurse Portal will validate that the petitioner and each nominee holds appropriate North Carolina licensure.
4. If the nominee receives fewer than ten petitioners, the petition shall be declared invalid.
5. Petitions must be submitted via nurse portal nomination form on or before 5:00 pm on April 1, 2025, for the nominee to be considered for candidacy.
6. Elections will be held July 1, 2025 through August 15, 2025. Those elected will begin their terms of office in January 2026.

Nomination of Candidate for Membership on the North Carolina Board of Nursing for 2025

We, the undersigned currently licensed nurses, do hereby petition for the name of _____ **RN / LPN** *(circle one)*, whose License Number is _____, to be placed in nomination as a Member of the North Carolina Board of Nursing in the category of *(circle one)*:

RN-Practical Nurse Educator | **RN - At-Large** | **LPN-Licensed Practical Nurse**

Address of Nominee: _____

Telephone Number: Home:_____ Work:_____

E-mail Address: _____

PETITIONERS

At least 10 petitioners per nominee required.

Only RNs may petition for RN nominations. Only LPNs may petition for LPN nominations.

TO BE SUBMITTED ON OR BEFORE **5:00PM ON APRIL 1, 2025**

Name	Signature	Certificate Number

Form is now electronic! Click here to access

NCBON Board Business Meeting

September 26, 2024 | Raleigh, NC

Board meetings are held each year in January, May, and September. Board meetings are open to the public and individuals are encouraged to attend either the full meeting or the Open Comment Period.

The purpose of the Open Comment Period is to provide members of the public and nursing community an opportunity to bring issues of concern to the Board. Individuals are encouraged to share their concerns, offer views, and present questions regarding issues that impact nursing and nursing regulation. For more information on the Open Comment Period process, visit www.ncbon.com.

NCBON Board Meetings Channel on YouTube

Meeting Minutes

**Meeting minutes are transcribed for delivery to the State Archives. Historical accuracy of these minutes is paramount in this process. As such, official meeting minutes take longer to produce than recorded video.*

Upcoming Meetings

Meetings may be held virtually. Please check www.ncbon.com.

Board Business Meeting
January 16, 2025

Hearing Committee
January 29, 2025
March 26, 2025

Administrative Hearings
December 11, 2024
February 26, 2025

Education & Practice Committee
November 2024 - *cancelled*
March 5, 2025

Please visit www.ncbon.com for updates to our calendar and call-in information to attend public meetings.

Following **@NCNursingBoard** on Social Media gives you access to up-to-date information between issues of *The Bulletin* - Practice Changes, Renewal Reminders, Rule Revisions, and so much more.

Click any of the icons below to find our pages.

Nursing Rules Roundup

At its September 26th Business meeting, the Board voted to approve proposed amendments to the following Rules and direct staff to proceed with rulemaking:

- 21 NCAC 36 .0211 Licensure by Examination
- 21 NCAC 36 .0218 Licensure by Endorsement

Stay informed regarding proposed rule adoptions, amendments and repeals by visiting our website at Proposed Rule Changes | North Carolina Board of Nursing or sign up to receive notifications regarding laws and rules using the link below.

If you have any questions regarding rules, please email lawsrules@ncbon.com

Want to receive notifications on Law and Rule changes?

Sign up!

Here you are!

We've missed you!
Have you changed jobs recently?
Maybe moved to a new address?

Be sure to update your contact information in the NCBON Nurse Portal.

It's the **rule***!

*21 NCAC 36 .0208 CHANGE OF NAME AND CONTACT *(a) and (b)*

NCBON Nurse Portal

NC Nurse Honor Guards

Written by: Tabatha Hall

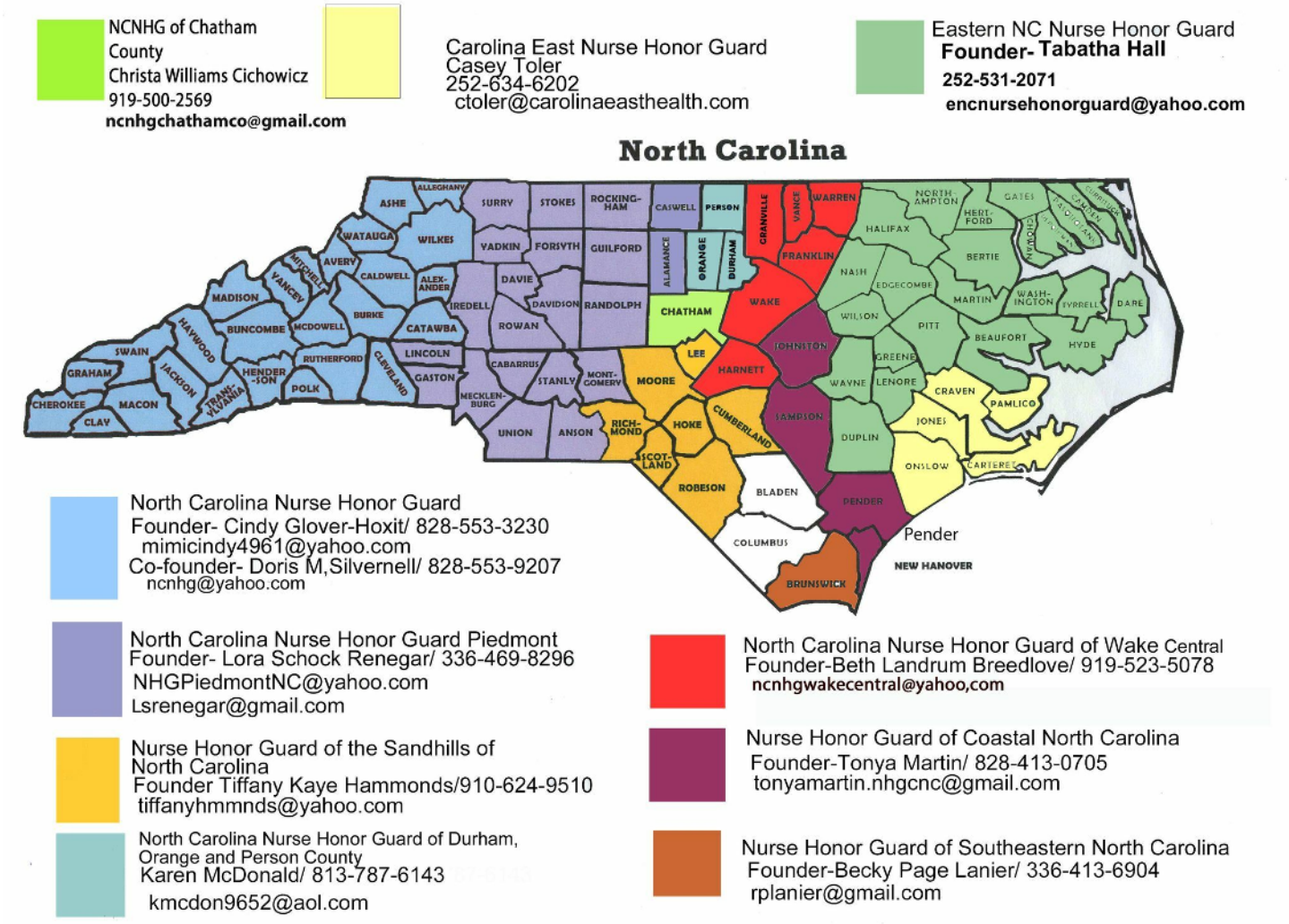
The North Carolina Nurse Honor Guards are privileged to serve the family of deceased Nurses at the time of their death by standing guard, one hour prior to the Funeral or Memorial service.

The Nightingale Tribute is performed, a final call to duty is announced, with the Nurse being called three times after the third call, the Nurse is then released from their Nursing duties, as their work on earth is done. This is followed by a recitation of the Nurses Prayer and ends with the Nightingale lamp being forever extinguished. The lamp then being presented to the family (much like a flag presentation at a Military Funeral). Parts of the service may vary per honor guard.

This is performed at absolutely no cost to the family.

The honor guard also offers a Living Tribute for a nurse who is terminally ill or near end of life and to honor the nurse for their years of service and dedication to the profession along with their family, friends, and career colleagues.

Below is a map that connects you with all NC Nurse Honor Guard groups that covers the entire State of North Carolina.



2023 Annual Report for Nurse Aide II Courses

Narrative Summary

The 2023 Annual Report for Nurse Aide II (NAII) courses was distributed to North Carolina Board of Nursing (NCBON) approved courses. Courses had access to the survey from March 1, 2024, through March 31, 2024. Data was collected and analysis was conducted by Board Staff. The purpose of this report is to provide a narrative summary of the findings.

Course Offerings

A total of 136 full-course offerings occurred in 2023, a decrease of 15% from 2022 and 42% from 2021. A total of 598 students completed the full NAII course, a decrease of 17% from 2022 and 34% from 2021.

Few applicants, insufficient faculty, and lack of clinical sites were the reasons provided for these decreases. Two Career & College Promise programs, one Continuing Education program, and one Proprietary program requested closure due to no intention of offering the program at the designated location in the next two years. NCBON closure letters have been provided to the respective Program Directors of the four programs. Of the 132 programs reporting, there are 346 anticipated offerings of the NAII course in the next two years. This was an increase from 115 in 2022.

Program Category	Offerings	Enrollment	Completion	Graduates	Closures
Community College Curriculum	23	74	61	61	0
Community College Career & College Promise	12	67	64	64	2
Community College Continuing Education	79	471	385	352	1
Proprietary Traditional	15	42	37	32	1
Licensed Care Agency	7	57	49	44	0
Total	**136**	**711**	**596**	**553**	**4**

Curriculum Changes

132 programs reported no curriculum changes.

Curriculum Compliance

There are 457 faculty who teach in NCBON approved NAII courses, an increase of 57 faculty since 2022.

Competency Assessment

Proprietary School Competency Assessment	24%	7
Licensed Care Agency Competency Assessment	3%	1
Community College Competency Assessment	73%	21

A total of 36 Competency Assessments were offered in 2023 at 29 sites, a decrease of 35% from 2022. A total of five (5) students completed the Competency Assessment, a 95% decrease from 2022. The primary reason stated for this decrease is enrollment was less than the minimum to offer the course.

View the full NAII Annual Report

Email Practice@ncbon.com

Stacey Thompson
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Sleep Deprivation

Am I at Risk for Patient Harm?

Author:
Keisha Griffith
MSN, BSN, RN, NE-BC

Introduction

The work of the North Carolina Board of Nursing (NCBON) is guided by the Nursing Practice Act (NPA), which contains laws enacted by the legislature to regulate the practice of nursing. Under § 90-171.37(a), the NCBON has the authority to initiate an investigation upon receipt of information about any practice that may violate any provision of this article. This authority may include a nurse unable to practice nursing with reasonable skill and safety to patients because of any physical or mental abnormality. The Board may also investigate any nurse who is unfit or incompetent to practice nursing because of deliberate or negligent acts or omissions, regardless of whether actual injury to the patient is established.

The NCBON often receives inquiries regarding the maximum hours a Registered Nurse (RN) or Licensed Practical Nurse (LPN) may work within 24 hours while maintaining patient safety. It is essential to understand that the NCBON has no authority over employee/employer issues such as worked hours but focuses on its mission to protect the public by regulating nursing practice.

The NCBON does, however, provide guidance in addressing concerns related to extended work hours through interpretation of the laws and rules used to regulate nursing practice. The NCBON Staff and Patient/Client Safety Position Statement provides valuable information on the nurse's responsibilities in accepting a patient assignment. Additionally, the statement offers guidance to nursing leadership by emphasizing the importance of caution when assignments are expected to exceed 12 hours in 24 hours or 60 hours in seven days. For more information, please visit https://www.ncbon.com/sites/default/files/documents/2024-03/ps-staffing-and-client-patient-safety.pdf.

Working long hours may lead to sleep deprivation, which can impact mental alertness and interfere with decision-making. Nurses who experience a compromised ability to make decisions may be at risk for patient harm. Sleep deprivation can induce mental and physiological effects that may compromise the ability to think clearly and react appropriately during unforeseen circumstances.

Objectives

To prevent patient harm due to sleep deprivation, the nurse must understand the practice issue that could be associated with working extended hours and becoming accustomed to unhealthy sleep patterns. This article aims to discuss sleep deprivation and its contributing factors. You will learn the definition of sleep deprivation, including stages and mental and physiological effects. Most importantly, this article aims to explore how sleep deprivation may lead to an act of patient neglect. The importance of adequate sleep, and tips on recognizing and minimizing episodes of sleep deprivation will be reviewed. Discussion questions using case scenarios will be answered to reinforce the content provided. Reflection questions will encourage nurses to evaluate their current sleep patterns while identifying strategies to improve their sleep hygiene.

Background

The North Carolina Administrative Code (NCAC) 21 36.0217 (a) provides behaviors and activities that may result in disciplinary action, including accepting responsibility for client care while impaired by sleep deprivation. It is important to remember that nurses are responsible for ensuring they are mentally and physically capable of delivering safe, competent care. Falling asleep during an assigned shift could have negative implications, such as patient harm.

Prior cases involving sleep deprivation were discussed with Angie Matthes, Director of Investigations. Based on review of the complaints from January 1, 2019, through December 31, 2023, the NCBON received 68 complaints of neglect involving sleeping on duty. Possible outcomes for such cases range from no further action to suspension. Of the 68 cases investigated by the Board, 14 cases resulted in action being taken. Specifically, the Board obtained clear, convincing evidence to support a violation of the NPA. Resolutions of these 14 cases ranged from remedial education to suspension of licensure. Becoming familiar with sleep deprivation and its impact on one's ability to think clearly will help one better understand how it may adversely affect patient safety.

What Defines Sleep Deprivation?

The Cleveland Clinic (2022) defines sleep deprivation as simply “when you are not getting enough, or you are not getting good, quality sleep”. As a result, problems may arise, including forgetfulness, being less able to fight off infections, mood swings, and depression. John Hopkins Medicine (2024) provides causes of sleep deprivation to include other factors such as stress and changes in the work schedule. Nurses who work in facilities that require patient care 24 hours a day may be required to work fluctuating hours and are more likely to be predisposed to strenuous demands working under such conditions

becomes a barrier to developing a healthy sleep routine.

Sleep is a physiologic function that can control feelings of tiredness. From my nursing experience as a previous Nurse Manager, I've learned that feelings of tiredness, known as fatigue, can be induced by work intensity or extended work hours. Since the start of the COVID-19 Pandemic, various types of facilities have experienced staffing challenges. As a result of these staffing challenges, nurses often have the choice of picking up extra shifts, resulting in extended work hours. Nurses who do not allow time for adequate sleep in between shifts put themselves at risk of experiencing sleep deprivation. Nurses are accountable for ensuring they are mentally and physically able to deliver individualized care based on provider orders and patient care needs. Nurses must consistently demonstrate the ability to apply critical thinking and prioritization within the healthcare environment in which they work.

The drive to sleep and cycles of wakefulness are two components that regulate human sleep. Time awake impacts the physiological drive to sleep (Suni & Debanto, 2023). Therefore, long work hours could make the drive to sleep more powerful increasing the risk of experiencing moments of microsleep. Can you recall driving home from work and vaguely remember passing specific landmarks you knew you had to pass to reach your destination? If you answered yes, you may have experienced an episode of microsleep.

The definition of microsleep is when you fall asleep for seconds. This brief sleep period occurs so quickly that you may not realize you have fallen asleep. Microsleep can happen anytime and is not exclusive to those who work the night shift. You may be awake with your eyes open, but your brain does not process the information (Summer & Rehman, 2023). Sound scary? Think of this happening while caring for an assigned patient or driving home after a long workday. Microsleep can be dangerous and can be the precursor to an unfavorable outcome.

Sleep deprivation may increase the risk of experiencing episodes of microsleep. The best way to prevent microsleep is to get the right amount of sleep, which will make you feel physiologically replenished and your mind more receptive to information (Cleveland Clinic, 2022).

Some symptoms to determine if you are sleep deprived include but are not limited to:

- Drowsiness
- Inability to concentrate
- Impaired memory
- Reduced physical strength
- Slowed reaction times (Cleveland Clinic, 2022).

More severe symptoms of sleep deprivation include microsleeps, uncontrollable eye movements, trouble speaking, drooping eyelids, hand tremors, visual and tactile hallucinations, impaired judgment, and impulsive behavior (Cleveland Clinic, 2022).

The symptoms listed are congruent with an individual who may be under the influence of a controlled substance or alcohol. Such symptoms may not only impact the ability to deliver safe patient care, but they could also affect one's overall health and ability to manage family and personal matters, resulting in an unhealthy sleep routine (Pacheco & Rehman, 2023). Therefore, it is essential to understand how sleep deprivation may impact cognitive performance.

Stages of Sleep Deprivation

Becoming familiar with the stages of sleep deprivation will help nurses better understand the importance of taking the required steps to manage and prevent its occurrence. The Cleveland Clinic (2022; Table 1) outlines the four stages to include stage definition and characteristics.

Stages of Sleep Deprivation		
Sleep Deprivation Stages	**Stage Definition**	**Stage Characteristics**
Stage 1	24 hrs without sleeping	The effects are like being under the influence of alcohol
Stage 2	Common symptoms of sleep deprivation intensify	Most people start to experience microsleeps and have trouble thinking or focusing
Stage 3	Individual starts to show severe symptoms	The individual may begin to hallucinate and may struggle to communicate with others
Stage 4	Symptoms are at their most extreme	Hallucinations are common and the individual struggles to tell what's real and what isn't

Table 1. Stages of Sleep Deprivation.

Familiarity with the stages of sleep deprivation can assist with early detection and possibly prevent progression to advanced stages. Taking the initiative to establish a healthy sleep pattern could possibly be the first step towards minimizing episodes of sleep deprivation.

Causes of Sleep Deprivation

Sleep Deprivation can happen for many reasons. "Reasons involving life circumstances may include shift work (especially shifts that happen partly or wholly during nighttime hours, alcohol use (especially misuse), using stimulants like Caffeine later in the day, bad sleep-related habits (known as sleep hygiene), high-stress levels, and sleeping in a new or unfamiliar place, such as in a hotel while traveling" (Cleveland Clinic, 2022). Please refer to (https://my.clevelandclinic.org/health/diseases/23970-sleep-deprivation) for additional

information on sleep deprivation causes. The inability to sleep or periods of poor sleep quality can cause feelings of tiredness, resulting in fatigue.

Fatigue

Understanding the definition of fatigue may help with early recognition. "Fatigue can be described as an overwhelming sense of tiredness, lack of energy, and feelings of exhaustion associated with impaired physical and cognitive function" (AANA, 2015, p. 2). Individuals who experience fatigue may feel tired and have decreased energy, which results from inadequate sleep or poor quality of sleep. Soomi Lee, an Assistant Professor of Aging Studies at the University of South Florida, stated "insufficient sleep duration, poor sleep quality, and untreated insomnia may be associated with medical errors" (Lee, 2021). Fatigue resulting from inadequate sleep or poor quality of sleep over an extended period can induce the following:

- Lack of alertness
- Fatigue and lack of energy
- Memory problems
- Moodiness and agitation
- Inability or unwillingness to participate in normal daily activities
- Poor reaction time
- Weight gain
- Poor balance and coordination
- Changes in appearance
- A weakened immune system
- Greater chance of car accidents
- Increased risk of cardiovascular disease and other health issues (Cleveland Clinic, 2024).

According to research, drowsiness caused by sleep deprivation can mimic the effects of alcohol consumption. "After about 24 hours of being awake, the level of impairment is equivalent to a blood alcohol content (BAC) of 0.1%" (Pacheco and Rehman, 2023). This level of impairment can be detrimental to nursing practice.

The Effects of Sleep Deprivation

The Agency for Healthcare Research and Quality (AHRQ) reported sleep deprivation can cause impairment of various cognitive functions such as mood, motivation, response time, and initiative (AHRQ, 2019). In September 2023, the World Health Organization (WHO) provided key facts on patient safety, which stated that around one in every ten patients is harmed in health care, and more than 3 million deaths occur annually due to unsafe care. Over 50% of reported harm (one in every twenty patients) is preventable (WHO, 2023).

Sleep prepares the brain for the next day by performing new pathways to assist with learning and remembering new information. Individuals who become sleep deprived may

have trouble making decisions, controlling emotions and behavior, and coping with change (National Heart, Lung and Blood Institute, 2022). Potential short-term cognitive impacts of poor sleep can lead to excessive sleeping, poor attention span, reduced ability to adapt to the environment, reduced emotional capacity, and impaired judgement. Long-term implications of sleep deprivation may lead to impaired memory and may cause and can predispose individuals to increased risk of developing Alzheimer's disease.

Cognitive impairment interferes with thinking clearly and utilizing good judgment, which can impact the decision-making process. Nurses who work long hours, alternating shifts, and successive days in a row are at risk for sleep deprivation and may become predisposed to experiencing cognitive impairment.

The American Association of Nurse Anesthesiology (AANA, 2015) points out numerous studies have shown that prolonged sleep deprivation decreases reaction times and diminishes reasoning skills and performance. The AANA (2015) further explains that fatigued individuals have impaired language and impairment in the retention of information, short-term memory, and motor skills. Similarly to Lee (2021), the AANA estimates that 18 hours or more of wakefulness equals a BAC of 0.05%. Additionally, the AANA provides a long list of symptoms of fatigue to include but not limited to:

- Conducting multiple rechecks of completed tasks
- Tiredness during the day
- Nodding off while awake
- Impaired concentration or memory
- Diminished reflexes
- Impaired decision-making
- Unawareness of surroundings
- Indecisiveness
- Decreased situational awareness
- Microsleep

(https://www.aana.com/wp-content/uploads/2023/01/patient-safety-fatigue-sleep-and-work-schedule-effects-011523.pdf)

Cognitive impairment sets the foundation for medical error and can lead to patient harm. Fatigued nurses may need more time to complete necessary tasks, address patient care needs, provide appropriate documentation, communicate effectively, and recognize subtle changes in the patient's condition. Nurses are held accountable for knowing if they are safe and competent to accept a patient assignment as explained in 21 NCAC 36.0217 (a)(7) which refers to an individual accepting and performing professional responsibility that the Licensee knows or has reason to know that they are not competent to perform. Therefore, it is crucial to have self-awareness of when it is unsafe to accept patient care responsibilities.

Accepting a patient assignment while sleep-deprived is risky behavior that can lead to patient harm. This can result in an investigation to determine a nurse's competence.

Preventing Patient Harm

The World Health Organization (WHO) defines patient safety as "the absence of preventable harm to a patient and reduction of risk of unnecessary harm associated with health care to an acceptable minimum" (WHO, 2023). While physicians prescribe treatment and order necessary diagnostic test, time spent with the patient can be minimal impacting their ability see a decline in the patient's status over time (Phillips, Malliaris, & Bakerjian, 2021). Nurses typically spend most of their time providing patient care and therefore, must be able to recognize subtle changes that may impact patient outcomes. "From a patient safety perspective, a nurse's role includes monitoring patients for clinical deterioration, detecting errors and near misses, understanding care process and weaknesses inherent in some systems, identifying and communicating changes in patient condition" (Phillips et al., 2021). Nurses have many responsibilities and at times, are the last line of defense before a task or procedure reaches the patient.

A nurse who does not have the mental capacity to deliver safe, competent care is at risk for multiple violations. Becoming familiar with the NPA can clarify how the NCBON may use specific laws to govern nursing practice. The NCBON NPA includes §90-171.37 (a)(3), which states the NCBON may initiate an investigation if an individual is unable to practice nursing with reasonable skill and safety to patients by reason of illness, excessive use of alcohol, drugs, chemicals, or any other type of material or by reason of any physical abnormality. You can learn more about the NPA by accessing Chapter 90 - Article 9A (ncleg.net).

The Effects of Sleep Deprivation

Based on National Sleep Foundation (NSF) requirements, most adults require about 7-9 hours of sleep each night. Less than seven hours of sleep or poor sleep quality could be associated with adverse health outcomes. The NSF provides tips on how to improve sleep quality. You can learn about these tips by clicking on the following link.National Sleep Foundation Releases Recommendations to Be Your Best Slept Self® This Summer - National Sleep Foundation (thensf.org). Consistently getting less sleep than the NSF recommends can pose the risk of becoming sleep deprived. (Pacheco & Rehman, 2023).

Taking time to ensure you are getting enough sleep is extremely important. With various healthcare facilities experiencing staffing shortages, nurses must listen to their bodies and know their limitations. Although working varied shifts may interfere with adhering to a consistent sleep schedule, it would be beneficial to take the appropriate steps toward developing a consistent plan to improve sleep quality. The Cleveland Clinic has provided the following tips on managing sleep deprivation to include actions to consider and actions to avoid (Cleveland Clinic, 2022; Table 2).

Managing Sleep Deprivation	
Consider	**Try to avoid**
Creating a relaxing bedtime routine with a consistent sleep schedule	Consuming Caffeine and substances that contain nicotine or alcohol within 4-5 hours
Keeping the room at a reasonable temperature	Using electronics right before bedtime
Exercising 20-30 minutes each day; 5-6 hours before going to bed	A room that is either too hot or too cold
Getting at least 30 minutes exposure to sunlight	Any activity that may cause increased anxiety before bed

Table 2. Managing Sleep Deprivation

Normal Sleep Cycle

A regular sleep cycle includes four sleep stages determined based on an analysis of brain activity during sleep. These cycles can vary among individuals and from night to night and are based on age, recent sleep patterns, and alcohol consumption. Progressing smoothly multiple times through the sleep cycle is crucial to getting high-quality rest, as each stage allows the mind and body to wake up refreshed (Suni &Singh, 2023).

According to Suni & Singh (2023), the four sleep stages include one for rapid eye movement (REM) sleep and three for non-REM (NREM) sleep. The first three stages represent NREM sleep. The total average time spent in the NREM sleep stages is thirty-one to one hundred thirty-two minutes. The average stage four (REM) time is ten to 60 minutes. REM sleep is essential to cognitive functions like memory, learning, and creativity.

Sleep stages are critical because they allow the brain and body to recuperate and develop. Failure to obtain enough of both deep sleep and REM sleep may explain the profound consequences of insufficient sleep on thinking, emotions, and physical health (Suni & Singh, 2023). Factors such as age, recent sleep patterns, alcohol, and sleep disorders may affect the ability to progress smoothly through the sleep cycle. Individuals who get irregular or insufficient sleep over several days or more may experience an abnormal sleep cycle. Consistent abnormal sleep cycles can put one at risk for developing sleep deprivation (Suni & Singh, 2023).

A Healthier Sleep Cycle

Many healthcare facilities, require nurses to work 12-hour shifts. In addition, nurses may be required to work alternating shifts. Working alternating 12-hour shifts may interfere with required steps toward developing a healthier sleep cycle. Despite the challenge, nurses must focus on improving their sleep hygiene, which refers to the sleep environment and sleep-related habits. According to the NSF, achieving a more consistent sleep schedule, getting natural daylight exposure, avoiding alcohol before bedtime, and eliminating noise

and light disruptions can help you get uninterrupted sleep. Remember that your mattress, pillows, and sheets can also contribute to how comfortable your sleep environment is.

Additional tips for a healthier sleep cycle include:

- Get a healthy amount of exposure to bright light during the day.
- Exercise regularly for a deeper sleep.
- Eat meals at consistent times.
- Avoid heavy meals, nicotine, caffeine, and alcohol before bedtime.
- Use a consistent wind-down routine in the evening to get the sleep you need.
- Make a sleep-friendly environment—put devices away an hour before bed and sleep in a quiet, cool, dark place.

News National Sleep Foundation, June 14, 2022, "Releases Recommendations to be your best-slept self this summer," (retrieved April 05, 2024).

Nursing Implications

Nurses are responsible for ensuring they are competent and physically able to provide care to their assigned patients. Nurses who accept a patient care assignment while they are sleep-deprived may be cognitively impaired, putting themselves at risk of causing patient harm.

Nurses who are in leadership roles such as charge nurse, nurse supervisor, team leader, and nurse manager are often responsible for assigning patients. As stated in 21 NCAC 36.0217 (a)(20), when performing such roles, it is essential to know the competency of assigned staff. If the Licensee assigning or delegating knows or has reason to believe the competency of an individual may be altered due to impairment from sleep deprivation, physical or psychological conditions, or alcohol agents prescribed or not, could violate the NPA. Therefore, nurse leaders responsible for patient care should know the signs, symptoms, causes and effects of sleep deprivation. This will support decisions regarding the assessment of an individual's competency status before care is assigned.

The following case studies will discuss what the NCBON may consider after receiving a complaint involving a nurse accused of sleeping on duty.

Scenario #1

Sally, an RN staff nurse assigned to care for six (6) patients, was seen at the nurse's station wrapped in a blanket with eyes closed. Other staff members observed Sally's behavior twice throughout the shift. What would you do next as the staff member who observed Sally's behavior? **(Select all that apply)**

a) Do nothing. Sally is working a double shift, and her help is appreciated. It's best to allow Sally time to rest.

b) Wake Sally up. Suggest that she move into the break room to sleep in private with less noise.

c) Wake Sally up and remind her that sleeping during a scheduled shift is inappropriate.

d) Notify the nurse supervisor or nurse manager of Sally's behavior.

Discussion: The answer is (c), (d)

Sally should be awakened and reminded that sleeping during a scheduled shift is inappropriate. The individuals who observed the incident should inform the nurse supervisor or manager. Doing so will allow the leadership team to investigate Sally's behavior further and determine how it may have impacted patient care.

Scenario #2

Rachel, an LPN working as a home care nurse, was found lying on the floor sleeping. The client's family discovered Rachel sleeping and asked her to go home. The clients' sheets were soiled, and the client was on tube feedings. Rachel had yet to feed the client, had not administered medications, and there was no documentation of vital signs or assessments.

True or false?

Rachel's episode of sleeping on duty has created a scenario for risk of patient harm and multiple violations of the NPA.

Discussion: The answer is True. Patient care was neglected, and documentation was lacking. In this case, sleeping on duty led to an act of neglect, there was failure to maintain an accurate medical record, and the care provided was below the standard of care.

Scenario #3

Nancy, a private duty nurse, was caught on camera sleeping while the client was choking and vomiting. Nancy admitted to being tired due to lack of sleep and personal life issues. Nancy reports not sleeping at all the night before. What steps should Nancy have taken to avoid this situation?

a) Nothing. Nancy did the right thing by catching up on her sleep and finishing the shift.

b) Nancy should have contacted her agency when she could not keep her eyes open and requested to be relieved from her shift.

c) Nancy should have informed the client's family that she would need to rest a few hours during her shift.

d) Nancy should have contacted her agency before the start of the shift to report that she had not slept and that it was unsafe for her to provide patient care.

Discussion: The answer is (d). Nancy should have contacted her agency before the start of the shift to report she had not slept. Nancy's actions did not align with the 21 NCAC 36.0217 (a) (21) - accepting responsibility for client care while impaired by sleep deprivation, physical or psychological conditions, or by alcohol or other agents prescribed or not. Nurse Nancy also violated #7 – accepting and performing professional responsibilities that the Licensee knows or has reason to know they are not competent to perform. In this case, Nancy admitted to not sleeping at all the night before a scheduled shift. Therefore, Nancy should not have accepted the assignment.

Nursing Implications

It is important to remember that the NCBON focuses on its mission to protect the public through regulation of nursing practice. Working alternating shifts and extended work hours can lead to sleep deprivation caused by exhaustion and fatigue. Individuals who experience fatigue may experience a feeling of tiredness and decreased energy resulting from inadequate sleep time or poor quality of sleep. Sleep deprivation impairs memory, decreases cognitive function, and results in poor decision-making. Accepting responsibility for client care while impaired by sleep deprivation could lead to patient harm. Nurses must strive to accomplish good sleep hygiene by following the tips offered by the NSF. Although the NCBON has no authority over worked hours, nurse leaders should be cautious when assignments are expected to exceed 12 hours in 24 hours or 60 hours in seven days to prevent sleep deprivation, fatigue, and patient harm.

Reflection Questions

- Who is responsible for ensuring the nurse can deliver safe, competent care?
- If you are experiencing symptoms of sleep deprivation before an assigned shift, what should you do?

- How many hours of sleep are required for the brain to recharge?
- What are some symptoms of sleep deprivation, and what impact would these symptoms have on patient safety?
- What steps can you take to promote good sleep hygiene?
- What part of the sleep cycle is essential to cognitive functions like memory, learning, and creativity?
- What happens if a nurse accepts and performs professional responsibilities that the nurse knows or has reason to know, they are incompetent to perform?
- Name some steps you might take to avoid sleep deprivation.

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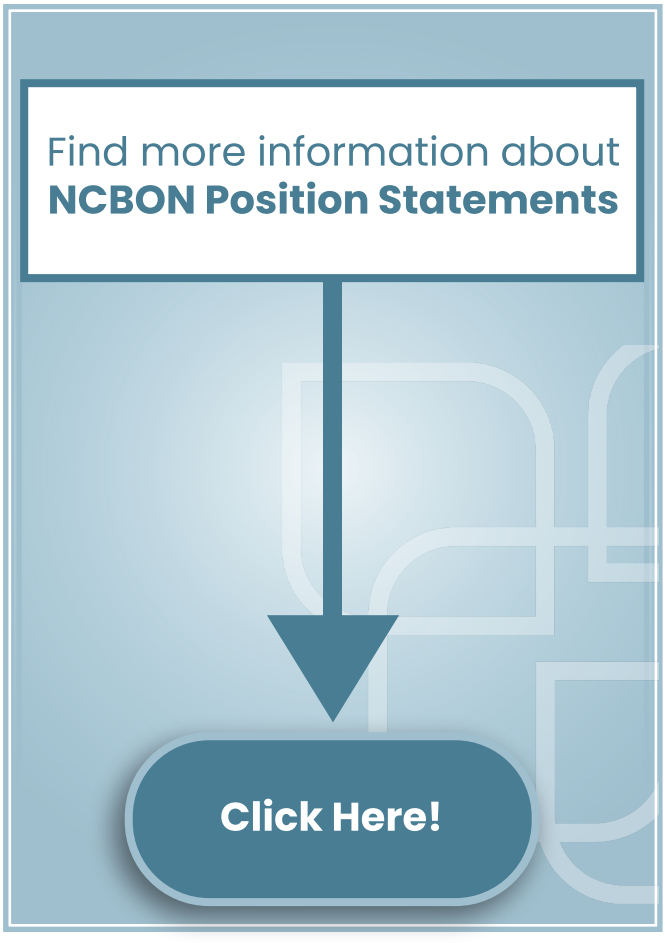
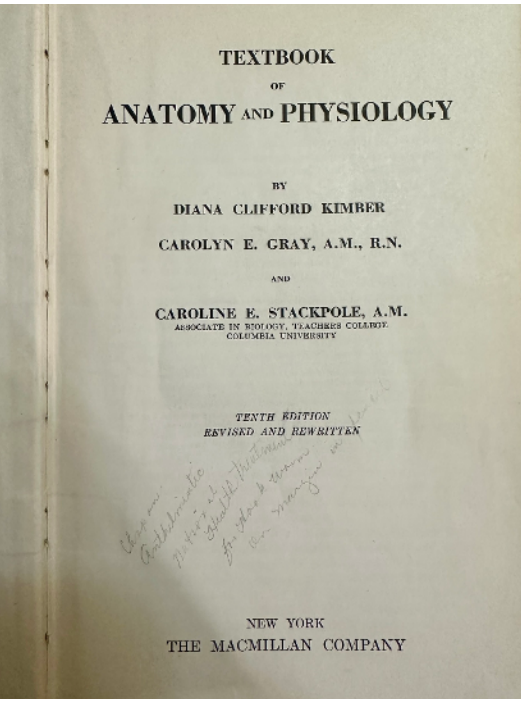


Reflections on the History of Nursing:

The Story of Marie Lee Marshall Thomasson

The nursing profession has such a varied and rich history of caring for patients. To reflect on how nursing has evolved in many areas such as technology, expansion of nursing services, and diverse opportunities for nurses, Marie Lee Marshall Thomasson (RN# 16913) provided the following responses. Having been originally licensed on August 26, 1943, these responses are based on her reflection and are not edited to showcase the natural way in which she articulated her story with her family.


TEXTBOOK
OF
ANATOMY AND PHYSIOLOGY

BY
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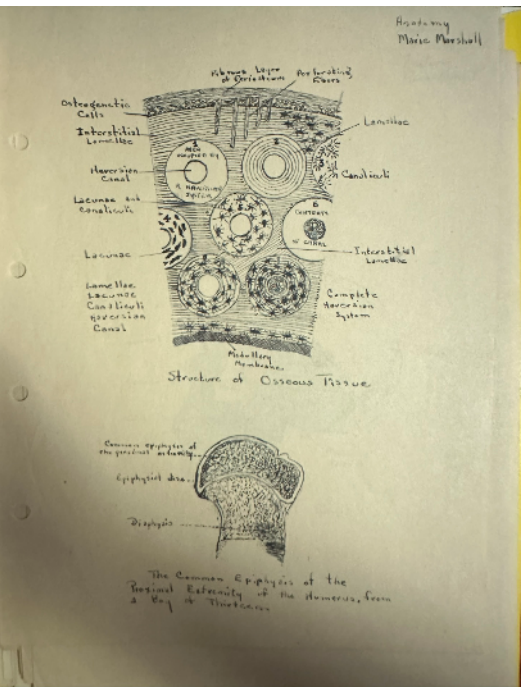

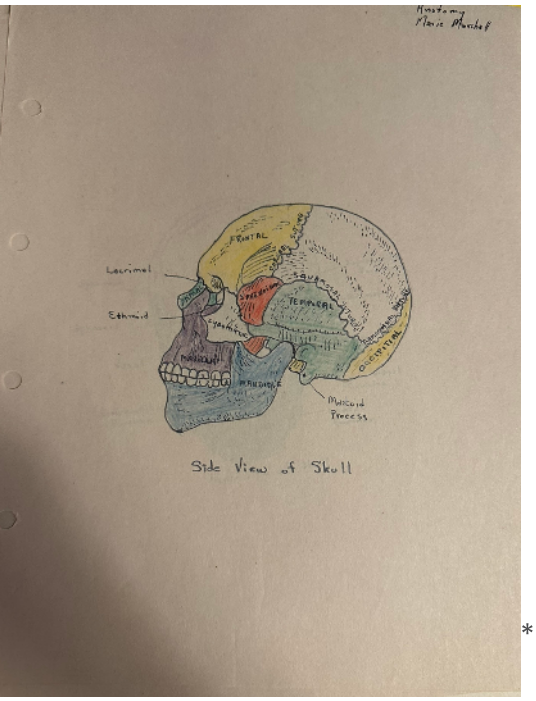

What is the timeline of your nursing career?

I graduated high school at age 16 in 1938 and was not old enough to be admitted to nursing school. I went to Pfeiffer College in Misenheimer, not far from my home in Richfield. I spent 2 years there before starting at Presbyterian School of Nursing in 1940, graduating in 1943. I continued in my nursing profession for the next 41 years until my retirement in 1985. Last year I was able to attend my 80th - yes, 80th - nursing school reunion!

Why did you choose Presbyterian Hospital in Charlotte to receive your education?

I lived close to Presbyterian Hospital, and it had an excellent reputation.

(daughter, Alice Thomasson note: I think at that time, being able to get to/from a school and being able to afford to go were the big factors. Most folks didn't have the luxury of choice as we think about it today.)

What is your most memorable event during nursing school?

Nursing school was challenging and hard, but I enjoyed it. We learned about all aspects of the human body. In fact, I still have my anatomy textbook. The first Director of Nursing while I was in school was good and fair.

While in school we were also working 12-hour shifts.

I especially remember that patients would receive flowers. They would be delivered wrapped in brown paper. As their nurse, I would have to track down a vase and arrange them – this in addition to providing the medical care that was needed.

There were very strict guidelines for what we wore. We had white uniforms, stockings and caps. Our uniforms had French cuffs that required cuff links. As a gift, my Aunt Mary who was my encourager, gave me a pair of gold cufflinks, the gold coming from an uncle who mined it in the Klondike Gold Rush.

We had to travel to Winston Salem, NC to take the state nursing boards. It was a one day exam, as far as I can remember. We went up together to take it.

*Images provided by interviewee

From the time you were licensed by the NCBON in 1943, tell us about your career.

I first worked at Presbyterian Hospital, but soon went to private duty nursing at the request of Dr. James Alexander Sr. (founder of Mecklenburg Medical Group.) He had a patient who was a former nurse who needed in-home care. When that job was over, I then went to work for that same doctor in his office, replacing his nurse who relocated to be with her husband who was in military service. This was the physician who later advised me to join the military.

Upon discharge from the Army, I returned to work nights at Presbyterian. Shifts were then 7 to 7. Before long, Dr. Alexander asked me if I would work for a colleague in his office, Dr. E.K. McLean Sr. who had the only pediatric office in the Charlotte area. I first said no, I would not work for a pediatrician for love or money, but went there for 25 years. I began doing all work in the office and then transitioned to being the telephone nurse, a position I held until I retired.

(daughter, Alice Thomasson note: I think a telephone nurse was like triage now – but with a lot of counseling and basic first aid and advice added.)

Reflect on your service in the Army Nurse Corps.

I was in the Army Nurse Corp for one year, serving stateside, from 1945 to 1946 as a Second Lieutenant.

I entered the armed services at the recommendation of the doctor I was working for at the time. I was in a relationship that was not going anywhere, and the doctor thought the military would be a good change for me. I first tried to enlist in the Navy, but I was not accepted because of bad eyesight.

I went to basic training at Camp Rucker, Alabama. We did the same basic training as all military did, including 20-mile hikes. I then went to Camp Gordon in Augusta, Georgia. My last posting was at Kennedy General in Memphis, TN. This was all over a one-year time period. We were offered the option of getting out of the service when we were no longer needed. I decided to do that.

At Camp Gordon we lived in barracks, one big room with beds lined up in rows. It was here that I learned to make beds very well! I was on night duty during this time primarily working in a sick bay. I gave a lot of injections of penicillin. I do not remember any particular shortage of supplies. We had what we needed to do our work.

At Kennedy General I worked on the contagious disease ward. My patients included some Prisoners of War. During this time, I got the mumps and was very ill for weeks.

Why did you choose a career as a Nurse and what would you tell a person that is considering applying to nursing school today?

It was always something that I wanted to do. It may have been that because my older sister was sickly, I spent a lot of time taking care of her. My Aunt Mary was the only one who really

encouraged me to become a nurse. It is hard work, but it is rewarding. It has changed so much now, much more specialized. Once a nurse, always a nurse.

Comments from Sarah Thomasson Kivett (Marie's Niece):

I graduated from nursing school in 1984 from Western Carolina University. Aunt Marie was one of the first family members to reach out and congratulate me on graduating. I began working at a community hospital soon after graduating. She sent me a starched white uniform dress for me to wear to work, stating she wanted to make sure I had an appropriate uniform to start my career!!

Comments from Alice Thomasson (Marie's daughter):

Marie Marshall (Thomasson) was born August 5, 1922. She graduated from Presbyterian Nursing School, Charlotte NC, in 1943. She worked for several years on night duty at the hospital and then as a private duty nurse. She enlisted in the army in 1945, did her basic training at Fort Rucker (AL), served at Camp Gordon (AL) and then at Kennedy General (TN). As the war ended, nurses were offered the opportunity to be discharged when they were no longer needed. She took this option and returned to civilian life in 1946. Her role in the military seems small to her, insignificant especially in comparison to others who traveled far from home and braved difficult and dangerous situations. In fact, until recently, she rarely even mentioned that she is indeed a veteran.

To me, her daughter, there is a needed reminder from her story. Serving in the military is often not a big adventure or dangerous survival. It is training. It is preparedness. It is being away from home and family. All veterans give of themselves. With those in harm's way there are many, many, many more people supporting their efforts. My mother gave injections to soldiers before they left for their next place of duty. She cared for those with infectious diseases, that can easily spread when people live in close quarters like army barracks. She cared for them all in small ways, with a smile, a kind word, a comforting gesture. Those things can make all the difference in how someone faces the challenges of each day.

Her status as World War II veteran is a small part of her life's story, only one year of 102 years. In this one year, I see an example of her courage and her willingness to serve. She continues to carry these traits with her.

REGULATORY EDUCATION

TO ACCESS ONLINE ARTICLES, SESSION REGISTRATION, AND THE PRESENTATION REQUEST FORM, GO TO WWW.NCBON.COM AND LOOK FOR EDUCATION ON THE MENU. QUESTIONS? EMAIL PRACTICE@NCBON.COM.

As of June 30, 2024, the North Carolina Board of Nursing no longer provides CE contact hour credit for *The Bulletin* articles and Standard Presentation Offerings.

Online Bulletin Articles

- Sleep Deprivation: Am I at Risk for Patient Harm?
- The Role of the Licensed Practical Nurse: A complement to the multi-disciplinary team
- Staying Inside the Lines: The Importance of Professional Boundaries in the Coordination of Care
- The Role of Nursing Empowerment: An Integrative Literature Review

For more articles, go to www.ncbon.com.

Nurse Leader Regulatory Orientation

Learn about the functions of the NCBON and how these functions impact the roles and responsibilities of the nurse leader (administrator, director, manager, clinical leader, supervisor, and others) and aspiring leaders in all types of nursing services and practice settings. The orientation offers 5.5 contact hours (Provider Number ABNP1583; Valid Through 5/20/2028). Registration is open to active NC or compact state RNs in leadership and aspiring leadership roles.

The 2025 sessions are listed below as follows:

April 2-Virtual | May 14-In-Person | Sept 10-Virtual | October 15-In-Person

$50.00 fee (non-refundable). You will be notified of any date or format changes.

Register online at www.ncbon.com.

Registration at least two weeks in advance of a scheduled session is required. Seating is limited. If you are unable to attend and do not have a substitute to go in your place, please provide this information via email to practice@ncbon.com so someone on the waiting list can attend.

Available Online

Legal Scope of Practice Online Course

The purpose of this offering is to provide information and clarification of the components of the legal scope of practice for licensed nurses (RN and LPN) practicing in North Carolina.

Just Culture in Nursing Regulation Booklet

The booklet provides an introduction to the basic principles of Just Culture and the use of these concepts in evaluating the reportability of untoward events to the Board using the NCBON Complaint Evaluation Tool (CET).

NCBON Staff Presentations

NCBON Staff are available upon request to provide presentations regarding nursing practice. To request a presentation, please complete the Presentation Request Form online and submit it per form instructions. The NCBON will contact you to arrange a presentation. A minimum of 25 - 30 licensed nurses (APRN, RN, or LPN) are required for presentations. Length of presentations can vary.

Standard Presentation Offerings

Continuing Competence – Presentation is for all nurses with an active license in NC and is an overview of continuing competency requirements.

Legal Scope of Practice – Defines and contrasts each component of the RN and LPN scope of practice including nursing accountability for delegation of tasks to unlicensed assistive personnel. Potential violations are discussed.

Delegation: Responsibility of the Nurse – Provides information about delegation that would enhance the nurse's knowledge, skills, and application of delegation principles to ensure the provision of safe competent nursing care. Discussion includes the role and responsibilities of the nurse for delegation to unlicensed assistive personnel.

Understanding the Scope of Practice and Role of the LPN – Assists RNs, LPNs, and employers of nurses in understanding the LPN scope of practice.

Nursing Regulation in NC – Describes an overview of the NC Board of Nursing authority, composition, vision, function, activities, strategic initiatives, and resources.

Introduction to Just Culture and NCBON Complaint Evaluation Tool – Provides information about Just Culture concepts, role of nursing regulation in practice errors, instructions in use of NCBON CET, consultation with NCBON about practice errors, and mandatory reporting. Suggested audience is nursing leadership: director, administrator, manager, supervisor, etc.

Introduction to the NCBON Complaint Evaluation Tool – Provides brief information about Just Culture concepts and instructions for use of the NC Board of Nursing's Complaint Evaluation Tool, consultation with the NCBON, consultation with NCBON about practice errors and mandatory reporting. Suggested for leadership familiar and unfamiliar with Just Culture.

Overview of Nursing Practice Act (NPA) Violations and Investigations – Provides information regarding the five common NPA violations reported to the Board of Nursing and the five common pieces of evidence gathered during an investigation.

As of June 30, 2024, the North Carolina Board of Nursing no longer provides CE contact hour credit for *The Bulletin* articles and Standard Presentation Offerings.

APRN

What are examples of fraud?

Kimberly Luisana
DNP, NP-C
Advanced Practice Consultant

Angie Matthes
MBA/MHA, RN
Director, Investigations

Have you ever wondered what type of situations are reported to the Board as fraud? Fraud can appear as a variety of issues including documentation and billing of services not provided, providing inaccurate information for insurance authorization, prescribing inappropriate treatments or medications, and providing fraudulent documents to an employer or the Board. The NC Nursing Practice Act (NPA) gives the Board authority to take disciplinary action for fraudulent activity by a nurse. The relevant statutes in the NPA that represent violations include:

§ 90-171.37

(a) (1) Has given false information or has withheld material information from the Board in procuring or attempting to procure a license to practice nursing.

...

(6) Engages in conduct that deceives, defrauds, or harms the public in the course of professional activities or services.

(6b) Commits acts of dishonesty, injustice, or immorality in the course of the licensee's practice or otherwise, including acts outside of this State.

An NP prescribed Klonopin and Vyvanse to a patient. The person filing the complaint is concerned about the combination of the meds and her daughter's past struggle with addiction. The complainant states her daughter has been going to Methadone clinics for the past 12 years and the NP claims to have never met her daughter in person. The NP began prescribing controlled substances without obtaining records or reaching out to other providers. Additionally, the NP did not obtain any urine drug screens during the time of the prescribing, which is considered best practice.

An NP prescribed weight loss medications such as Ozempic to a significant percentage of their patients. Upon review, the NP was manually entering A1C values and submitting prior authorization requests with inaccurate diagnosis codes to obtain approval. The NP did not obtain lab results and relied on patient-report A1C levels. The NP was listing Type 2 diabetes as a diagnosis to obtain authorization; however, most patients did not meet criteria for that diagnosis. The NP admitted to trusting the patients too much and was only trying to help.

An NP was reported to the Board by another provider after a patient's labs were found to be abnormal. The patient's testosterone levels were extremely elevated, Hemoglobin was elevated and TSH levels were low. Upon review of the patient's records, it was determined the NP had been prescribing testosterone for months to a patient that had normal testosterone levels. The NP stated the treatment was only based on patient's symptoms and not the lab results. The care was reviewed by an outside NP and was found to be below accepted standards of practice. The treatment regimen prescribed by the NP was not evidence-based and appropriate follow-up

Continued on next page.

monitoring was not conducted.

An RN working in a home care agency documented making home visits to a patient for 2 weeks and submitted visit notes and mileage reimbursement documentation. The patient was hospitalized during this time and the home care agency discovered the fraudulent activity when the discharge planner called the agency to discuss resuming patient's care upon discharge.

An NP working for an insurance company documented a complete physical assessment on a Medicare patient who was seen in their home. The NP documented the use of monofilament to assess the patient's feet for sensation. The patient obtained a copy of their record and filed a complaint with the insurance company alleging the NP did not perform that test. The NP was then reported to the Board and admitted they did not perform this assessment. Additionally, there were several assessment check boxes on the visit note which were checked; however, the NP did not perform the specific assessment items either.

Compliance

Jessica Tracey
Compliance Case Analyst

NCBON Monitoring Nurses in Recovery: What are mutual support group meetings?

The North Carolina Board of Nursing (NCBON) monitors nurses experiencing a substance use disorder in the Alternative Program and Discipline Program for Nurses in Recovery. The mission of the NCBON's monitoring programs for substance use is to protect the public by providing a structured approach to monitoring nurses experiencing a substance use disorder and to return nurses in recovery to safe nursing practice.

In addition to random drug screening, substance use disorder treatment and employment conditions, both programs require participants to attend approved mutual support group meetings. The World Health Organization (WHO) defines mutual support groups for substance use as a

> *"group in which participants support each other in recovering or maintaining recovery from alcohol or other drug dependence or problems, or from the effects of another's dependence, without professional therapy of guidance* (WHO, 2024)."

Prior to 2022, program participants were required to attend a minimum of 3 in person 12-step meetings (Alcoholics or Narcotics Anonymous) per week. In 2022, program conditions were modified to allow attendance at a broader range of mutual support group meetings:

- A list of approved meetings is provided to each participant upon program entry.
- Approved meetings must meet the following criteria:
  - Structured support group that meets in-person or virtual
  - Supports complete abstinence from mood altering substances
- Requirement to attend a minimum of 3 approved, structured mutual support group meetings per week for the duration of program participation.
- In-person and virtual meeting attendance is accepted.
- Meeting logs due bimonthly or quarterly to confirm dates of attendance, mutual support group meeting attended, meeting name and verification of in-person or virtual attendance.
- Additional structured mutual support group meetings may be evaluated for approval by NCBON staff.

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Education

What's new in nursing education in North Carolina?

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To strengthen North Carolina's nursing workforce and meet the healthcare needs of its diverse population, two initiatives are underway. These initiatives exemplify the commitment to expanding access to nursing education and preparing future nurses for successful careers. One initiative aims to develop a Practical Nursing (PN) program for high school students. Another initiative introduces a Direct Master's Entry (DME) program for aspiring nurses. Here are program details paving the way for future nursing professionals.

The North Carolina Board of Nursing (NCBON) and North Carolina Community Colleges System (NCCCS) collaborated to develop a PN program for high school students. This initiative aligns with the recommendations of the North Carolina Institute of Medicine Report (2024). The report emphasizes the need for a nursing workforce that reflects community diversity and addresses healthcare needs in North Carolina. A strategy identified in the report is expanding early pathways to cultivate a nursing workforce representative of North Carolina's population.

The current PN curriculum (D45660), approved by NCCCS (2024b) and NCBON (2024), will be used for this program. This initiative enables high school students to earn their high school diploma and a PN diploma. The program aligns with the mission of the community college system by providing high-quality, accessible educational opportunities that minimize barriers to post-secondary education (NCCCS, 2024a). Upon graduation and successful completion of the National Council Licensure Examination for Practical Nurses (NCLEX-PN®), these students will be qualified to work as Licensed Practical Nurses (LPNs). The program aims to provide students the opportunity to obtain an initial nursing license and establish a pathway to pursue their Registered Nurse (RN) degree.

Gaston Community College and Surry Community College are leading this initiative, which is open to all colleges approved for the D45660 PN curriculum (NCCCS, 2024c).

Colleges interested in implementing a PN program for high school students should contact the NCCCS and their education consultant at the NCBON.

Graduate-entry programs have been a part of nursing education in the United States since 1960 (Jones-Bell et al., 2021). For decades, nursing programs have offered master's entry options, developing pathways for students to transition into nursing. Although master's entry programs have been established for some time, entry-level master's programs culminating in a generalist degree rather than an advanced practice degree are relatively new (Market et al., 2019).

The curriculum components for a Direct Master's Entry (DME) program provide for the attainment of knowledge and skill sets in the current practice in nursing, nursing theory, nursing research,

community health, health care policy, healthcare delivery and finance, communications, therapeutic interventions, and current trends in healthcare. The DME will strengthen competencies in organizational and systems thinking, quality improvement and safety, care coordination, interprofessional communication, and team-based care and leadership for students with a non-nursing baccalaureate degree. If you are seeking a DME for your school of nursing, or have any questions, please email education@ncbon.com.

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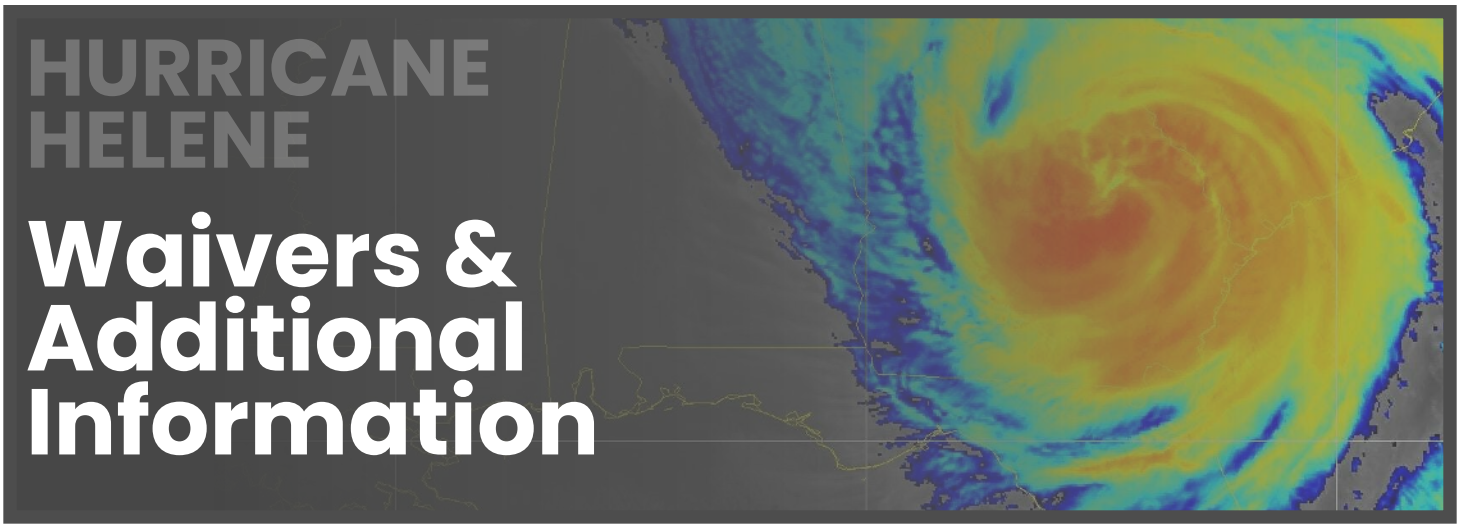

Investigations

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What is an inappropriate interaction with a client?

The North Carolina Board of Nursing (NCBON) receives complaints from various practice settings, such as home health agencies, hospitals, correctional institutions, and long-term care facilities, alleging inappropriate interactions with a client or client's caregiver by a nurse. Inappropriate interactions with a client or client's caregiver can be verbal, physical, emotional, sexual, or financial in nature. In 2023, the NCBON investigated 78 complaints involving an inappropriate interaction by a nurse.

Some common examples of inappropriate interactions include:

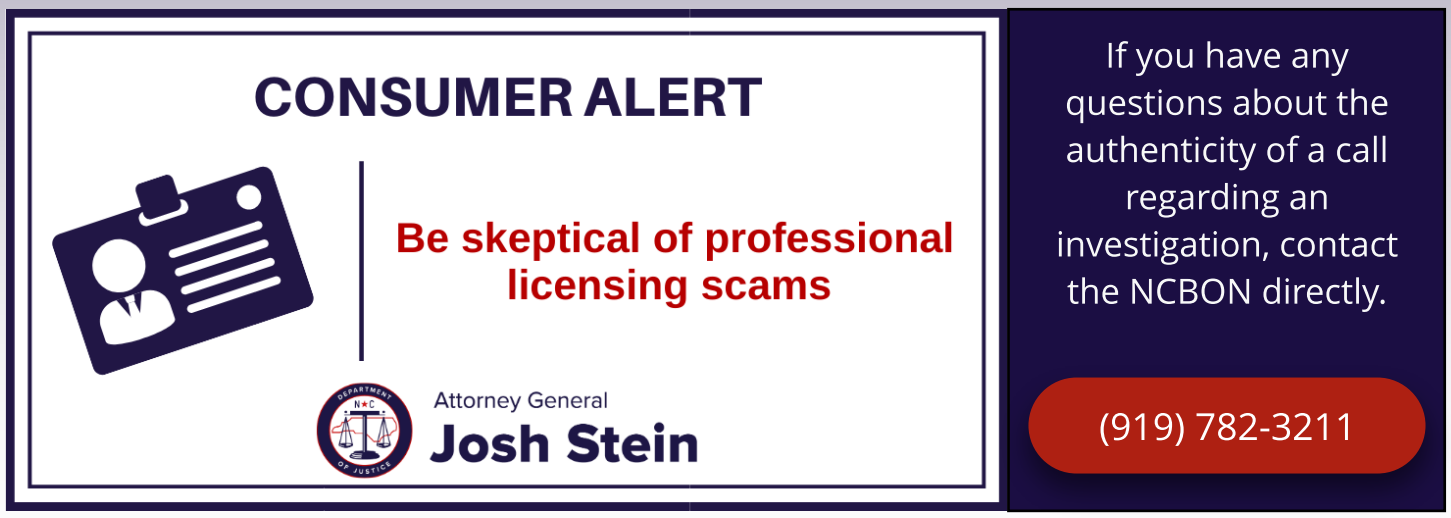
- Making threats, intimidating, yelling, or cursing
- Hitting or striking with or without injury
- Communication (calls, text messages, letters, social media messages) regarding topics unrelated to client care and outside of the practice setting
- Accepting social media "friend" requests
- Meeting outside of the practice setting (i.e. a meal; event or social outing, vacation)
- Dating a client or client's caregiver (sexual or non-sexual)
- Living with a client
- Serving as a client's HCPOA/POA
- Sending texts, photographs or videos that are sexual in nature to client or client's caregiver
- Providing or accepting monetary gifts or services (i.e. buying groceries, paying bills/utilities, adding money to an offender's account, borrowing money or using credit/debit card for personal items (with or without permission), beneficiary of client's will, etc.)

The North Carolina Nursing Practice Act and Administrative Rules outline expectations for nurses related to their interactions with clients and client caregivers. According to 21 NCAC 36.0217, a licensee can be found in violation for the following:

> (11) threatening, harassing, abusing, or intimidating a client
> *...and...*
> (23) violating boundaries of a professional relationship such as physical, sexual, emotional, or financial exploitation of a client or a client's family member or caregiver. Financial exploitation shall include accepting or soliciting money, gifts, or the equivalent during the professional relationship.

Clients and their caregivers are vulnerable and you, as the nurse, are in a position of influence and authority. Although most client interactions begin as therapeutic, professional relationships, over time, professional boundaries can gradually be blurred, which can put you at risk. Personal and professional stressors can also contribute to your actions and responses towards a client or their caregiver. It is important for you to be cognizant of when you might need to step away from a situation and have another nurse or qualified staff member assume care of the client. To minimize your risk, you should avoid spending time with the client outside of their care needs, showing favoritism, getting together with the client outside of the typical care environment or when you are not scheduled to work, communicating regarding personal matters or creating a secretive environment. While your facility may allow acceptance of small gifts, you should use caution when accepting anything from a client or client's caregiver, as this could be viewed as financial exploitation. You should know your facility policy regarding receipt of gifts and when in doubt you should seek guidance from your leadership.

For additional information, the NCBON offers an article in the Winter 2018 edition of *The Bulletin,* Maintaining Professional Boundaries in Nursing, which can be accessed on the NCBON's website (www.ncbon.com).



Licensure

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How can I always know the status of my nursing license?

No one notified me! Why didn't someone reach out to me? I did not get anything in the mail. These are three common statements heard by licensure staff consistently when a nurse discovers their license is no longer valid. This could be due to failure to renew, address changes not submitted to the Board, or discipline taken in another state.

Licensure renewal after the initial license is every two years. Your initial license may be valid for 13 to 24 months to allow the establishment of the two-year cycle. The North Carolina Board of Nursing will send electronic notifications 90, 60,30 and 10-days before the expiration date to the email address entered in the nurse portal.

If you change your primary address in the Nurse Portal to another state, this may result in the deactivation of your North Carolina license. You are required to apply for a license in the new state within 60 days of relocation. Once the new license is issued, update your address information in your nurse portal. This will prevent any lapse in licensure and cause you to be working without a license.

If you are not receiving the license notifications, log into the nurse portal to verify your email information is correct. If the information is correct, check your email settings to see if your information is being routed to spam/junk mail. It is recommended that school and/or employment emails not be used due to frequent changes and irregular use.

Remember, it is the nurse's responsibility to ensure their license is current for the jurisdiction in which they practice.

Do not fear, there is help available. Nursys.org offers a free service to help both employers and nurses track licensure status changes. Enroll in e-Notify to receive electronic notifications of any changes in licensure status, upcoming expiration dates, discipline, or status changes. https://www.nursys.com/EN/ENDefault.aspx the service is free, but you must enroll.

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Practice

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MSN, RN, FRE
Director, Practice

Can an LPN be a preceptor for other nurses, unlicensed personnel, and nursing students?

The Licensed Practical Nurse (LPN) scope of practice does not include the components for teaching, supervising, and evaluating nurses, unlicensed assistive personnel (UAP), and students. It is not within the LPN's scope of practice to be a preceptor for nurses, UAP, and students (Registered Nurse (RN), LPN, or UAP). It is not within the LPN scope of practice to provide nursing in-service education and nursing staff development for nurses and UAP. The Nursing Practice Act (NPA) [G.S. 90-171.20 (8)] and Administrative Code – Rules (Rules) [21 NCAC (NC Administrative Code) 36.0225] define the LPN scope of practice as a directed scope that requires the assignment and supervision of an RN, Advanced Practice Registered Nurse (APRN), physician, or other healthcare practitioner authorized by state law.

The utilization of LPNs in various practice settings including acute care continues to expand as healthcare systems develop models of care delivery to meet the demands for nursing services. The North Carolina Board of Nursing (NCBON) receives inquiries about the LPN's scope of practice including whether it is within the LPN's scope of practice to be a preceptor for RNs, LPNs, UAP, and students. The preceptor's role often includes providing education, training, and evaluation for the nurses, UAP, and students. Additional preceptor responsibilities may include assessment of the individual's learning needs, setting goals for the preceptorship or orientation, developing learning plans, teaching nursing skills and activities, evaluating the performance and competence of the individual, and providing professional communications to nursing leadership or faculty. These activities are not within the LPN's scope of practice.

The LPN may participate in limited aspects of providing nursing in-service education, training, and orientation for staff. The LPN's participation in these activities is limited to:

1. Demonstrating specific nursing tasks or techniques according to the agency's established procedures.

2. Observing an LPN or UAP perform a return demonstration of specific tasks or techniques using the agency's established step-by-step procedures for comparison.

Continued on next page.

3. Providing evaluative data regarding the LPN or UAP performance of the nursing tasks or techniques to the RN supervisor or RN accountable for nursing orientation/staff development.

It is important to note that the nursing law does not limit LPN responsibilities for non-clinical educational activities such as fire safety training or computer orientation.

LPNs perform vital roles in nursing care delivery and are valuable healthcare team members. Utilizing LPNs within their legal scope of practice promotes the delivery of safe, competent patient care. For additional information about the LPN scope of practice, please see the Position Statements listed on the NCBON website, submit questions and inquiries to practice@ncbon.com or 919-782-3211 (ask for Practice), or request an NCBON speaker at your organization or agency using the NCBON Speaker Request Form.

License Verification for Nurses

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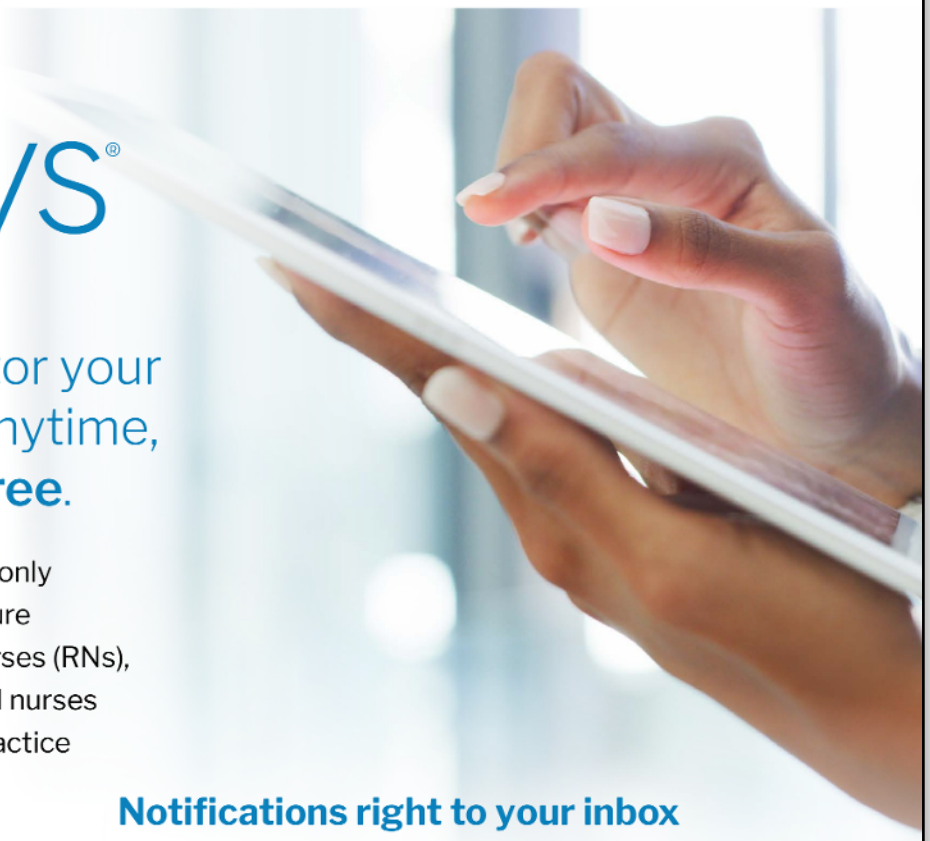
Contact: **nursysadmin@ncsbn.org**



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* See nursys.com for participating BONs.

Protect the public by regulating the practice of nursing.

NURSE LICENSURE COMPACT

Interstate Commission of Nurse Licensure Compact Administrators Adopts New Residency Rule

Announcement: Starting Jan 2, 2024, a new NLC rule will be in effect. Nurses relocating to another compact state have 60 days from the time they move to apply for a new license by endorsement in a new primary state of residence.

The new rule reads:

402(2) A multistate licensee who changes primary state of residence to another party state shall apply for a multistate license in the new party state within 60 days.

Helpful FAQs and a brief video about the new rule are available online. Nurses can enroll at no cost in Nursys eNotify to receive notifications related to license renewals at www.nursys.com.

For more information

Visit
www.nlc.gov

email
nursecompact@ncsbn.org

The next issue of

The Bulletin

will be released in **February 2025**

What to expect...

- Strategic Plan Update
- Q&A Corners
- ...and much more!

"So never lose an opportunity of urging a practical beginning, however, small, for it is wonderful how often in such matters the mustard-seed germinates & roots itself."

- Florence Nightingale -