

Staying Inside the Lines:

The Importance of Boundaries in Coordination of Care

Disclosure Statement – The following disclosure applies to the NCBON continuing nursing education article entitled "Staying Inside the Lines: The Importance of Boundaries in Coordination of Care." Participants must read the CE article, online reference documents (if applicable), and the Reflective Questions in order to earn CE contact hours. Verification of participation will be noted by online registration. Neither the authors nor members of the planning committee have any conflicts of interest related to the content of this activity.



Provider Statement – The North Carolina Board of Nursing will offer 1 contact hour for this continuing nursing education activity.

The North Carolina Board of Nursing is approved as a provider of nursing continuing professional development by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Learning Outcome: Nurses completing this article will gain increased knowledge regarding the coordination of care, creating a PLLC, and avoiding boundary violations.

EARN CE CREDIT

INSTRUCTIONS

Read the article, online reference documents (if applicable), and the Reflective Questions.

EARN CONTACT HOUR CERTIFICATE

Go to www.ncbon.com and scroll over "Education"; under "Continuing Education," select "Board Sponsored Bulletin Offerings," scroll down to link, "Staying Inside the Lines: The Importance of Boundaries in Coordination of Care." Register. Be sure to write down your confirmation number, complete, and submit the evaluation, and print your certificate immediately.

If you experience issues with printing your CE certificate, please email practice@ncbon.com. In the email, provide your full name and the title of the CE offering (Staying Inside the Lines: The Importance of Boundaries in Coordination of Care).

Registration deadline is July 1, 2024.



Introduction

The North Carolina Board of Nursing (NCBON) has seen a recent increase in the number of complaints submitted about nurses who provide care coordination services that cross professional boundaries. Nursing services provided to patients in these settings can lead to situations that challenge the nurse with maintaining a solely professional relationship while encouraging the patient to be as independent as possible. This behavior, by the nurse, may result in harm to the patients and could result in violations of the NC Nursing Practice Act (NPA).

Objective

To prevent this shifting of boundaries, the nurse must understand the practice of care coordination and the risk factors associated with blurred boundary lines. This article provides resources for nurses practicing in the care coordination role. This article will describe the coordination of care and the RN/LPN scope of practice. We will review examples of potential boundary violations and provide resources related to professional boundaries. Reflection questions are provided for nurses to reflect on their own practice and encourage further conversation related to professional boundaries.

Definitions

The American Nurses Association (ANA) and the American Academy of Nursing (AAN) defined care coordination as “the deliberate synchronization of activities and information to improve health outcomes by ensuring that care recipients’ and their families’ needs and preferences for health care and community services are met over time” (Lamb et al., 2015, p. 526). With patients spending less time in an acute care setting, there is no denying that care coordination is a needed aspect of patient care to improve patient outcomes and lower healthcare costs (Karem et al., 2021). Typically, this coordination begins in the hospital or other inpatient settings and transitions to community care coordination where a nurse may own a business providing this service (Karem et al., 2021). Nurses often coordinate care between physicians, outpatient services, pharmacies, and in-home patient care while assisting the patient in navigating other resources such as advanced care planning. If nurses choose to own their own business, to provide nursing or related services, it is recommended that they seek legal advice in establishing a Professional Corporation (PC) or Professional Limited Liability Company (PLLC). Licensed Practical Nurses (LPN) are not authorized to establish such PC’s or PLLC’s. The [Professional Corporation Act](#) defines who can form a professional corporation in GS 55B-14. Specific information related to nurses owning a business can be found on the NCBON website at:

<https://www.ncbon.com/practice-professional-corporations-and-professional-limited-liability-companies>.

On page 31, Stacey Thompson, Practice Consultant, provides more information on regulations for these businesses.

Role of Care Coordination

A Registered Nurse (RN) engaging in care coordination is responsible for developing and updating care plans according to patient needs, providing education to the patient and their families, and facilitating care across many different settings and providers (ANA, 2017). Due to the significance of care planning and education required for care coordination, it is also important to note the scope of practice for the RN or the LPN providing care coordination. The NCBON provides guidelines via position statements. The Scope of Practice Decision Tree, found at [RN-LPN Scope of Practice Decision Tree \(ncbon.com\)](#) provides details about specific scope for the RN and LPN in relation to assessment, planning and implementation, evaluation, reporting, collaborating, teaching, and counseling, managing nursing care, administering nursing services, and accepting responsibility. For example, the RN could develop the patient’s plan of care, and the LPN could participate in planning by suggesting goals and interventions. The LPN could assess and identify the client’s response to nursing interventions and the RN would determine the effectiveness of the nursing interventions and expected outcomes while modifying the plan of care. The RN would be responsible for



identifying learning needs, developing and evaluating teaching plans, and making appropriate referrals while the LPN could participate in that teaching as assigned through implementation of an already established teaching plan or protocol.

Investigations and Boundary Violations

The NCBON's mission is to "protect the public by regulating the practice of nursing (NCBON, 2023)." Investigating allegations of potential violations of the Nursing Practice Act (NPA) filed against nurses aligns with the mission of the NCBON. Unprofessional relationships with a patient can lead to boundary violations and can be detrimental to the patient personally, financially, and emotionally. According to GS 90-137.21 the NCBON "may initiate an investigation upon receipt of information about any practice that might violate any provision of this Article, or any rule or regulation promulgated by the Board (NPA, 2019)." Additionally, the NPA grants the NCBON authority to "determine and administer appropriate disciplinary action (NPA, 2019)." It further delineates that discipline may be issued for specific circumstances in which the nurse may have engaged in unprofessional conduct, even if a patient is unharmed; and/or commits acts of dishonesty, injustice, or immorality in the course of their practice. Additionally, the North Carolina Administrative Code (NCAC), 21 NCAC 36.0217, provides specific guidance related to boundary violations in Rule 23 noting that "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" (NCAC, 2019).

Supporting the NCBON's mission of the regulation of nursing practice, includes utilizing the investigatory process. The investigatory process could result in an offer of resolution from no further action, remediation, or disciplinary recourse. To learn more about the options for resolution, see [Resolution | North Carolina Board of Nursing \(ncbon.com\)](#). Not all professional boundary violations occur with the intent of impacting the patient, but nurses need to be aware that violations could negatively impact the patient. Nurses who share information about their personal lives and financial hardships with patients have already crossed a boundary by sharing this information. When the sharing of this type of information, either by the nurse or patient, leads to an exchange of money, gifts, or personal favors between parties, there is a risk of a violation.

Nurses working in a home care setting could be reported to the NCBON for crossing professional boundaries. Boundary crossings can refer to situations involving money, romantic relationships, physical relationships, and friendships. It is essential for nurses, either independently employed or through an agency, to be aware of their professional role and set clear boundaries for patients. The National Council of State Boards of Nursing (NCSBN) provides a free resource titled "A Nurse's Guide to Professional Boundaries" and defines professional boundaries as "the space between the nurse's power and the patient's vulnerability" (NCSBN, n.d.). These resources can be ordered at no charge, through NCSBN at: https://www.ncsbn.org/public-files/ProfessionalBoundaries_Complete.pdf. NCSBN's professional boundaries resource provides an illustration to reinforce the important balance of a nurse's role. Nurses are encouraged to utilize resources, such as NCSBN and NCBON websites for guidance regarding therapeutic patient relationships to help avoid these types of boundary violations. NCBON practice consultants are available to discuss concerns related to potential boundary issues and can be reached by email, practice@ncbon.com.

Caldicott (2019) describes five elements that may potentially lead a nurse to cross a professional boundary. These elements include risk factors such as practice type and patient population, vulnerabilities such as emotional makeup and life stress, accountability measures such as inability to self-regulate or hold themselves accountable, resistance by justifying their actions, and catalysts such as a temptation or trigger (Caldicott, 2019). The nurse's primary concern should always be the health and well-being of the patient (Haddad & Geiger, 2023) If a nurse feels there is potential for a professional boundary violation, they should immediately act (College of Nurses of Ontario [CNO], 2020). An immediate action could be removing themselves from that patient's care or collaborating with other providers to ensure the patient's needs are



met (CNO, 2020). It is important to consider patient abandonment if you decide to remove yourself from the patient's care. Further information and required reading related to the abandonment and the NCBON's position statement containing the RN and LPN's responsibility can be found at:

[staffing-and-client-patient-safety.pdf \(ncbon.com\)](https://www.ncbon.com/staffing-and-client-patient-safety.pdf).

Conclusion

Nurses can practice in diverse settings while providing a range of nursing care. In some instances, nurses provide coordination of care and home health services. Therefore, it is crucial that nurses remain cognizant of their scope and legal requirements related to coordination of care. Nurses are encouraged to utilize the resources from the NCBON and NCSBN that provide education and guidance related to maintaining professional boundaries.

Reflection Questions

- How does the Board protect the public?
- What is the role of RN versus LPN in the coordination of care business?
- What is used to define the RN and LPN's scope of practice?
- What steps should be taken by an RN when considering creating their own home care business?
- How can nurses and patients access resources to ensure home care services are being provided fairly and appropriately?
- List examples of boundary crossing in the nurse/patient relationship?
- What is the difference between a PLLC and LLC? Who can own a PLLC and LLC?
- During a home visit a family member asks you to pick up groceries for them and gives you their credit card. They tell you to buy yourself some lunch while you are out. How do you handle this situation?
- While off duty, a patient's family member begins to message you and asks for you to come over and check on the patient. How would you react? What are your responsibilities in this situation?
- An LPN is going to be assigned to provide care coordination to a client. What should be in place, prior to the LPN providing care to the client?

Authors



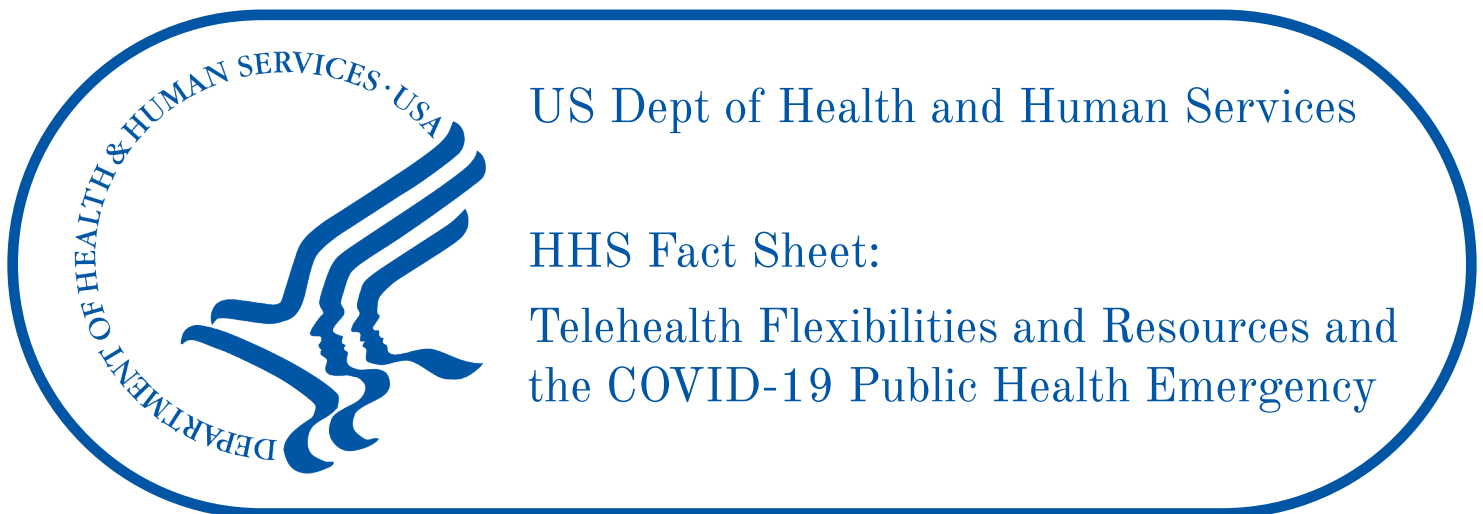
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