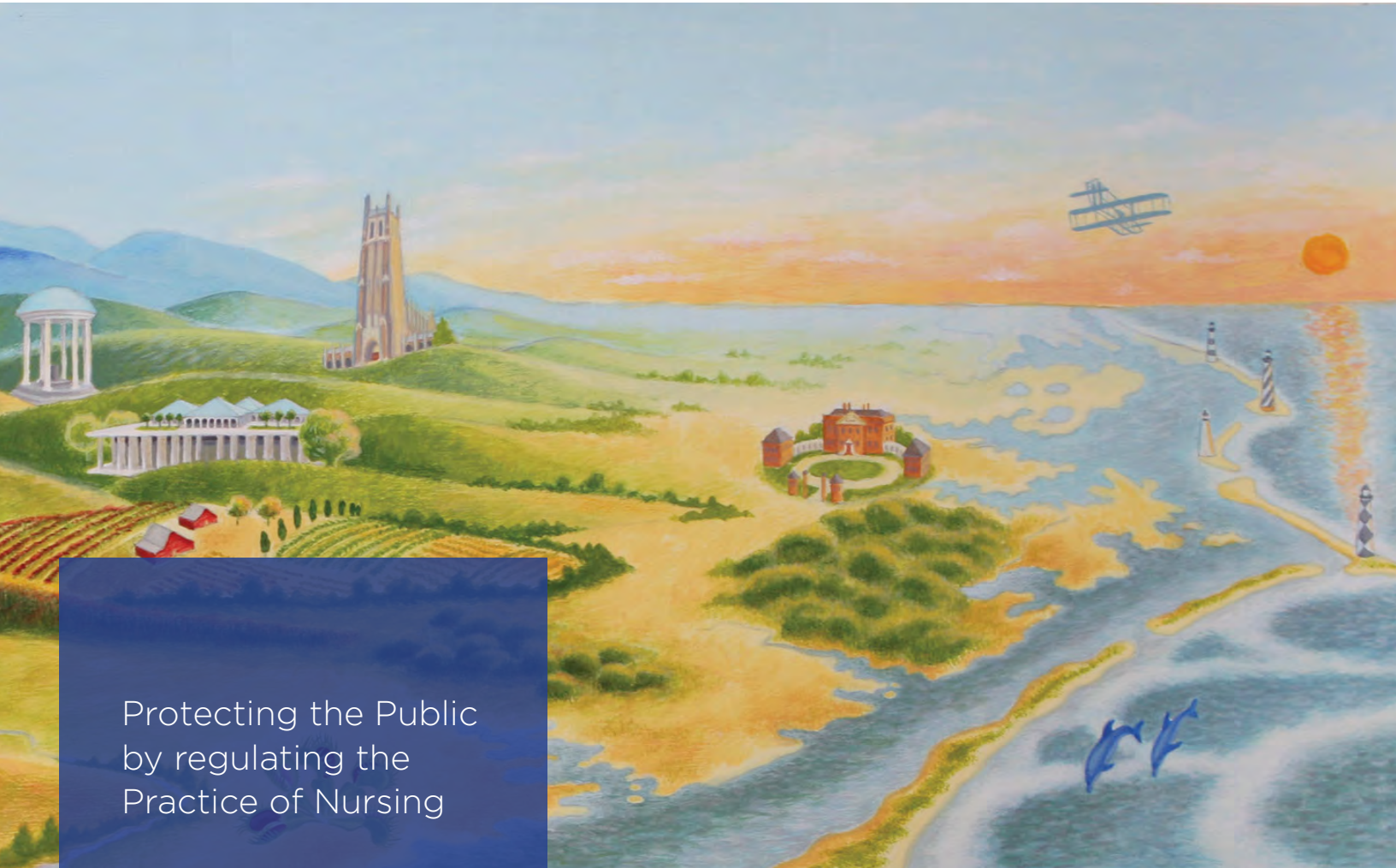


North Carolina
Board of Nursing
Annual Report

**Fiscal Year
2013-2014**



Protecting the Public
by regulating the
Practice of Nursing





Mission: The Mission of the North Carolina Board of Nursing is to protect the public by regulating the practice of nursing.

Vision: The North Carolina Board of Nursing excels in advancing public protection in a dynamic healthcare environment.

Values: Setting the PACE for Public Protection and Regulatory Excellence.

Professionalism
Accountability
Commitment
Equity/Fairness

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Letter from the Executive Director

“At the forefront of any discussion about the North Carolina Board of Nursing is its mission to “protect the public by regulating the practice of nursing.” Although the vast majority of licensed nurses practice with competence and integrity, there have always been instances where either accidentally or intentionally, nurses’ actions endanger the public.”

From “First in Nursing” by Shirley Toney, RN, Ph.D. 2013

In the recent past, North Carolina Boards and Commissions have been surveyed by: NC Gear (Governor’s initiative), the Office of the State Auditor and the Program Evaluation Division (PED) of the General Assembly. The North Carolina Board of Nursing has responded to each of these surveys, working hard to provide the most accurate information in a timely manner. The nature of the activities of the different boards, makes any comparison from one board to another problematic.

However, in this annual report not only are we reporting activities that we are required, but we are adding useful information to give the reader some idea as to how we compare to other boards of nursing throughout the country.

At 111 years of age, we know the North Carolina Board of Nursing is the oldest board of nursing in the nation. We were trailblazers in 1903 and in many respects we feel we are still leading the way in nursing regulation.

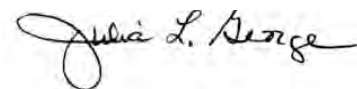
Examples include:

- Consistently scoring among the top tier of nursing boards nationwide according to the CORE data report of the National Council of State Boards of Nursing (NCSBN).
- State with the most staff graduates of The Institute of Regulatory Excellence (IRE) in the nation.
- 5th state in the nation to join the Nurse Licensure Compact
- North Carolina Awards for Excellence recipient 2007
- Gold and Silver Aster Award recipient for more than five years for the Board’s magazine, (*The Nursing Bulletin*)

In addition, while we realize perfection will never be attained in this life, the North Carolina Board of Nursing has a strong culture of performance measurement and quality improvement. One example of this is contracting with the Citizens Advocacy Center of Washington, D.C. to complete an independent review of the Board’s Alternative Program, a drug monitoring program, geared toward nurses who suffer from a chemical dependency.

Lastly, I am proud to report that our audited financial statements — for more than two decades — reflect sound fiscal management.

Respectfully,



Julie George, RN, MSN, FRE
EXECUTIVE DIRECTOR
NORTH CAROLINA BOARD OF NURSING

Public Protection

81.7% of cases brought to the
North Carolina Board of Nursing
are resolved in 4 months or less.



Front Row (L to R) Angie Matthes, Amy Fitzhugh, Melissa McDonald
Back row (L to R) Mary Howard, Brian Stewart, Abby Carver, Ruth Ann Go (missing Tammy Horne, Jennifer Lewis, Pam Trantham)

Complaints/Disciplinary Action

When a problem is experienced with a nurse, a complaint may be submitted to the Board of Nursing. Board staff process the complaint in accordance with the Nursing Practice Act to determine if an actual violation has occurred. The final decision that is reached is based on the findings of an inquiry or investigation. Currently the board has 5 investigators, a staff attorney, a complaint coordinator, a manager of legal proceedings, a manager of investigations — who also conducts investigations and a legal coordinator, all dedicated to working on cases of licensed nurses in North Carolina.

According to the most recent data from the National Council of State Boards of Nursing — 81.7% of cases brought to the North Carolina Board of Nursing are resolved in 4 months or less. The national average is only 40.6% are resolved in 4 months or less.

Throughout the complaint process, the nurse's due process rights are respected. This means that the nurse has the opportunity to respond and defend against the allegations and that the matter is heard by a fair and impartial body.

Number of complaints received involving licensed and unlicensed activities: **1572**

Disciplinary actions taken against licensees or other actions taken including injunctive relief: **395**

Number of Licenses suspended, surrendered or revoked: **220**

Licenses terminated for any reason other than failure to pay the required renewal fee: **0**

Regulatory Monitoring

“The Board is empowered to establish programs for aiding in the recovery and rehabilitation of nurses who experience chemical addiction or abuse or mental or physical disabilities and programs for monitoring such nurses for safe practice: establish programs for aiding in the remediation of nurses who experience practice deficiencies.”

[§90-171.23 (b)(18)(a)]

Nurses diagnosed with a substance use disorder are typically monitored by regulatory compliance staff for a period of 3 years of employment following completion of a required rehabilitation treatment program. The Board's rigorous monitoring programs follow evidence based practice guidelines published by the National Council of State Boards of Nursing (NCSBN). The number of nurses with a substance use disorder, being monitored by the Board, is a fraction of 1 percent of the total number of licensees.

Regulatory Compliance monitoring staff is assigned to engage the licensee at the time they enter into an agreement with the Board and until such time as the conditions of the Order are satisfied. The Regulatory Compliance monitor serves as the interface between the licensee, the employer and the Board and serves as the primary contact for both the licensee and the employer for the duration of the period of the Order.



Front Row (L to R) Sara Griffith, Kathleen Privette, Jessica Tracey
Back row (L to R) Vicki Sferruzzo, Brandi Griswold, Alison Bailey
Candy Elliott

Regulatory Affairs: Donna Mooney, Melissa Meyer (picture not available)

Licensure and Listing



Front row (L to R) Dacia Williams, Tony Graham, Brenda McDougal
Back row (L to R) Amy Wilson, Teresa Werlau, Kathy Collins, Andrea Gunther, Barbara Nelson, Candice Moore, Sherry Macopson

The North Carolina Board of Nursing (NCBON) uses the National Council Licensure Examination (NCLEX) prepared by the National Council of State Boards of Nursing (NCSBN) to measure competence for entry-level practice for graduates of Board-approved nursing education programs. Students who have successfully completed the requirements for graduation from a Board-approved practical nurse or registered nurse education program are eligible to sit for NCLEX. The Board has never refused examination to a qualified NCLEX applicant. The Board licenses more than 147,000 nurses, making the North Carolina Board of Nursing the largest occupational licensing board in the state.

According to the most recent data from the National Council of State Boards of Nursing — **North Carolina's average time to process applications for nurse licensure was 6 days compared to the national average of 16 days.**

Examination and Endorsement

Exam

Number who applied for examination	6896
Number who were refused examination	0
Number who took the examination	6554
Number to whom initial licenses were issued via exam	5373

Endorsement

Number who applied for license by reciprocity or comity	5370
Number who were granted license by reciprocity or comity	4737

Nurse Aide II

Number of Nurse Aide II receiving initial listing	3282
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Information Technology

(L to R) Lonzell Fogle, Kris King, Roger Burns



Administrative Staff

(L to R) Tammy Edelen, Chandra Graves
(missing Hema Parmar)



Office Operations

(L to R) Diane Jenkins, Elizabeth Curlin

Practice and Education Departments

Nursing licensure requires both graduation from a Board of Nursing-approved education program and successful completion of a national competency-based examination. Together, these dual elements provide assurance that new nurses are competent to practice at a beginner level. Continuing competence is addressed at the time of biennial license renewal.

(64 of the states 100 counties have pre-licensure nursing programs)

In North Carolina, approximately

95% of nurses rated their entry-level nursing education program — as excellent or good — in preparing them to provide safe and competent care. (NCSBN

Core Data Survey Results)

In fulfilling the NCBON mission of public protection, Education Department Staff evaluate and approve pre-licensure nursing education programs and enforce regulatory evidence-based nursing education standards. This oversight of nursing education programs serves the public's best interest by identifying programs with unacceptable licensure exam failure rates or which lack the appropriately-prepared faculty and resources needed to provide both effective academic preparation and hands-on clinical care experiences essential in all healing professions. The Education Department Staff provide consultation in support of program improvement efforts, monitor progress, and if indicated, recommend non-approval status for NCBON consideration.



Front row (L to R) Paulette Hampton, Eileen Kugler
Back row (L to R) Crystal Tillman, Denise Hirst, Linda Blain, Carol Walker, Joyce Winstead (missing Burnette Brown)

The Practice Department Staff address nursing and advanced practice nursing scope of practice issues.

The staff provides direct consultation with diverse stakeholders. Staff members develop interpretive Position Statements, based on NC laws and rules and national best-practices, provide regulatory guidance for nurses, employers, physicians, and others. Practice

Department Staff collaborate regularly with professional nursing organizations and with diverse regulatory agencies. In addition, staff members participate in national nursing and advanced practice nursing meetings.

Practice Department Staff provide educational workshops across NC covering a range of topics related to nursing practice and regulation.

Administrative Rule Actions

The Board of Nursing operates under the NC Administrative Code Title 21 Occupational Licensure Boards Chapter 36 — Board of Nursing. In 2013, the Board revised three (3) rules. No rules were developed or repealed. The following Rules were approved:

Revisions:

Section .0700 – Nurse Licensure Compact

- 21 NCAC 36.0702 – Issuance of a License by a Compact Party State (Eff. 11/1/2013)

Section .0800 – Approval and Practice Parameters for Nurse Practitioners

- 21 NCAC 36.0804 – Process for Approval to Practice (Eff. 1/1/2013)
- 21 NCAC 36.0808 – Inactive Status (Eff. 1/1/2013)



Practice Act Amendments



In 2013, the Board did not propose any changes to the Nursing Practice Act. At the time of this report, there are no anticipated changes in the law or rules.

Financial Statement

Fiscal

The financial statements represent our continuing commitment to providing the highest standards of financial management and reporting, as well as responsibility and accountability for the resources of the North Carolina Board of Nursing.

The financial statements are prepared in accordance with generally accepted accounting principles in the United States as prescribed by Governmental Accounting Standards Board (GASB).

The financial statements report all activities of the North Carolina Board of Nursing using the full accrual basis of accounting. Revenues are recognized in the accounting period in which they are earned and become measurable. Expenses are recognized when incurred, if measurable.

Licenses are renewed for a period of two years. License renewal fees are deferred and recognized as revenue over the two-year period to which they relate.

Statement of Net Position

	2014	June 30 2013
ASSETS		
Current assets		
Cash and cash equivalents	\$1,161,582	\$919,541
Accrued interest receivable	42,637	46,320
Accounts receivable	11,379	12,979
Prepaid expenses and other assets	73,109	63,295
Investments - current portion	<u>179,997</u>	<u>352,013</u>
Total current assets	1,468,704	1,394,148
Noncurrent assets		
Investments	<u>9,075,838</u>	<u>8,287,459</u>
Total noncurrent assets	<u>9,075,838</u>	<u>8,287,459</u>
Capital assets - net of depreciation	<u>7,256,847</u>	<u>7,538,048</u>
TOTAL ASSETS	<u>\$17,801,389</u>	<u>\$17,219,655</u>
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities	228,171	169,931
Current portion of accrued vacation	24,869	11,507
Current portion of deferred revenues	3,370,697	3,318,305
Current portion of note payable	<u>187,587</u>	<u>164,627</u>
Total current liabilities	<u>3,811,324</u>	<u>3,664,370</u>
Noncurrent liabilities		
Accrued vacation	404,563	449,849
Other accrued liabilities	58,129	36,565
Deferred revenue	3,370,697	3,252,788
Note payable	<u>1,382,395</u>	<u>2,074,066</u>
Total long term liabilities	5,215,784	5,813,268
TOTAL LIABILITIES	<u>\$9,027,108</u>	<u>\$9,477,638</u>
NET POSITION		
Investment in fixed assets	5,686,865	5,299,355
Unrestricted net assets	<u>3,087,416</u>	<u>2,442,662</u>
TOTAL NET POSITION	<u>\$8,774,281</u>	<u>\$7,742,017</u>

Statement of Revenue, Expenses and Changes in Net Assets

	For Years Ended June 30	
	2014	2013
OPERATING REVENUE		
License renewals	\$6,032,868	\$5,900,183
Examination fees	528,444	471,262
Reinstatements	198,944	204,508
Endorsements into state	795,609	752,935
Labels	59,470	42,638
Hearing and settlement	4,800	6,750
Advanced Practice-RN	346,819	300,445
Nurse aide registry	229,198	233,174
Other	<u>85,955</u>	<u>83,998</u>
TOTAL OPERATING REVENUE	<u>8,282,108</u>	<u>7,995,893</u>
OPERATING EXPENSES		
Salaries and related benefits	5,597,882	5,433,817
Operations	1,697,865	1,763,598
Election	4,700	4,900
Conventions & conferences	86,820	106,274
Board meetings	39,555	40,679
Hearings	21,201	20,237
Committee meetings	47,910	29,762
Contribution to FNE	10,000	10,000
Other regulatory services	<u>17,434</u>	<u>19,120</u>
TOTAL OPERATING EXPENSES	<u>7,523,367</u>	<u>7,428,386</u>
OPERATING INCOME	758,742	567,507
NON-OPERATING REVENUE (EXPENSES)		
Net investment income	342,412	(107,822)
Interest paid	<u>(68,889)</u>	<u>(85,766)</u>
TOTAL NON-OPERATING REVENUE (EXPENSES)	<u>273,523</u>	<u>(193,588)</u>
CHANGE IN NET ASSETS	1,032,264	373,919
NET POSITION, BEGINNING OF YEAR	7,742,017	7,368,098
NET POSITION, END OF YEAR	<u>\$8,774,281</u>	<u>\$7,742,017</u>

Board and Staff Leadership



Administrative Council

Front row (L to R) Brenda McDougal, Julie George, Linda Burhans
Back row (L to R) Amy Fitzhugh, Gayle Bellamy, Joyce Roth, David Kalbacker, Angela Ellis, Tony Graham, Kathy Chastain

Administrative Council Years of Experience with the Board

Julie George, EXECUTIVE DIRECTOR	19 YEARS
Brenda McDougal, AED/OPERATIONS	26 YEARS
Linda Burhans, AED/ PRACTICE, REGULATION AND EDUCATION	9 YEARS
Amy Fitzhugh, DIRECTOR OF LEGAL PROCEEDINGS	2 YEARS
Gayle Bellamy, DIRECTOR OF FINANCE	25 YEARS
Joyce Roth, ASSOCIATE DIRECTOR OF ORGANIZATIONAL DEVELOPMENT AND CONTINUED COMPETENCE	18 YEARS
David Kalbacker, DIRECTOR OF PUBLIC INFORMATION	11 YEARS
Angela Ellis, MANAGER-EXECUTIVE OFFICE	22 YEARS
Tony Graham, OPERATIONS DIRECTOR	1 YEAR
Kathy Chastain, ASSOCIATE DIRECTOR QUALITY MANAGEMENT	13 YEARS



Elected Board

Front row (L to R) Peggy Walters, Sharon Moore, Cheryl Duke, Martha Ann Harrell, Jennifer Kaylor,
 Back row (L to R) Pat Campbell, Jacqueline Ring, Margaret Conklin, Bob Newsom, Carol Wilson,
 Bobby Lowery, Deborah Herring

Peggy C. Walters — CHAIR

Martha Ann Harrell — VICE-CHAIR

Bobby Lowery

Carol Wilson

Cheryl Duke

Deborah B. Herring

Jacqueline F. Ring

Jennifer Kaylor

Margaret Conklin

Pat Campbell

Robert Newsom

Sharon Moore

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