SC State Board of Nursing
Updates & Hot Topics

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Objectives:

Following this presentation participants should be able to:

• Discuss the mission of the S.C. State Board of Nursing
• Describe Scope of Practice for RNs in S.C.
• Identify “Hot Topics” currently before the Board of Nursing
Mission of the S.C. Board of Nursing

The protection of public health, safety and welfare by assuring safe and competent practice of nursing.
Board of Nursing

The Board of Nursing licenses qualified individuals as licensed practical nurses, registered nurses and advanced practice nurses.

Complaints are investigated and disciplinary action is taken as necessary.
Licensure

To protect the public by:

• Assuring minimal competency for safe and effective nursing practice (initial licensure)

• Ongoing monitoring for safe and effective nursing practice (renewal of licensure)

• Promoting accountability of licensees
Board Membership

- Appointed by the Governor with the advice and consent of the Senate
- 11 Members – 7 RN’s, 2 LPN’s, 2 consumers
- Meet bimonthly
- Term = 4 years
  (optional reappointment)
The Nurse Practice Act defines the scope of nursing practice & sets boundaries for the nursing profession.
“Practice of nursing” means the provision of services for compensation that assists persons and groups to obtain or promote optimal health.
Practice of Nursing

• Nursing practice requires the use of nursing judgment.

• Nursing judgment is the logical and systematic cognitive process of identifying pertinent information and evaluating data in a clinical context in order to produce informed decisions, which guide nursing actions.
The scope of nursing practice varies and is commensurate with the educational preparation and demonstrated competencies of the individual who is accountable to the public for the quality of nursing care.
Practice of Nursing (con’t)

- Nurse Practice Act (outlines the Scope of Practice for RNs/ LPNs)
- Educational Preparation
- Advisory Opinions
- Position Statements
- Charts for Invasive Devices
Function of the SC BON

To regulate...

- Nurse Licensure
- Nursing Education
- Nursing Practice
- Compliance
Licensure

- Initial Licensure
- Licensure by examination
- Licensure by endorsement
- Renewal of Licenses
- Advanced Practice Registered Nurse (APRN)
South Carolina

The Nurse Licensure Compact (NLC)

Multi-state Licensure
What is the Multi-state Licensure Compact?

The NLC allows a nurse to have ONE license in his/her primary state of residency (home state) and to practice physically or electronically in other Compact (party) states; implemented the Compact Law on February 1, 2006.
How does the Multi-state licensure privilege affect my SC license?

If you move from SC and your primary state of residency changes to another party state, you must obtain licensure in your new state of residency and your SC license will be made inactive.

Example:
How does the Multi-state licensure privilege affect my SC license?

If you move from SC and your primary state of residency changes to a non-party state, your SC license will become a single state license valid in SC only.

Example:
How does the Multi-state licensure privilege affect my SC license?

Your SC license will be marked as

- Multi-state
- or Valid in SC only
How does the Multi-state licensure privilege affect my SC license?

If you move from a non-party state and establish primary residency in SC, then you may apply for a multi-state license with the SC Board of Nursing.
How does the NLC address scopes of practice?

- Accountability is similar to the driver’s license model where one must obey the laws while driving in that state.
How does the NLC address scopes of practice?

The nurse is held accountable for complying with the state laws/regulations where patient care is rendered.
New Nurse Compact (proposed)

- Advantages
  - Standardization
  - Flexibility for licensee
  - Supports current/future healthcare trends (e.g. population health, tele-health, etc)
  - Enhances/facilitates timely onboarding and credentialing of new employees
  - Decreases dependency on temporary personnel
  - Maintains state based licensure oversight (regulation)
Disadvantages

• Confusion between current NLC and proposed NLC 2
• Financial Implications
• More complex to administer
Licensure Renewal

- Biennial Renewal
- Renew On-line
- Continuing Competency
Competence

• The ability of a licensed nurse to perform safely, skillfully and proficiently the functions within the role of the licensee.

• Competence is a dynamic concept, changing as the licensed nurse achieves a higher stage of development, responsibility, and accountability within the role.
Licensure Renewal

- Continuing Competency
- Lifelong Learning

Evidence of continuing nursing competency must be submitted to the Board.
Demonstration of competency for renewal of an active license biennially requires documented evidence of at least one of the following requirements during the licensure period:
Competency Requirement

• Completion of 30 contact hours from a continuing education provider recognized by the board

OR

• Maintenance of certification or re-certification by a national certifying body recognized by the board
Competency Requirement

• Completion of an academic program of study in nursing or a related field recognized by the board

or

• Verification of competency and the number of hours practiced as evidenced by employer certification on a form approved by the board.
Complaint Procedure

The Board of Nursing has the authority to investigate allegations of illegal, unethical and/or incompetent behavior on the part of a RN or LPN.

Refer to the complaint policy and form found on LLR web site.

Per section 40-33-110, reports alleging misconduct or incapacity should be reported within 15 business days.
Grounds for Discipline

Misconduct
(40-33-110)

- Violation of laws/regulations
- Violation of ethics as adopted by the Board
- Incompetence
- Unprofessional conduct
Grounds for Discipline

Incompetence

The failure of a nurse to demonstrate and apply the knowledge, skill and care that is ordinarily possessed and exercised by other nurses of the same licensure status and required by the generally accepted standards of the profession.
Grounds for Discipline

Unprofessional Conduct

- Violate a federal, state, or local law involving alcohol or drugs
- Indicating the witnessing of wastage of narcotics when wastage was not actually witnessed
- Allow another person to use the licensee’s authorization to practice.
- Incompetent Practice
- Falsify Records
- Impaired Practice
- Negligent Practice
- Practice without a current valid, SC License
Unprofessional Conduct (con’t)

- Practice outside the scope of licensure by assuming duties and responsibilities without adequate education &/or competency
- Failure to effectively supervise persons to whom nursing functions are delegated or assigned
- Abandon a patient after accepting patient assignment & establishing a nurse/ patient relationship
Levels of Discipline

- Letter of Caution
- Reprimand
- Probation
- Suspension
- Revocation
Current Legislative Activity

• APRN Bills (H3078/S246)
  – Independent practice

• Physician Supported Bill on APRN Practice (H3508)
  – Increasing MD to APRN ratio for supervision
  – Limited prescribing of schedule II drugs
  – Move from protocol to written practice agreements
  – Remove statutory limitations such as certification for handicapped placards
Current Legislative Activity (con’t):

– Joint BOM/BON oversight and regulation of the delegated medical aspects of APRN practice
  (to include a “joint APRN advisory committee”)
– Require written practice agreements to be approved prior to practice commencing
  (to strengthen role of MD as “supervisor”)

• Status (including BOM/BON Action)
• Bill S-371 (“Samuel’s Law”)
Questions & Answers