<u>Agency Mission:</u> To assure the citizens of Kansas safe and competent practice by nurses and mental health technicians.

Kansas State Board of Nursing
Continuing Nurse Education Committee Agenda
March 23, 2021

NOTE: The meeting will be held via Zoom. Link to access meeting to follow agenda.

Time: 12:30 p.m. – 2:00 p.m.

Committee Members: Julianna Rieschick, RN, MSN, NEA-BC – Chair
Rebecca Sander, MSN, RN – V. Chair
Adri Gouldsmith, LPN
Gwendolyn Loyd, MBA, MSN, RN
Geovanne Gone, Public Member
Melanie Burnett, MSN, RN
Laura Aberle, BSN, RN
Kenetta Markelionis, RN, MSN
Karen Aufdemberge, RN, BSN

Staff: Carol Moreland, MSN, RN – Executive Administrator
Chelsey Stephenson – Education Specialist, C.N.E.

I.   Call to Order

II.   Review of On-Site Packet

III. Additions/Revisions to the Agenda

IV.   Announcements

V.   Approval of minutes – December 8, 2020

VI.   Unfinished Business
    1. Delinquent Long-Term CNE Providers for submission of annual report
    2. Process for withdrawal of CNE Provider approval by the Board
    3. Suggested regulation revisions
       a. KAR 60-9-105 – Definitions - CNE
       b. KAR 60-9-106 – License renewal - CNE
       c. KAR 60-9-107 – Approval of CNE

VII. New Business
    1. IOA Statistical Report
    2. Program Coordinator Education
    3. LTP Voluntary Relinquishments
       a. University of Kansas, Area Health Education Center-West, LT0086-1149
       b. Prairie View Inc. LT0020-0949

    4. LTP 5 Year Renewal Applications
       a. Community Healthcare System, LT0115-0516
       b. Faith Community Nurses Association of Oklahoma, LT0297-0316

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     c. Presbyterian Manors of Mid-America, LT0246-0316
5. Initial LT Provider Applications
     a.
6. Five-year Legislative Review
     a. K.A.R. 60-9-105 – Definitions CNE
     b. K.A.R. 60-9-106 – License renewal - CNE
     c. K.A.R. 60-9-107 – Approval of CNE
     d. K.S.A. 65-4207 – List of approved courses - LMHT

VIII.   Agenda for June 2021 Committee meeting

IX.   Adjourn

Please note: Additional items which have come to the attention of the Board or Committee will be handled as time permits. Agenda is subject to change based upon items to come before the Board. Handouts or copies of materials brought to the Board or Committee for discussion by Committee Members or visitors must be submitted to staff 30 calendar days prior to start of the meeting. Any items received after the 30th calendar day may be addressed at the meeting at the discretion of the President of the Board or Chairperson of the Committee.

Please click the link below to join the webinar:
https://us02web.zoom.us/j/81957239975?pwd=Y091dGVuSElhME9EdE1OdHdGMk9pZz09
Passcode: KsbnCEComm
Or iPhone one-tap :
   US: +13462487799,,81957239975#,,,,*4718495658# or +16699006833,,81957239975#,,,,*4718495658#
Or Telephone:
   Dial(for higher quality, dial a number based on your current location):
     US: +1 346 248 7799 or +1 669 900 6833 or +1 253 215 8782 or +1 312 626 6799 or +1 646 876 9923 or +1 301 715 8592
Webinar ID: 819 5723 9975
Passcode: 4718495658
   International numbers available: https://us02web.zoom.us/u/kCrngZbm1

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Long Term CNE Provider	Coordinator	Email Sent	Letter Sent	
Allied Health Career Training, LLC; LT0302-0917 2622 W Central Avenue, B102 Wichita, KS 67203	Brandi Warden brandi@alliedhealthcareertraining.com	8/7/2020	8/14/2020	
Atkins Physicial Therapy & Ergonomics, LLC; LT0283-0813 11449 Mastin Street Overland Park, KS 66210	Sharon Edwards, RN	N/A	N/A	Did Not Submit in 2019
Bailey Medical Service, LLC; LT0295-1215 415 South Cleveland Colby, KS 67209	Brandon Baily, DNP, MSN, APRN-C traumapractitioner@gmail.com	N/A	N/A	Did Not Submit in 2019
Clay County Medical Center; LT0298-0616 617 Liberty Street Clay Center, KS 67432	Margaret Kelley, RN, BSN mkelley@ccmcks.org	N/A	N/A	Did Not Submit in 2019
Home Health & Hospice of Kansas, LLC; LT0301-0617 7607 E Harry Street Wichita, KS 67207	Ann Houk, RN, MSN/Ed MHA ahouk@kansashomehealth.com	8/7/2020	8/14/2020	
Kansas Department of Health & Environment; LT0300-0317 1000 SW Jackson, Suite 330 Topeka, KS 66612	Angela Jirik, RN, BSN, BA angela.jirik@ks.gov	N/A	N/A	Did Not Submit in 2019
Kansas Neurological Institute; LT0032-0316 3107 SW 21st Street Topeka, KS 66604	Charles Hampton, Jr., RN, BSN	N/A	8/14/2020	
Mental Health Assoc. of South Central KS; LT0105-0127 555 N Woodlawn, Suite 3105 Wichita, KS 67208	Thao Le, BSN blippe@mhasck.org; thuthaotle@gmail.com	8/7/2020	8/14/2020	
Mercy Hospital Fort Scott; LT0040-0927 401 Woodlawn Hills Boulevard Fort Scott, KS 66701	Julie Cook, BSN, RN	N/A	N/A	Did Not Submit in 2019
Omnicare Pharmacy of Kansas City; LT0150-0738 10400 Hickman Mills Drive, Suite 200 Kansas City, MO 64137	Sherry Lokken, BSN, RN, CRIN sherry.lokken@omnicare.com	8/7/2020	8/14/2020	
Parsons State Hospital & Training Center; LT0304-0619 2601 Gabriel Avenue Parsons, KS 67357	Teresa Chancellor, BSN, RN teresa.chancellor@ks.gov	8/7/2020	8/14/2020	
Perinatal ReSource; LT0286-1213 5519 Foxridge Merriam, KS 66202	Ruth Holland	8/7/2020	8/14/2020	
Washburn Institute of Technology; LT0299-0317 5724 SW Huntoon Topeka, KS 66604	Angie Mietchen, RN, BSN rsc@washburn.edu	8/7/2020	8/14/2020	

60-9-105. Definitions. ~~For the purposes of these regulations,~~ Each of the following terms, as used in this article of the board's regulations, shall have the meaning specified in this regulation:

(a) "Approval" means the act of determining that a providership application or course offering meets applicable standards based on review of either the total program or the individual offering.

(b) "Approved provider" means a person, organization, or institution that is approved by the board and is responsible for the development, administration, and evaluation of the continuing nursing education (CNE) program or offering.

(c) "Authorship" means a person's development of a manuscript for print or a professional paper for presentation. Each page of text that meets the definition of continuing nursing education (CNE), as defined in K.S.A. 65-1117 and amendments thereto, and is formatted according to the American psychological association's guidelines shall equal three contact hours.

(1) Authorship of a manuscript means a person's development of an original manuscript for a journal article or text accepted by a publisher for statewide or national distribution on a subject related to nursing or health care. Proof of acceptance from the editor or the published work shall be deemed verification of this type of credit. Credit shall be awarded only once per topic per renewal period.

(2) Authorship of a professional research paper means a person's completion of a nursing research project as principal investigator, co-investigator, or project director and presentation to other health professionals. A program brochure, course syllabus, or letter from the offering provider identifying the person as a presenter shall be deemed verification of this type of credit. Credit shall be awarded only once each renewal period.

(d) "Behavioral objectives" means the intended outcome of instruction stated as measurable learning behaviors.

(e) "Certificate" means a document that is proof of completion of an offering consisting of one or more contact hours.

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(f) "CE transcript" means a document that is proof of completion of one or more CNE offerings. Each CE transcript shall be maintained by a CNE provider.

(g) "Classic reference" means either a book published more than 10 years ago or a periodical published more than five years ago that is the most current available source with a recognized value pertinent to the content of an offering.

(g)(h) "Clinical hours" means planned learning experiences in a clinical setting. Three clinical hours equal one contact hour.

(h) (i) "College course" means a class taken through a college or university, as described in K.S.A. 65-1119 and amendments thereto, and meeting the definition of CNE in K.S.A. 65-1117, and amendments thereto. One college credit hour equals 15 contact hours.

(i) (j) "Computer-based instruction" means a learning application that provides computer control to solve an instructional problem or to facilitate an instructional opportunity.

(j) (k) "Contact hour" means 50 total minutes of participation in a learning experience that meets the definition of CNE in K.S.A. 65-1117, and amendments thereto. Fractions of hours over 30 minutes to be computed towards a contact hour shall be accepted.

(k) (l) "Distance learning" means the acquisition of knowledge and skills through information and instruction delivered by means of a variety of technologies.

(l) (m) "Independent study" means a self-paced learning activity undertaken by the participant in an unstructured setting under the guidance of and monitored by an approved provider. This term shall include self-study programs, distance learning, and authorship.

(m) (n) "Individual offering approval" and "IOA" mean a request for approval of an education offering meeting the definition of CNE, pursuant to K.S.A. 65-1117 and amendments thereto, but not presented by an approved provider or other acceptable approving body, as described in K.S.A. 65-1119 and amendments thereto.

(n) (o) "In-service education" and "on-the-job training" mean learning activities in the work setting designed to assist the individual in fulfilling job responsibilities. In-service education and on-the-job-training shall not be eligible for CNE credit.

(o) (p) "Mergener formula" means a formula utilized to recognize the amount of continuing education credit provided by a program based upon the material utilized when measured against complexity, time, questions, and participant feedback.

(o) (q) "Offering" means a single CNE learning experience designed to enhance knowledge, skills, and professionalism related to nursing. Each offering shall consist of at least 30 minutes to be computed towards a contact hour.

(p) (r) "Orientation" means formal or informal instruction designed to acquaint employees with the institution and the position. Orientation shall not be considered CNE.

(q) (s) "Program" means a plan to achieve overall CNE goals.

(r) (t) "Refresher course" means a course of study providing review of basic preparation and current developments in nursing practice.

(s) (u) "Total program evaluation" means a systematic process by which an approved provider analyzes outcomes of the overall CNE program in order to make subsequent decisions. (Authorized by and implementing K.S.A. 2015 2017 Supp. 65-1117, as amended by L. 2018, ch. 42, sec. 3, and K.S.A. 65-1119; effective Sept. 2, 1991; amended March 9, 1992; amended April 26, 1993; amended April 3, 1998; amended April 20, 2001; amended Oct. 25, 2002; amended March 6, 2009; amended May 10, 2013; amended April 29, 2016; amended P-

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60-9-106. Continuing nursing education for license renewal. (a) At the time of license renewal, any licensee may be required to submit proof of completion of 30 contact hours of approved continuing nursing education (CNE). This proof shall be documented as follows:

(1) For each approved CNE offering, a certificate or a transcript that clearly designates the number of hours of approved CNE that have been successfully completed, showing the following:

(A) Name of CNE offering;

(B) provider name or name of the accrediting organization;

(C) provider number or number of the accrediting organization, if applicable;

(D) offering date;

(E) number of contact hours awarded; and

(F) the licensee's name and license number as shown on the course roster; or

(2) an approved Kansas state board of nursing IOA, which shall include approval of college courses that meet the definition of continuing education in K.S.A. 65-1117, and amendments thereto.

(b) The required 30 contact hours of approved CNE shall have been completed during the most recent prior licensing period between the first date of the licensing period and the date that the licensee submits the renewal application as required in K.S.A. 65-1117, and amendments thereto, and K.A.R. 60-3-108. Contact hours accumulated in excess of the 30-hour requirement shall not be carried over to the next renewal period.

(c) Acceptable CNE may include any of the following:

(1) An offering presented by an approved long-term, or single offering provider, or national organization whose focus is patient safety and improving nursing practice.

(2) an offering as designated in K.S.A. 65-1119, and amendments thereto;

(3) an offering for which a licensee has submitted an IOA, which may include credit requested for a college course that meets the definition of continuing education in K.S.A. 65-1117, and amendments thereto. Before licensure renewal, the licensee may submit an application for an IOA to the board, accompanied by the

following:

(A) A rationale statement that applies the meaning of CNE as defined in K.S.A. 65-1117(a)

(B) An agenda representing exact learning time in minutes;

(B) (C) official documentation of successfully completed hours, which may include a certificate of completion or an official college transcript; and

(C) (D) learning or behavior objectives describing learning outcomes;

(4) a maximum of 15 contact hours for the first-time preparation and presentation as an instructor of an approved offering to licensed nurses. Two contact hours of instructor credit shall be granted for each hour of presentation;

(5) an offering utilizing a board-approved curriculum developed by the American heart association, emergency nurses association, or Mandt, which may include the following:

(A) Advanced cardiac life support;

(B) emergency nursing pediatric course;

(C) pediatric advanced life support;

(D) trauma nurse core course;

(E) neonatal resuscitation program; or

(F) Mandt program;

(6) independent study;

(7) distance learning offerings;

(8) a board-approved refresher course if required for licensure reinstatement as specified in K.A.R. 60-3-105 and K.A.R. 60-11-116;

(9) participation as a member of a nursing organization board of directors or the state board of nursing, including participation as a member of a committee reporting to the board. The maximum number of allowable

contact hours shall be six and shall not exceed three contact hours each year. A letter from an officer of the

board confirming the dates of participation shall be accepted as documentation of this type of CNE; or

(10) any college courses in science, psychology, sociology, or statistics that are prerequisites for a nursing

degree.

(d) Fractions of hours over 30 minutes to be computed towards a contact hour shall be accepted.

(e) A maximum of 15 contact hours shall be accepted for renewal of certification in advanced cardiac life

support (ACLS), pediatric advanced life support (PALS), or similar standardized recertification courses

developed by the American heart association, emergency nurses association, or Mandt each licensing period.

(f) Contact hours shall not be recognized by the board for any of the following:

(1) Identical offerings completed within a renewal period;

(2) offerings containing the same content as that of courses that are part of basic preparation at the level of

current licensure or certification;

(3) in-service education, on-the-job training, orientation, and institution-specific courses;

(4) an incomplete or failed college course or any college course in literature and composition, public

speaking, basic math, algebra, humanities, or other general education requirements unless the course meets the

definition of CNE;

(5) offerings less than 30 minutes in length; or

(6) a board-approved refresher course for license renewal. (Authorized by and implementing K.S.A. 2015

2017 Supp. 65-1117, as amended by L. 2018, ch. 42, sec. 3; effective Sept. 2, 1991; amended April 3, 1998;

amended April 20, 2001; amended July 20, 2007; amended May 10, 2013; amended April 29, 2016; amended P-

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60-9-107. Approval of continuing nursing education. (a) ~~Offerings of approved providers shall be recognized by the board.~~ <mark>To become an approved provider an application shall be submitted to the Board as follows:</mark>

(1) Long-term provider. A completed application for initial approval or five-year renewal for a long-term continuing nursing education (CNE) providership shall be submitted to the board at least 60 days before a scheduled board meeting.

(2) Single offering provider. The application for a single CNE offering shall be submitted to the board at least 30 days before the anticipated date of the first offering.

(b) Each applicant shall include the following information on the application:

(1)(A) The name and address of the organization; and

(B) the name and address of the department or unit within the organization responsible for approving CNE, if different from the name and address of the organization;

(2) the name, education, and experience of the program coordinator responsible for CNE, as specified in subsection (c);

(3) written policies and procedures, including at least the following areas:

(A) Assessing the need and planning for CNE activities;

(B) fee assessment;

(C) advertisements, ~~or~~ offering announcements, and certificates of completion. Published information and each certificate of completion shall contain the following statement: "~~(name of provider)~~ [Name of provider] is approved as a provider of CNE by the Kansas State Board of Nursing. This course offering is approved for contact hours ~~applicable~~ for [specify each applicable license type: APRN, RN, ~~or~~ LPN, or LMHT] relicensure. Kansas State Board of Nursing provider number: _____";

(D) for long-term providers, the offering approval process as specified in subsection (d);

(E) awarding contact hours, as specified in subsection (e);

(F) verifying participation and successful completion of the offering, as specified in subsections (f) and (g);

(G) recordkeeping and record storage, as specified in subsection (h);

(H) notice of change of coordinator or required policies and procedures. The program coordinator shall notify the board in writing of any change of the individual responsible for the providership or required policies and procedures within 30 days; and

(I) for long-term providers, a copy of the total program evaluation plan; and

(4) the proposed CNE offering, as specified in subsection (i).

(c)(1) Long-term provider. The program coordinator for CNE shall meet these requirements:

(A) Be a licensed professional nurse;

(B) have three years of clinical experience;

(C) have one year of experience in developing and implementing nursing education; and

(D) have a baccalaureate degree in nursing, except those individuals exempted under K.S.A. 65-1119 (e)(6) and amendments thereto.

(2) Single offering provider. If the program coordinator is not a nurse, the applicant shall also include the name, education, and experience of the nurse consultant. The individual responsible for CNE or the nurse consultant shall meet these requirements:

(A) Be licensed to practice nursing; and

(B) have three years of clinical experience.

(d) For long-term providers, the policies and procedures for the offering approval process shall include the following:

(1) A summary of the planning;

(2) the behavioral objectives;

(3) the content, which shall meet the definition of CNE in K.S.A. 65-1117 and amendments thereto;

(4) the instructor's education and experience, documenting knowledge and expertise in the content area;

(5) a current bibliography that is reflective of the offering content. The bibliography shall include books published within the past 10 years, periodicals published within the past five years, or both. Classic references, if included, shall be limited to less than 25 percent of the bibliography; and

(6) an offering evaluation that includes each participant's assessment of the following:

(A) The achievement of each objective; and

(B) the expertise of each individual presenter.

(e) An approved provider may award any of the following:

(1) Contact hours as documented on an offering agenda for the actual time attended, including partial credit for ~~one or more contact hours~~ fractions of hours over 30 minutes to be computed towards a contact hour;

(2) ~~credit for fractions of hours over 30 minutes to be computed towards a contact hour;~~

(3) (2) instructor credit, which shall be twice the length of the first-time presentation of an approved offering, excluding any standardized, prepared curriculum;

(4) (3) independent study credit that is based on the time required to complete the offering, as documented by the provider's pilot test results or determined by Mergener formula; or

(5) (4) clinical hours.

(f)(1) Each provider shall maintain ~~documentation~~ a daily roster to verify that each participant attended the offering. ~~The provider shall require each participant to physically or electronically sign a daily roster,~~ which shall contain the following information:

(A) The provider's name, address, provider number, and coordinator;

(B) the date and title of the offering, and the presenter or presenters; and

(C) the participant's name and license number, and the number of contact hours awarded.

(2) Each provider shall maintain documentation to verify completion of each independent study offering, if applicable. To verify completion of an independent study offering, the provider shall maintain documentation that includes the following:

(A) The provider's name, address, provider number, and coordinator;

(B) the participant's name and license number, and the number of contact hours awarded;

(C) the title of the offering;

(D) the date on which the offering was completed; and

(E) either the completion of a posttest or a return demonstration.

(g)(1) A certificate of attendance shall be awarded to each participant after completion of an offering, or a CE transcript shall be provided according to the policies and procedures of the ~~long-term~~ approved provider.

(2) Each certificate and each CE transcript shall be complete before distribution to the participant.

(3) Each certificate and each CE transcript shall contain the following information:

(A) The provider's name, address, and provider number; *(LMS – Learning Management Systems do not often allow for Provider Name, address and provider number on the certificate. Examples of LMS include Healthstream, CareLearning, Relias, Up to Date, etc. We have the definition of computer based instruction, however how do we handle when the CE transcript will not have all the information we need)*

(B) the title of the offering;

(C) the date or dates of attendance or completion;

(D) the number of contact hours awarded and, if applicable, the designation of any independent study or instructor contact hours awarded;

(E) the handwritten or electronic signature of the individual responsible for the providership; ~~and~~

(F) the name and license number of the participant~~.~~; and

(G) the following statement: "[Name of provider] is approved as a provider of CNE by the Kansas State

Board of Nursing. This course offering is approved for contact hours for [specify each applicable license type: APRN, RN, LPN or LMHT] relicensure. Kansas State Board of Nursing provider number _____ :".

(h)(1) For each offering, the approved provider shall retain the following for two years:

(A) A summary of the planning;

(B) a copy of the offering announcement or brochure;

(C) the title and objectives;

(D) the offering agenda or, for independent study, pilot test results;

(E) a bibliography;

(F) a summary of the participants' evaluations;

(G) each instructor's education and experience; and

(H) documentation to verify completion of the offering, as specified in subsection (f).

(2) The record storage system used shall ensure confidentiality and easy retrieval of records by authorized individuals.

(3) Each approved single offering CNE provider shall submit to the board ~~the original signature roster and a typed, alphabetized~~ a roster of ~~the~~ individuals who have completed an offering, within 15 working days of course completion.

(i)(1) Long-term provider application. The provider shall submit two proposed offerings, including the following:

(A) A summary of planning;

(B) a copy of the offering announcement or brochure;

(C) the title and behavioral objectives;

(D) the offering agenda or, for independent study, pilot test results;

(E) each instructor's education and experience;

(F) a current bibliography, as specified in paragraph (d)(5); and

(G) the offering evaluation form.

(2) Single offering provider application. The provider shall submit the proposed offering, which shall include the information specified in paragraphs (i)(1)(A) through (G).

(j)(1) Long-term provider application. Each prospective coordinator who has submitted an application for a long-term CNE providership that has been reviewed once and found deficient, or has approval pending, shall submit all materials required by this regulation at least two weeks before the next board meeting. If the application does not meet all of the requirements or the prospective coordinator does not contact the board for an extension on or before this deadline, the application process shall be considered abandoned. A new application and fee shall be submitted if the prospective coordinator still wants a providership is still desired.

(2) Single offering approval application. If the application for a single offering has been reviewed and found deficient, or has approval pending, the CNE coordinator shall submit all materials required by this regulation before the date of offering. If the application does not meet the requirements before the offering deadline, the application shall be considered abandoned. There shall be no retroactive approval of single offerings.

(k)(1) Each approved long-term provider shall pay a fee for the upcoming year and submit an annual report for the period of July 1 through June 30 of the previous year on or before the deadline designated by the board. The annual report shall contain the following:

(A) An evaluation of all the components of the providership based on the total program evaluation plan;

(B) a statistical summary report; and

(C) for each of the first two years of the providership, a copy of the records for one offering as specified in paragraphs (h)(1)(A) through (H).

(2) If approved for the first time after January 1, a new long-term provider shall submit only the statistical summary report and shall not be required to submit the annual fee or evaluation based on the total program evaluation plan.

(l)(1)   If the long-term provider does not renew the providership, the provider shall notify the board in writing of the location at which the offering records will be accessible to the board for two years.

(2)   If a provider does not continue to meet the criteria for current approval established by regulation or if there is a material misrepresentation of any fact with the information submitted to the board by an approved provider, approval may be withdrawn or conditions relating to the providership may be applied by the board after giving the approved provider notice and an opportunity to be heard provide written response.

(3)   Any approved provider that has voluntarily relinquished the providership or has had the providership withdrawn by the board may reapply as a long-term provider. The application shall be submitted on forms supplied by the board and accompanied by the designated, nonrefundable fee as specified in K.A.R. 60-4-103(a)(3).   (Authorized by and implementing K.S.A. 2011 K.SA. 65-1129, 2017 Supp. 65-1117, as amended by L. 2018, ch. and session laws 42, sec. 3, and K.S.A. 65-1119; effective March 9, 1992; amended Sept. 27, 1993; amended April 3, 1998; amended Oct. 25, 2002; amended March 6, 2009; amended May 10, 2013; amended P-_____.)

Application of Formula

The Mergener Formula may be used to calculate the CEUs for any text based Independent Study Learning activity such as a journal article, PDF document, or text-based web-learning activity.

Application to other formats of Independent Study Learning activity may be considered upon request on an experimental basis.

Calculation of CEUs using the Mergener Formula

Providers interested in using the Mergener Formula Calculator may download a copy of the Excel file using the link at the top of this page or from the forms page.

1. The word count is to only include the content of the learning activity. The title, author information, references and other non-content information is not to be included.
2. The provider will request the expert reviewer to assess the difficulty level of the learning activity using the 5-point Likert scale. This is the difficulty level that is to be used in the calculation of the number of CEUs.
3. The provider will submit the Mergener Calculator file to CCCEP with the other learning activity documentation.

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Calculation of CEUs Using the Mergener Formula

1. Identify the knowledge and skill level in the subject area of the target audience for which the program was designed (Check one).
2. Conduct a word count of the document. Insert the number of words in Box (a)
    Enter the number of learning assessment questions in Box (b)
4. Enter the difficulty and familiarity level of the content of the program for the target audience on a five-point scale:

Level 1   The subject area is generally familiar and the content is generally is less complex for the target audience.

level 2   The portion of the subject area is generally familiar and a portion of the content is somewhat less complex for the target audience.

Level 3   The familiarity of the subject area and the complexity of the content would be average for the average member of the target audience.

Level 4   A portion of the subject area is unfamiliar and a portion of the content is complex for the target audience.

Level 5   The subject area is unfamiliar and the content is complex for the target audience.

Target Audience		
		Entry-level knowledge and skills in subject area
		Average knowledge and skills in subject area
		Advanced knowledge and skills in subject area

Number of Words	(a)		0 Conversion factor
Number of Questions	(b)		0 Conversion factor
Difficulty/Familiarity Level	(c)		0 Conversion factor
Estimated Time	(d)	-22.30	minutes
Conservative Factor (0.9)*	(e)	-20.07	minutes
Number of CEUs	(f)	-0.33	CEUs

Electronic Signatures are Legal under Kansas Law and Can ...

Kansas law explicitly **states** that **electronic signatures** are enforceable and can be used to conduct business in lieu of written **signatures**.

What are the legal requirements for a digital signature?

To qualify as an enforceable electronic signature, there must be evidence of the signer's intent to execute or accept the agreement. This is typically accomplished by requiring the signer to take affirmative action, like typing their name or drawing their signature using a **mouse** or touchscreen.Mar 27, 2020

Can I sign a legal document electronically?

A record or signature **can**'t be denied **legal** effect or enforceability simply because it's in **electronic** form. A **contract can**'t be denied **legal** effect or enforceability simply because an **electronic** record was used in its formation. If a **law** requires a record to be in writing, an **electronic** record satisfies the **law**.

December 2020

IOAs
Received: 85
Approved: 72 (2087.9 hours)
Denied: 12
Pending: 1

LTP Applications
Received: 1
Approved: 1
Denied: 0
Pending: 1

SP Applications
Received: 2
Approved: 2
Denied: 0
Pending: 0

IVT Providership Applications
Received: 0
Approved: 0
Denied: 0
Pending: 0

January 2021

IOAs
Received: 107
Approved: 74 (2497.5 hours)
Denied: 33
Pending: 0

LTP Applications
Received: 0
Approved: 0
Denied: 0
Pending: 0

SP Applications
Received:0
Approved: 0
Denied: 0
Pending: 0

IVT Providership Applications
Received: 0
Approved: 0
Denied: 0
Pending: 0

February 2021

IOAs
Received: 53
Approved: 34 (1118.6 hours)
Denied: 13
Pending: 6

LTP Applications
Received: 0
Approved: 0
Denied: 0
Pending: 0

SP Applications
Received: 0
Approved: 0
Denied: 0
Pending: 0

IVT Providership Applications
Received: 0
Approved: 0
Denied: 0
Pending: 0

Long Term CNE Provider Checklist
(K.A.R. 60-9-107)

Name of Provider: Community Healthcare Systems, LT0115-0516 Renewal Application

Name of Program Coordinator: Nancy Willert, RN, BSN

Date to CNE Committee: March 23, 2021

Information Required	Received	N/A
Completed application for initial approval or five-year renewal for LT CNE providership shall be submitted at least 60 days before a scheduled board meeting	01/13/2021	
The name and address of the organization on the application	X	
The name and address of the department or unit within the organization responsible for approving CNE, if different from the name and address of the organization		X
The name, education and experience of the program coordinator responsible for CNE	Nancy Willert, RN, BSN	
• Be a licensed professional nurse	X	
• Have three years of clinical experience	X	
• Have one year of experience in developing and implementing nursing education	X	
• Have a baccalaureate degree (unless held this position for the provider at least five years immediately prior to January 1, 1977)	X	
Policies & Procedures:		
Written policies and procedures, including at least the following areas:		
• Assessing the need and planning for CNE activities	X	
• Fee assessment	X	
• Advertisements or offering announcements. Published information shall contain the following statement: "(name of provider) is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing provider number:_____"	X	
• Notice of change of coordinator or required policies and procedures. The program coordinator shall notify the board in writing of any change of the individual responsible for the providership or required policies and procedures within 30 days	X	
For long term providers, the policies and procedures for the offering approval process shall include the following:		

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• A summary of the planning	X	
• The behavioral objectives	X	
• The content, which shall meet the definition of CNE in KSA 65-1117	X	
• The instructor's education and experience, documenting knowledge and expertise in the content area	X	
• A current bibliography that is reflective of the offering content. The bibliography shall include books published within the past 10 years, periodicals published within the past five years, or both	X	
• An offering evaluation that includes each participant's assessment of the following:		
▪ The achievement of each objective	X	
▪ The expertise of each individual presenter	X	
An approved provider may award any of the following:		
• Contact hours as documented on an offering agenda for the actual time attending, including partial credit for one or more contact hours	X	
• Credit for fractions of hours over 30 mins to be computed towards a contact hour	X	
• Instructor credit, which shall be twice the length of the first-time presentation of an approved offering, excluding an standardized, prepared curriculum	X	
• Independent study credit that is based on the time required to complete the offering, as documented by the provider's pilot test results	X	
• Clinical hours	X	
Documentation of Attendance		
Each provider shall maintain documentation to verify that each participant attended the offering. The provider shall require each participant to sign a daily roster, which shall contain the following information:		
• The provider's name, address, provider number, and coordinator	X	
• The date and title of the offering, and the presenter or presenters	X	
• The participant's name and license number and the number of contact hours awarded	X	
Each provider shall maintain documentation to verify completion of each independent study offering, if applicable. To verify completion of an independent study offering, the provider shall maintain documentation that includes the following:		
• The provider's name, address, provider number, and coordinator	X	
• The participant's name and license number, and the number of contact hours awarded	X	

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CNE 25

• The title of the offering	X	
• The date on which the offering was completed	X	
• Either the completion of a posttest or a return demonstration	X	
Certificate of Attendance/CE Transcript		
A certificate of attendance shall be awarded to each participant after completion of an offering, or a CE transcript shall be provided according to the policies and procedures of the long-term provider		
Each certificate and each CE transcript shall be complete before distribution to the participant		
Each certificate and each CE transcript shall contain the following information:		
• The provider's name, address and provider number	X	
• The title of the offering	X	
• The date or dates of attendance or completion	X	
• The number of contact hours awarded and, if applicable, the designation of any independent study or instructor contact hours awarded	X	
• The signature of the individual responsible for the providership	X	
• The name and license number of the participant	X	
Recordkeeping & Storage		
For each offering, the approved provider shall retain the following for two years:		
• A summary of the planning	X	
• A copy of the offering announcement or brochure	X	
• The title and objectives	X	
• The offering agenda or, for independent study, pilot test results	X	
• A bibliography	X	
• A summary of the participants' evaluations	X	
• Each instructor's education and experiences	X	
• Documentation to verify completion of the offering	X	
The record storage system used shall ensure confidentiality and easy retrieval of records by authorized individuals	X	
Program Evaluation Plan		
For long-term providers, a copy of the total program evaluation plan	X	
Two Proposed Offerings		
The provider shall submit two proposed offerings, including the following:		
	#1: Safe Sleep	#2: Rapid Sequence Airway
• A summary of planning	X	X

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CNE 26

• A copy of the offering announcement or brochure	X	X
• The title and behavioral objectives	X	X
• The offering agenda or, for independent study, pilot test results	X	X
• Each instructor's education and experience	X	X
• A current bibliography	X	X
• The offering evaluation form	X	X

12/2018

Review Completed by Chelsey Stephenson, CNE Education Specialist on January 28, 2021

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CNE 27

Reference No.: 24840   **Date submitted:** Jan 13 15:11 2021

radio ~ Renewal
Providername ~ Community Healthcare System
providernum ~ LT0115-0516
legalbody ~ ~
address ~ 120 W. 8th St P.O. Box 460
adress2 ~ Onaga, KS 66521
telephone ~ 7858895146
email ~ nancywillert@chcsks.org
coordinator ~ Nancy Willert RN, BSN
date ~ 01-13-2021
planningce ~ Nursing education is developed and offered for Community Healthcare Systems (CHCS) staff and nurses in the surrounding communities based on informal needs assessment, annual questionnaire for staff (See attachment A), staff interviews and feedback provided on offering evaluations. Nursing leadership will identify necessary required competencies, which will be provided annually and on "as needed" basis.
1. Nursing leadership will assist in identifying the required educational competencies, which will be provided annually and on an "as needed" basis.
2. The CNE coordinator will review all feedback received on the education evaluation form for recommended future programming. A compiled list will be distributed to the C.N.O. and nurse managers to review, annually.
3. The CNE coordinator will attend a minimum of 1 nursing in-service at a CHCS location and solicit feedback from attendees for recommendations on continuing nurse education.
4. The task of program development which involves research, identifying deficiencies and content development will be a collaborative effort with CNE coordinator, C.N.O. and nurse managers.

*See Needs Assessment & Planning Policy & attachment A of policy

feeassessment ~ A non-employee of CHCS enrolling in a "fee-for-registration" offering will be required to pay the full fee prior to the date of the offering. If proof of payment is not present by the date of the Cont. Ed. offering the registrant will not be allowed to participate. Registration payment will be sent to the Accounts Receivable department within the Business Office at CHCS.
If payment by check for an offering is returned to the CHCS Accounts

Receivable dept. due to "insufficient funds", the returned check will be sent to a designated representative in the Business Office to begin the process of collections action.

Cancellations/Refunds

Registration fees for scheduled events will be non-refundable two calendar weeks prior to the event date.

Exceptions for a non-refundable fee will be reviewed and determined by the Education Coordinator. Exceptions that could warrant a refundable cancellation may include

a) An emergent or unexpected event experienced by the participant

b) Unforeseen circumstances which cause the event to be cancelled by the Education Coordinator and an
alternate date will not be offered.

c) Deterioration of weather conditions which place participants or the event location in a potentially
harmful situation.

*See Fee Assessment policy

advertisement ~ Each Continuing Nursing Education (CNE) offering will be communicated to staff and surrounding communities as appropriate.Offering announcements will include the following:Program title, purpose and offering objectives,
Date/time and location of event,Target audience,Fees,Faculty/presenter,Attendance,cancellation/refund policy, Number of contact hours awarded,Pre-registration form and/or procedure,Offering coordinator/contact person,
Sponsorship information,Any additional relevant contact information
The offering announcement will prominently display the following statement:
Community Healthcare Systems, Onaga is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for ___ contact hours applicable for RN, LPN, or LMHT re-licensure. Kansas State Board of Nursing Provider Number: LTO 115-0516.
The announcement should be disseminated regionally or as appropriate approximately 6 weeks in advance of the offering. Announcements will be dispersed through any or all of the following avenues:Education coordinator network e-mail notification,Hardcopy flyers or brochures,Hospital website,Newspaper
*See Offering Announcements policy and sample announcement flyer

approvalprocess ~ Any presenter and/or organization requesting continuing education credit for an offering will complete an "Offering

Approval Form" (see attachment A) that includes the following items: A summary of the planning
Behavioral objectives,Content, which complies with the K.S.A.65-1117 regulation which defines continuing nursing education,Presenter's resume reflecting education, experience and documented knowledge/expertise of the content to be presented,Current bibliography for content. The bibliography shall include books published within the past 10 years, periodicals published within the past 5 years, or both,The Offering Evaluation Form for participant's assessment of the offering.
The offering request form and supportive documents will be submitted, to the CNE providership coordinator for review.
Upon review of the submitted information the CNE providership coordinator will generate a letter of approval to the requesting presenter and/or organization.
*See process for Offering Approval policy & attachment A for policy

contacthours ~ contacthours ~ 1 contact hour equals 50 total minutes of participation in a learning experience. Contact hours can be awarded based on KSBN regulation 60-9-107b (3)e and applied for the following: Documented contact hours on an offering agenda for actual time attended. This includes partial credit for one or more contact hours. (See Attendance Policy CNE 107)
Computed credit for fractions of hours over 30 minutes.
Instructor credit: 2 contact hours for each hour of first time presentation of an approved offering. Exclusion are standardized curriculum, ie: ACLS, PALS, TNCC, ENPC, MANDT, etc.
Independent Study credit for contact hours, which are determined by time documented from pilot tester results. Calculating pilot time test- a) total of all time divided by number of testers or b) discarding high and low times, averaging time spent by rest of testers.
5. Clinical hours (1 contact hour = 3 clinical hours).
*See Awarding Contact Hours policy
verifycompletion ~ Participants will sign a daily roster that includes the following:
Attendance roster content: CNE provider's name, address, provider ship number and coordinator's name.Date and title of the offering and presenter(s). Participant name (as it appears on license), license number and number of contact hours awarded at the offering.
Participants must attend the entire program to receive full credit.
Participants arriving 15 minutes or later from program start will receive partial credit (0.1 contact hour for every 5 minutes of a presentation).
The education coordinator has the responsibility to deny or approve

partial credit in the event of a late arrival /early departure due to an emergent situation, in the event of inclement weather requiring early dismissal for the safety of the participants or in review of an extenuating circumstance.
A certificate of attendance will be awarded to each participant after completion of an offering.
Each certificate shall be complete before distribution to a participant. Certificates will include:Provider's name, address and provider number.Site name and address.Title of the offering.Date or dates of attendance or completion,Location,Number of contact hours awarded,Name, and license or registration number of participant. Designation of any independent study or instructor contact hours awarded.,Faculty or guest speaker,Signature of the individual responsible for the providership.
The name of the participant on the certificate should be identical to the name on the roster and/or on the license or registration card.
Any Certificate changes will be initialed by the provider coordinator or their designee.
*See Attendance & Documentation policy CNE & sample roster template, see Certificate of Attendance policy & sample certificate attachment

recordkeeping ~ Storage of records from offerings will be maintained in confidentiality and allow for easy retrieval by the Continuing Nursing Education (CNE) Coordinator or authorized individuals.
For each offering, the Continuing Nurse Education (CNE) coordinator shall retain the following for 2 years: Summary of the planning,Copy of the offering announcement or brochure,Title and educational objectives, Attendance roster,Agenda and /or outline, Bibliography, Summary of participant evaluations,Faculty/presenter education and experience(Vitae), Other related communications,The attendance roster will include the following documentation:
a) Provider's name, address, KSBN providership number and program coordinator
b) Date and title of the offering and presenter(s)
c) Participant name, license number and contact hours awarded
Records will be stored by annual occurrence in a secured area of the CNE coordinator's office
The CNE coordinator will maintain a reference log with the following items:Education activity,Month/day/year of offering,Number of contact hours awarded,Number of participants
*See Offerings Recordkeeping policy

noticeofchange ~ The KSBN will be appraised of any providership

alterations.
The program coordinator shall notify the KSBN, in writing, of changes in the individual responsible for providership or any revisions of the required policies/procedures.
KSBN notification will be within 30 days of changes.
*See Providership changes policy

programevaluation ~ As a designated CNE provider, the CHCS Education Coordinator will conduct a total program evaluation and submit the report to the KSBN on or before a designated annual deadline. The following components will be included in the report:
1. Program Administration
a) CNE Coordinator job description
2. Program Management
a) Policies & procedures
b) Records
c) Needs Assessment Process
d) Offering Design/Announcement
Total Program Evaluation Plan (see attachment A)
*See Total Program Evaluation policy & attachment A for policy

Submission date ~ 01-13-2021 15:11:24
Form ID ~ 1672730

Community HealthCare System, Inc.

NAME AND ADDRESS OF ORGANIZATION:
     Community HealthCare Systems, Inc.
     120 West Eighth, PO Box 460
     Onaga, Kansas 66521-7163
     (785)889-4272

NAME AND ADDRESS OF EDUCATION DEPARTMENT:
     Community HealthCare Systems, Inc.
     Education Department
     120 West Eighth, PO Box 460
     Onaga, Kansas 66521-7163
     (785)889-4272 Ext. 5146

EDUCATION COORDINATOR:
     Nancy Willert BSN, RN
     Education Coordinator CHCS
     120 West Eighth , PO Box 460
     Onaga, KS 66521-7163
     (785)889-4272 Ext: 5146
     (See Attached Resume)

To enrich the health and lives of the people we serve
www.chcsks.org
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CNE 33

NANCY A. WILLERT

1912 Henry Drive, Wamego, KS, 66547 | cell: 515-229-1819 | samruns@windstream.net

SUMMARY OF WORK EXPERIENCE

June 2015- current   **Clinical Education Coordinator,** *Community Healthcare Systems, Onaga, Kansas*

- Responsible for coordination and oversight of all clinical education and training activities at CHCS in collaboration with Executive staff, Management staff and the provider community.
- Assisting in the implementation of programs and courses offered through Healthstream; including ACLS, PALS, BLS modules.
- Developing programs according to defined objectives and goals, arranging time, space and teaching aids.
- Conducting in-house "Mock Code" scenarios
- Recommending changes/ enhancements in policies, procedures and practice standards as indicated by research or evidence-based practice.
- Supporting ongoing development of critical thinking skills of direct care nurses.
- Maintaining Kansas State Board of Nursing (KSBN) providership
- Conducting nursing "skills fair" for acute, surgical and OB staff

December 2013- November 2014   **Clinical Education Coordinator/Interim Cardiac Rehab Manager,** *Monroe County Hospital & Clinics, Albia, Iowa*

- Coordinated in-house clinical education for staff, ie: Chest Physiotherapy, Basic Telemetry, Organ Donation, COPD, Advanced Cardiac Life Support, Advanced Pediatric Life Support
- Researched and replaced certified training center partner for Basic and Advanced Life Support courses to ensure compliance with regulatory standards.
- Reinstated use of telemedicine system for continuing education
- Conducted in-house "Mock Code" scenarios.
- Facilitated and taught bimonthly Cardiopulmonary Resuscitation (CPR) courses for professional and ancillary staff.
- Maintained staff education files for CPR & clinical courses
- Co-presented at facility "Lunch and Learn" education sessions
- Wellness
- Active participant in pilot committee for Iowa Wellness Coalition of Albia
- Administered influenza vaccinations at annual Hospital Wellness Day
- Cardiac Rehab
- Restructured Cardiac Rehab Phase II and III delivery system and streamlined the referral process into Phase II, resulting in an increase of clients visits by 187%
- Researched and implemented changes to Cardiac Rehab registration and billing; leading to an increased charge capture and reimbursement.
- Conducted Cardiac rehab assessments in-house, as requested

January 2003-June 2014	Director of Health Promotions/Education/Cardiac Rehab, *Story County Medical Center, Nevada, Iowa*

- Facilitated telemedicine programming for continuing education.
- Researched, implemented and maintained online education system for staff record-keeping and continuing education requirements (SWANK).
- Facilitated and taught CPR courses in-house
- Maintained AHA Training Site status in accordance with aligned AHA Training Center requirements.
- Conducted nursing "skills fair" to maintain nursing competencies.
- Facilitated in-house continuing education programs
- Maintained Iowa State Board of Nursing (ISBN) Providership for facility.
- **Wellness**
- Coordinated and participated in annual influenza vaccination programs for staff, community and corporations. Expanded services to over 20 corporate clients.
- Facilitated and taught CPR and First Aid for community/corporate partners
- **Cardiology/Cardiac Rehab**
- Facilitated bimonthly outreach cardiology clinic; involved in patient assessments, treatments and scheduling of clinical services.
- Implemented cardiac stress testing services in the outpatient setting. Developed policies, procedures and protocols to support testing services.
- Coordinated and conducted application of holter/event monitoring systems in-house.
- Responsible for supervision of staff and daily operations of Phase II, Phase III and in-house community exercise programs

February 2000- January 2003   Story County Hospital, Nevada, Iowa

Nursing Education/Secondary Education

April 1997 – February 2000   Laser Eye Center, Des Moines, Iowa

Staff Nurse/ Laser Technician

March 1994 – April 1997   Story County Hospital, Nevada, Iowa

Cardiac Rehabilitation RN

September 1991 – December 1993   Hammond –Henry Hospital, Geneseo, IL

Staff Nurse Critical Care Unit

February 1991 – March 1994   Family Medical Associates, Geneseo, IL

Clinic Staff Nurse: Family Practice Clinic

EDUCATION

1989   **B.S.N. – Bachelor's of Science in Nursing**
                University of Iowa, Iowa City, Iowa

1979   **Diploma Degree**
                Lutheran Hospital School for Nurses, Moline, IL

CERTIFICATIONS/PROFESSIONAL MEMBERSHIPS

March 2011   **Clinical Health Coach certification**

Current   **American Heart Association Instructor**

Past Memberships: IACVPR-Iowa Association of Cardiovascular Rehabilitation
                    AACVPR- American Association of Cardiovascular & Pulmonary Rehabilitation
                    American Diabetes Association

Community HealthCare System	
Department: Nursing Education	**Document Owner:** Education Coordinator.
Subject: Needs Assessment & Planning	**Dates of Review:** 6/1/2016, 1/4/2016, 6/1/2014, 6/1/2013, 6/1/2012, 4/1/2011
Policy Name : Needs assessment & planning	**Dates of Revision:** 6/1/2016, 6/1/2015, 1/2/2006
Date of Origin: 3/2001	
Approved By: Chief Nursing Officer	**Page #:** 1

Printed copies for reference only. Please refer to the electronic copy for the latest version.

Purpose: To define resources utilized in assessment planning and implementation of continuing education programs with the subsequent evaluation of programming.

Policy Statement: Criteria for nursing education development will be based on the Continuing Nurse Education (CNE) definition from KSBN regulation 65-1117(a): "Continuing nursing education means learning experiences intended to build upon the educational and experimental bases of the registered professional and licensed practice nurse for the enhancement of practice, education, administration, research or theory development to the end of improving the health of the public"

Scope Statement: All nursing personnel

Definitions:
"KSBN"- Kansas State Board of Nursing, the governing body for regulation of all continuing education in the state of Kansas

Procedure: Nursing education is developed and offered for Community Healthcare Systems (CHCS) staff and nurses in the surrounding communities based on informal needs assessment, annual questionnaire for staff (See attachment A), staff interviews and feedback provided on offering evaluations. Nursing leadership will identify necessary required competencies, which will be provided annually and on "as needed" basis.

1. Nursing leadership will assist in identifying the required educational competencies, which will be provided annually and on an "as needed" basis.
2. The CNE coordinator will review all feedback received on the education evaluation form for recommended future programming. A compiled list will be distributed to the C.N.O. and nurse managers to review, annually.
3. The CNE coordinator will attend a minimum of 1 nursing in-service at a CHCS location and solicit feedback from attendees for recommendations on continuing nurse education.
4. The task of program development which involves research, identifying deficiencies and content development will be a collaborative effort with CNE coordinator, C.N.O. and nurse managers.

Related Documents: Needs Assessment Form

References: http://www.ksbn.org/npa/npa.pdf

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CNE 37

Needs Assessment Questionnaire

Professional title: RN_____ LPN_____ CNA _____

1. **What is your current area of employment?**
   _____ hospital   _____ long term care/assisted living
   _____ clinic   _____ other (please identify):_____

2. **How are you made aware of continuing education offerings at community Healthcare Systems?**
   _____ e-mail   _____ brochures/flyers
   _____ newsletter   _____ through manager/staff
   _____ other: _____

3. **For your current or most recent re-licensure period, did you obtain continuing ed. offerings through CHCS?**
   _____ Yes   _____ No
   If so, what resource did you use?
   _____ live presentation   _____ re-certification course
   _____ webinar   _____ Healthstream cont. ed. catalog
   _____ assigned course on Healthstream

4. **What program length do you prefer?**
   _____ 1 hour   _____ 2 hours   _____ 3 hours
   _____ 4 hours   _____ 5 or more hours

5. **What time of day allows for best attendance?**
   _____ morning   _____ 12noon   _____ midday
   _____ evening   _____ weekends   _____ anytime of day

6. **What is the most positive aspect, for you, of a continuing education offering?**

7. **What is the least likeable aspect of a continuing education offering?**

8. **What is your preferred method of learning?**
   _____ independent study   _____ live presentations
   _____ webinars   _____ online
   _____ online with skills demo

9. **Considering your current area of employment; what can CHCS provide to meet your educational needs? Please be as detailed as possible.**

Community HealthCare System	
Department: Nursing Education	**Document Owner:** Education Coordinator
Subject: Fee Assessment	**Dates of Review:** 1/4/2016, 6/1/2014, 6/1/2013, 6/1/2012
Policy Name: Fee Assessment	**Dates of Revision:** 1/4/2016
Date of Origin: 4/1/2011	
Approved By: Chief Nursing Officer	**Page #:** 1 of 1

Printed copies for reference only. Please refer to the electronic copy for the latest version.

Purpose:
Describe process of fee assessment, cancellation/refunds and insufficient funds related to the CE offerings

Policy Statement:
Continuing education offerings at Community Healthcare Systems, Inc. (CHCS) are provided free of charge to employees. Non-employees of CHCS will have access to educational offerings for a pre-determined fee.

Scope Statement: All nursing personnel

Definitions: Not applicable

Procedure:
1. A non-employee of CHCS enrolling in a "fee-for-registration" offering will be required to pay the full fee prior to the date of the offering. If proof of payment is not present by the date of the Cont. Ed. offering the registrant will not be allowed to participate.
2. Registration payment will be sent to the Accounts Receivable department within the Business Office at CHCS.
3. If payment by check for an offering is returned to the CHCS Accounts Receivable dept. due to "insufficient funds", the returned check will be sent to a designated representative in the Business Office to begin the process of collections action.

Cancellations/Refunds
1. Registration fees for scheduled events will be non-refundable two calendar weeks prior to the event date.
2. Exceptions for a non-refundable fee will be reviewed and determined by the Education Coordinator. Exceptions that could warrant a refundable cancellation may include
   a) An emergent or unexpected event experienced by the participant
   b) Unforeseen circumstances which cause the event to be cancelled by the Education Coordinator and an alternate date will not be offered.
   c) Deterioration of weather conditions which place participants or the event location in a potentially harmful situation.

Related Documents: Not applicable
References: Not applicable

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Community HealthCare System	
Department: Nursing Education	**Document Owner:** Education coordinator
Subject: Offering Announcements Flyer	**Dates of Review:** 6/1/2016,1/4/2016, 6/1/2014, 6/1/2013, 6/1/2012, 4/1/2011
Policy Name: Offering Announcements Flyer	**Dates of Revision:** 1/4/2016, 5/6/2006
Date of Origin: March 2001	
Approved By: Chief Nursing Officer	**Page #:** 1 of 2

Printed copies for reference only. Please refer to the electronic copy for the latest version.

Purpose: To establish guidelines in preparation and dissemination of announcements for continuing nursing education.

Policy Statement:
Each Continuing Nursing Education (CNE) offering will be communicated to staff and surrounding communities as appropriate.

Scope Statement:
All nursing personnel

Definitions:
"Offerings"- means a single CNE learning experience designed to enhance knowledge, skills, and professionalism related to nursing. Each offering shall consist of at least 30 minutes to be computed towards a contact hour

Procedure:
Offering announcements will include the following;
   a) Program title, purpose and offering objectives
   b) Date/time and location of event
   c) Target audience
   d) Fees
   e) Faculty/presenter
   f) Attendance, cancellation/refund policy
   g) Number of contact hours awarded
   h) Pre-registration form and/or procedure
   i) Offering coordinator/contact person
   j) Sponsorship information
   k) Any additional relevant contact information

2. The offering announcement will prominently display the following statement:
   Community Healthcare Systems, Onaga is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for __ contact hours applicable for RN, LPN, or LMHT re-licensure. Kansas State Board of Nursing Provider Number: LTO 115-0516.

1

3. The announcement should be disseminated regionally or as appropriate approximately 6 weeks in advance of the offering. Announcements will be dispersed through any or all of the following avenues:
   a) Education coordinator network e-mail notification
   b) Hardcopy flyers or brochures
   c) Hospital website
   d) Newspaper

Related Documents:
Flyer Template

References:
KSBN 60-9-107b(3)(c)
http://www.ksbn.org/npa/npa.pdf

Community HealthCare System	
Department: Nursing Education	**Document Owner:** Education Coordinator
Subject: Providership Changes	**Dates of Review:** 1/4/2016, 6/1/2014, 6/1/2013, 6/1/2012, 4/1/2011
Policy Name: Providership Changes	**Dates of Revision:** 1/4/2016, 4/24/2006
Date of Origin: May 2006	
Approved By: Chief Nursing Officer	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Purpose:
To comply with the Kansas State Board of Nursing (KSBN) on changes in the nursing providership program.

Policy Statement:
The KSBN will be appraised of any providership alterations.

Scope Statement:
All nursing personnel

Definitions:
Not applicable

Procedure: The program coordinator shall notify the KSBN, in writing, of changes in the individual responsible for providership or any revisions of the required policies/procedures.

1. KSBN notification will be within 30 days of changes.

Related Documents:
Not applicable

References:
KSBN 60-9-107(h)
http://www.ksbn.org/npa/npa.pdf

1

Community HealthCare System	
Department: Nursing Education	**Document Owner:** Education Coordinator
Subject: Process for Offering Approval	**Dates of Review:** 6/1/2016
Policy Name: Process for Offering Approval	**Dates of Revision:** new 3/24/2016
Date of Origin: 3/24/2016	
Approved By: Chief Nursing Officer	**Page #:** 1 of 1

Printed copies for reference only. Please refer to the electronic copy for the latest version.

Purpose:
To provide a structured process to determine if an offering meets the K.S.A. requirements of continuing nursing education.

Policy Statement:
A long-term Continuing Nursing Education (CNE) provider will evaluate the submitted content for approval as described in KSA 60-9-107 (d)(1).

Scope Statement:
All nursing personnel

Definitions:
Not applicable

Procedure:
Any presenter and/or organization requesting continuing education credit for an offering will complete an "Offering Approval Form" (see attachment A) that includes the following items:
   a) A summary of the planning
   b) Behavioral objectives
   c) Content, which complies with the **K.S.A.65-1117** regulation which defines continuing nursing education.
   d) Presenter's resume reflecting education, experience and documented knowledge/expertise of the content to be presented.
   e) Current bibliography for content. The bibliography shall include books published within the past 10 years, periodicals published within the past 5 years, or both.
   f) The Offering Evaluation Form for participant's assessment of the offering.

The offering request form and supportive documents will be submitted, to the CNE providership coordinator for review.

Upon review of the submitted information the CNE providership coordinator will generate a letter of approval to the requesting presenter and/or organization.

Related Documents: form
Offering Approval Form
Offering Evaluation Form

References: http://www.ksbn.org/npa/npa.pdf

Request for Continuing Nursing Education Offering Approval

Requesting entity:_____

Contact address:_____ Phone #:_____

Name of Offering:_____

Please provide the following information in a narrative and/or attachment as applicable:

1. Summary of the Planning for this program

2. Behavioral Objectives

3. Target Audience

4. Syllabus or agenda with detailed outline of content and all materials to be utilized

5. Bibliography for content. Books should be published within past 10 years. Periodicals-published within 5 years.

6. Evaluation form for participant assessment of program

Community HealthCare System	
Department: Nursing Education	**Document Owner:** Education Coordinator
Subject: Awarding Contact hours	**Dates of Review:** 6/1/2016
Policy Name: Awarding Contact hours	**Dates of Revision:** new 1/4/2016
Date of Origin: 1/4/2016	
Approved By: Chief Nursing Officer	**Page #:** 1 of 1

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Purpose:
To define guidelines in awarding contact hours for CNE provider programs in accordance with KSBN regulations

Policy Statement:
As an approved Long Term CNE provider, the Community Healthcare System (CHCS) may issue contact hours for designated educational programs

Scope Statement:
This policy applies to all nursing personnel.

Definitions:
"CNE"- continuing nursing education
"Contact hour" - means 50 total minutes of participation that meets the definition of CNE in K.S.A. 65-1117, and amendments thereto. Fractions of hours over 30minutes to be computed towards a contact hour shall be accepted

Procedure:
1 contact hour equals 50 total minutes of participation in a learning experience. Contact hours can be awarded based on KSBN regulation 60-9-107b (3)e and applied for the following:

1. Documented contact hours on an offering agenda for actual time attended. This includes partial credit for one or more contact hours. (See Attendance Policy CNE 107)
2. Computed credit for fractions of hours over 30 minutes.
3. Instructor credit: 2 contact hours for each hour of first time presentation of an approved offering. Exclusion are standardized curriculum, ie: ACLS, PALS, TNCC, ENPC, MANDT, etc.
4. Independent Study credit for contact hours, which are determined by time documented from pilot tester results. Calculating pilot time test- a) total of all time divided by number of testers or b) discarding high and low times, averaging time spent by rest of testers.
5. Clinical hours (1 contact hour = 3 clinical hours).

Related Documents: Not applicable

References: http://www.ksbn.org/npa/npa.pdf

1

Community HealthCare System	
Department: Nursing Education	**Document Owner:** Education Coordinator
Subject: Attendance and Documentation	**Dates of Review:** 5/1/2016, 1/4/2016,6/1/2014,6/1/2013,6/1/2012, 4/1/2011
Policy Name: Attendance and Documentation	**Dates of Revision:** 6/1/2016, 1/4/2016, 4/26/2006
Date of Origin: 12/2000	
Approved By: Chief Nursing Officer	**Page #:** 1 of 1

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Purpose: To establish guidelines for attendance to receive credit at a continuing education offering and deter late arrival/early departure of participants.

Policy Statement: The CNE provider shall maintain documentation to verify that each participant is eligible to receive contact hours for educational offerings.

Scope Statement: All nursing personnel

Definitions:
"CNE"- continuing nursing education

Procedure:
Participants will sign a daily roster that includes the following:
1. Attendance roster content:
   a) CNE provider's name, address, provider ship number and coordinator's name.
   b) Date and title of the offering and presenter(s)
   c) Participant name (as it appears on license), license number and number of contact hours awarded at the offering.
2. Participants must attend the entire program to receive full credit.
3. Participants arriving 15 minutes or later from program start will receive partial credit (0.1 contact hour for every 5 minutes of a presentation).
4. The education coordinator has the responsibility to deny or approve partial credit in the event of a late arrival /early departure due to an emergent situation, in the event of inclement weather requiring early dismissal for the safety of the participants or in review of an extenuating circumstance

Related Documents:
Roster Form

References:
KSBN 60-9-107f(1)
http://www.ksbn.org/npa/npa.pdf

Community HealthCare System, 120 West 8th Street, Onaga, Kansas 66521

EDUCATIONAL DEVELOPMENT   Attendance Roster

Education Coordinator: Nancy Willert RN BSN

Course Title: _____   Location: _____

Course Date(s): _____Time:_____ Instructor(s): _____

NURSING ACCREDITATION: *Community Hospital, Onaga is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for____ contact hours applicable for RN, LPN, or LMHT r-licensure. Kansas State Board of Nursing Approved Provider Number: LTO115-0516.*

NAME (print clearly)	CREDENTIALS	LICENSE #	E-MAIL ADDRESS For electronic certificate	LEGAL SIGNATURE

-47-

CNE 47

Community HealthCare System	
Department: Nursing Education	**Document Owner:** Education Coordinator
Subject: Certificate of Attendance	**Dates of Review:** 6/1/2016,
Policy Name: Certificate of Attendance	**Dates of Revision:** 5/2016, 4/1/2011,
Date of Origin: 12/2000	6/1/2012, 6/1/2013, 6/1/2014, 5/2016
Approved By: Chief Nursing Officer	**Page #:** 1 of 2

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Purpose:
To provide documentation of continuing education program attendance to the participant.

Policy Statement:
Certificates of completion verifying attendance will be created and distributed in accordance with KSBN regulation 60-9-107(g)

Scope Statement: All nursing personnel

Definitions:
"KSBN"- Kansas State Board of Nursing
"Certificate"- document that is proof of completion of an offering consisting of one or more contact hours

Procedure:
1. A certificate of attendance will be awarded to each participant after completion of an offering.

2. Each certificate shall be complete before distribution to a participant.

3. Certificates will include:
    a. Provider's name, address and provider number
    b. Site name and address
    c. Title of the offering
    d. Date or dates of attendance or completion
    e. Location
    f. Number of contact hours awarded
    g. Name, and license or registration number of participant.
    h. Designation of any independent study or instructor contact hours awarded.
    i. Faculty or guest speaker
    j. Signature of the individual responsible for the providership.

4. The name of the participant on the certificate should be identical to the name on the roster and/or on the license or registration card.

5. Any Certificate changes will be initialed by the provider coordinator or their designee

6. Participants who lose or misplace their certificate may request a duplicate.

    a. Participation will be confirmed by the Education Coordinator before distribution of replacement certificate.

Related Documents:
Certificate of Attendance

References:
http://www.ksbn.org/npa/npa.pdf

CNE 49

CONTINUING EDUCATION
CERTIFICATE OF ATTENDANCE

Community
HealthCare System
NE Kansas

NAME:_____

LICENSE #:_____

PROGRAM ATTENDED: _____

DATES ATTENDED: _____

CONTACT HOURS: _____

INSTRUCTOR(S): _____

LOCATION: CHCS

NURSING ACCREDITATION: *Community Hospital, Onaga is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for RN, LPN, or LMHT r-licensure. Kansas State Board of Nursing Approved Provider Number: LTO115-0516.*

Nancy Willert, BSN, RN Education Coordinator

Community HealthCare System   120 West 8th St, P.O. Box 460
Onaga, Kansas 66521-0460   785-889-4272

CNE 50

Community HealthCare System	
Department: Nursing Education	**Document Owner:** Education Coordinator
Subject: Independent Study Documentation	**Dates of Review:**
Policy Name: Independent Study Documentation	**Dates of Revision:** 5/9/2016
Date of Origin: 5/9/2016	
Approved By: Chief Nursing Officer	**Page #:** 1 of 1

Printed copies for reference only. Please refer to the electronic copy for the latest version.

Purpose:
To define record keeping specific to independent study offerings and completion.

Policy Statement:
Documentation for independent study shall be in compliance with KSBN regulation 60-7-107(f)(2)

Scope Statement:
All nursing personnel

Definitions:
"Independent Study"- means a self-paced learning activity undertaken by the participant in an unstructured setting under the guidance of and monitored by an approved provider.
"Healthstream"- a brand of computer software designed to facilitate on-line learning.

Procedure:
The CNE provider shall maintain documentation to verify completion of each independent study offering, if applicable.
1. To verify completion of an independent study offering, the provider shall maintain documentation that includes the following:
   a) Provider's name, address, provider number and coordinator.
   b) The participant's name and license number
   c) Number of contact hours awarded
   d) Title of the Offering
   e) The date the offering was completed
   f) Completion date of posttest or return demonstration.
2. Awarding of contact hours for independent study offerings occurs through the following methods:
   a) Assigned coursework of the "Healthstream" brand continuing education computer based curriculums utilized by Community Healthcare Systems(CHCS). Posttest results determine completion.
   b) Pilot study results reflecting time determined for completion. (See CNE policy- Awarding Contact Hours).

Related Documents: Not applicable

References: http://www.ksbn.org/npa/npa.pdf

1

Community HealthCare System	
Department: Nursing Education	**Document Owner:** Education Coordinator
Subject: Total Program Evaluation	**Dates of Review:** 1/4/2016, 6/1/2014, 6/1/2013, 6/1/2012
Policy Name: Total Program Evaluation	**Dates of Revision:** 1/4/2016, 4/01/2011
Date of Origin: April 2011	
Approved By: Chief Nursing Officer	**Page #:** 1 of 1

Printed copies for reference only. Please refer to the electronic copy for the latest version.

Purpose:
Establish systematic process for collecting and analyzing outcomes from continuing nurse education providership to evaluate efficacy of programming

Policy Statement:
KSBN regulation 60-9-107b (3)(1) requires that all providerships perform an individualized total program evaluation annually.

Scope Statement:
All nursing personnel

Definitions:
"KSBN"- Kansas State Board of Nursing

Procedure: As a designated CNE provider, the CHCS Education Coordinator will conduct a total program evaluation and submit the report to the KSBN on or before a designated annual deadline. The following components will be included in the report:

1. Program Administration
   a) CNE Coordinator job description
2. Program Management
   a) Policies & procedures
   b) Records
   c) Needs Assessment Process
   d) Offering Design/Announcement
3. Total Program Evaluation Plan

Related Documents:
Total Program Evaluation

References:
http://www.ksbn.org/npa/npa.pdf

Total Program Evaluation Plan Nursing Continuing Education Community Health Care Systems, Inc.

Area	Frequency	Responsible person	Criteria	Findings	Actions/Recommendations
Administration	Annually	CE coordinator	Review job description		
Policies Assess need, planning	Annually	CE Coordinator	Review surveys for appropriateness. Were survey findings and identified needs from evaluation summaries used in program planning?		
Policies: Fee assessment	Annually	CE Coordinator	Policy meets organization and customer needs.		
Policies: Announcement	Annually	CE Coordinator	Review to confirm they reflect necessary information		
Policies: Offering approval process	Annually	CE Coordinator	Review policies and compare to KSBN requirements.		
Policies: Awarding contact hours	Annually	CE Coordinator	Review sample of agendas to verify contact hrs awarded. 100% review of partial credit documentation.		
Policies: Verifying participation/completion	Annually	CE Coordinator	Review rosters and certificates. Compare to KSBN requirements.		
Policies: Record Keeping	Annually	CE Coordinator	Audit contents of files for compliance with KSBN requirements.		
Policies: Notification of Changes	Annually	CE Coordinator	Review procedures for changes reported to KSBN		
Total Program Evaluation Effectiveness	Annually	CE Coordinator	Review total program evaluation and compare contents to KSBN requirements.		

Community HealthCare System	
Department: Nursing Education	**Document Owner:** Education Coordinator.
Subject: Education-Offerings-Record Keeping	**Dates of Review:** 6/1/2016, 1/4/2016, 8/18/2015,6/1/2014, 6/1/2013, 6/1/2012, 4/1/2011
Policy Name: Education-Offerings-Record Keeping	**Dates of Revision:** 6/1/2016,1/4/2016, 4/26/2006
Date of Origin: 3/1/2011	
Approved By: Chief Nursing Officer	**Page #:** 1 of 2

Printed copies for reference only. Please refer to the electronic copy for the latest version.

Purpose:
To describe required documentation and safekeeping of continuing nursing education records.

Policy Statement:
Storage of records from offerings will be maintained in confidentiality and allow for easy retrieval by the Continuing Nursing Education (CNE) Coordinator or authorized individuals.

Scope Statement:
All licensed nursing personnel

Definitions:
KSBN- Kansas State Board of Nursing
CNE- Continuing Nursing Education

Procedure:
1. For each offering, the Continuing Nurse Education (CNE) coordinator shall retain the following for 2 years:
   a) Summary of the planning
   b) Copy of the offering announcement or brochure
   c) Title and educational objectives
   d) Attendance roster
   e) Agenda and /or outline
   f) Bibliography
   g) Summary of participant evaluations
   h) Faculty/presenter education and experience(Vitae)
   i) Other related communications

2. The attendance roster will include the following documentation:
   a) Provider's name, address, KSBN providership number and program coordinator
   b) Date and title of the offering and presenter(s)
   c) Participant name, license number and contact hours awarded

3. Records will be stored by annual occurrence in a secured area of the CNE coordinator's office.

4. The CNE coordinator will maintain a reference log with the following items:

1

a) Education activity
b) Month/day/year of offering
c) Number of contact hours awarded
d) Number of participants

Related Documents:
Not applicable

References:
KSBN 60-9-107h(1)(2)

http://www.ksbn.org/npa/npa.pdf

Offering #1

Summary of Planning for Safe Sleep Presentation

In January of 2019 the Chief Nursing Officer, sent the Education Coordinator an e-mail stating that "CHCS has been in collaboration with the Pottawatomie Health Department to bring a Safe Sleep Baby Shower to our patients in March 2019. Through this work the Health Department's Safe Sleep Instructor offered a Safe Sleep class for Healthcare Professionals, primarily nurses. Since CHCS has a Birth Center and has 70-100 births per year and one component of the parent teaching is caring for the baby after delivery the CNO felt this would be an applicable educational offering to all hospital and clinic nursing staff who wish to attend."

The Safe Sleep Instructor and CNO connected and determined two offerings of the class would be helpful and appropriate. The CNO worked with the Education Coordinator to determine dates and times for the presentations to staff.

"Safe Sleep Presentation"

Tues. Feb. 26, 2019
3:30 pm to 4:30 pm
&
Wed. Feb. 27, 2019
4:30 pm to 5:30 pm

Onaga Hospital -North Basement Conference Room

Purpose: To educate attendees on the practice of Safe Sleep

Objectives: 1. Participants will be able to define Sudden Infant Death Syndrome and Sudden Unexplained Infant Death.
2. Participants will identify how to create a safe sleep environment.

Target Audience: Open to Everyone

Guest Speaker: Sharon Strifler RN BSN , instructor with KIDS (Kansas Infant Death and SIDS Network)

Fees: Free

Cont. Ed Credit: *Community Hospital, Onaga is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for 1 contact hours applicable for RN, LPN, or LMHT r-licensure. Kansas State Board of Nursing Approved Provider Number: LTO115-0516.*

Sponsor: Community Healthcare System Inc., 120 W. 8th Street, Onaga, Kansas 66521

To Register : To register or for further questions Contact Nancy Willert RN, BSN Education Coordinator at 785-889-5146 or by e-mail, nancywillert@chcsks.org

CNE 58

Sharon Strifler

14900 Boxelder Road, Westmoreland, Kansas 66549

785-410-9190 ~ strifler@bluevalley.net

Objective

Practice nursing that is challenging and offers professional growth while being compatible with personal life.

Education

Bachelor of Science in Nursing
December 1996 ~Baker University ~ Topeka, Kansas 66006
Summa Cum Laude

Experience

November 2015 ~ Current
Public Health Nurse ~ Pottawatomie County Health Department ~ Westmoreland, Kansas 66549
Part time

Responsibilities:

Provide support, education, and case management to pregnant and postpartum women
Perform assessments on infants in home and office setting
Recruit women for the Maternal and Infant Program
Attend meetings, trainings, and conferences
Assess for and provide appropriate referrals
Collect and maintain data on clients per HIPAA regulations
Participate in flu clinics, health fairs, blood pressure clinics and emergency trainings
Administer immunizations
Distribute birth control
Trim toenails
Other duties as assigned

Experience
February 2002 – February 2003
Staff Nurse ~ Manhattan Surgical Center ~ Manhattan, Kansas 66502
PRN

Responsibilities:

Inpatient, endoscopy, and preoperative tasks:
Admit new patients, obtain consent, start IV, give preoperative medications, support patient until taken to procedure room or surgery
Assess vital signs and for changes in patient status, assist patient in the recovery process, chart, communicate with physicians, family, and staff
Provide discharge instructions, discharge to home

Experience
May 2001 – October 2001
Staff Nurse/Circulating Nurse in the operating room ~ Saint Francis Hospital ~ Topeka, Kansas 66006
Full Time

Responsibilities:

Prepare operating room, equipment, supplies, and medications for assigned cases
Greet patient, verify patient identity and consent, ensure appropriate forms and documentation are complete
Assist surgeons and scrub technicians before, during and after procedure
Position and prep patient and ensure their safety
Document procedure and supplies used
Escort patient to recovery
Send specimens to laboratory

Other Experiences:
Served as camp nurse for 4H Discovery Days ~ 2 years
Taught Medical Terminology class at Manhattan Area Technical College
Taught Certified Nurse's Aide classes at Westy Community Care Home

Certifications:
CPR
Certified Breastfeeding Educator
Trained to perform KanBeHealthy physicals
Certified Safe Sleep Instructor

Licensure:
Kansas State Board of Nursing ~ Registered Nurse

CNE 60

K'D&S
Kansas Infant Death and SIDS Network

Wrestling with Safe Sleep

Wrestling with Safe Sleep explores SIDS and SUID data including high risk populations and barriers to safe infant sleep. Sleep location, position, and environmental recommendations based on the 2016 American Academy of Pediatrics Safe Sleep Guidelines are discussed. PowerPoint, small group discussion and lecture format is used.

Safe Sleep Training Objectives:
1. Define Sudden Infant Death Syndrome and Sudden Unexplained Infant Death
2. Identify how to create a safe sleep environment

Content Outline:
- Participants will become familiar with SIDS and SUID and what steps can be taken to reduce sleep related infant deaths.
- Participants will discuss definitions of SIDS and SUID.
- Participants will explore strategies to reduce sleep related deaths such as: not smoking, back sleeping, proper temperature control, encouraging breastfeeding, proper use of pacifiers, creating a safe sleep policy and support information from the KIDS Network.

PowerPoint presentation is utilized to explore SIDS and SUID data including high risk populations, tummy sleeping, etc. PowerPoint, small group discussion and lecture format is used.

Bibliography:
Ahlers-Schmidt CR, Schunn C, Nguyen M, Nimeskern J, Ilihe R, Kuhlmann S. Does providing infant caregivers with a wearable blanket increase safe sleep practices? A randomized controlled trial. Clinical Pediatrics. 2016; Vol. 55(1) 79–82. doi: 10.1177/0009922815572077

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Task Force on Sudden Infant Death Syndrome. SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleep Environment. *Pediatrics.* 2011; DOI: 10.1542/peds.2011-2285.

Von Kohorn I, Corwin MJ, Rybin DV, et al. Influence of prior advice and beliefs of mothers on infant sleep position.

Arch Pediatr Adolesc Med. 2010; 164:363-369.

Willinger, M., James LS, Catz C. Defining the sudden infant death syndrome (SIDS): deliberations of an expert panel convened by the National Institute of Child Health and Human Development. *Pediatr Pathol.* 1991; Sep-Oct;11(5):677-84.

Wulbrand H, McNamara F, Thach B. The Role of Arousal Related Brainstem Reflexes in Causing Recovery From Upper Airway Occlusion in Infants. *Sleep.* 2008; Vol. 8;, No. 31, pp. 833-840.

Summarization of Evaluations For "Safe Sleep" February 26, 2019

What was of most value in the presentation?
- The promotion of safe sleep. Putting infants on back is the safest and not allowing babies to fall in deep sleep.
- Education
- Graphs, pictures, examples, stories, and inflammation on how to make sure babies safely sleep
- Very good presentation
- Learned most current information

What was the least value in the presentation?
Future programs:
- Any related to what we provide services to.

Rate how well the following learner objectives were met:	Objective Met	Unsure	Not Met		
1. Participants will be able to define Sudden Infant Death Syndrome and Sudden Unexplained Infant Death	XXXXXXXXXX				
2. Participants will identify how to create a safe sleep environment	XXXXXXXXXX				

Please rate the following presenter: **Sharon Strifler RN BSN**	Excellent	Above Average	Average	Below Average	Unsatisfactory
Knowledge about content	XXXXXXXXX	X			
Presented material in simple terms	XXXXXXXXX	X			
Spoke clearly and confidently	XXXXXXXXX	X			

CNE 63

Offering #2

Community HealthCare System

NE Kansas

Summary of Planning for December 20. 2018 "Rapid Sequence Airway" presentation

Craig Isom, Med-Trans/Lifestar representative attended the CHCS OESEP meeting in late October 2018 and offered to the hospital staff a free training on airway management in an emergent situation that his organization does for outreach education. The chief nursing officer requested the Education Coordinator pursue the idea. Early November 2018 the Education Coordinator contacted Craig Isom via e-mail to begin discussion on providing the class on-site at the Onaga hospital. Class dates and times were finalized and the training information provided to the CHCS providers and staff, as well as facilities in the HINK network.

"Rapid Sequence Airway: Setting Yourself up for Success"

December 20, 2018
7:30am-9:30am or 12noon-2:00pm

North Teleconference Room (Walsh Room)
Onaga Hospital

Purpose: Acquire knowledge and skills to successfully perform rapid airway placement

Objectives: Upon completion of the presentation, the participant will be able to:
1. Demonstrate confidence at handling a difficult airway in an emergent situation.
2. Participate with other practitioner in a team setting to adequately oxygenate and ventilate a patient.
3. Direct others in the proper medications and dosages of RSI medications including pain control, induction agents, paralytics and ongoing sedation.
4. Demonstrate the ability to use video (indirect) and direct laryngoscopy.
5. Confidently use adjunct airway equipment such as bougie's and supraglottic airways.

Target Audience: Any healthcare provider in an emergent situation who may need to perform rapid sequence intubation. (Physician, P.A., midlevel, RN, CRNA and EMS)

**Guest Speaker: Lyle Wester, CCEMT-P, FP-C   LifeStar of Kansas**

Fees: No charge

Cont. Ed Credit: *Community Hospital, Onaga is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for 2 contact hours applicable for RN, LPN, or LMHT r-licensure. Kansas State Board of Nursing Approved Provider Number: LTO115-0516.*

Sponsor: Community Healthcare System Inc., 120 W. 8th Street, Onaga, Kansas 66521

To Register :   Pre-registration is required. Limit of 20 per class. (Deadline to register 12/17)
To register or for further questions Contact Nancy Willert RN, BSN Education Coordinator at 785-889-5146 or by e-mail, nancywillert@chcsks.org

Life Star of Kansas

Community
HealthCare System
NE Kansas
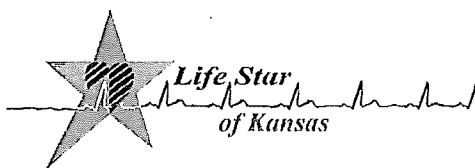
Rapid Sequence Airway

Setting Yourself up for Success

Lyle Webster, CCEMT-P, FP-C

Life Star of Kansas

Upon completion of the presentation, the participant will be able to:

Demonstrate confidence at handling a difficult airway in an emergent situation.

Participate with other practitioners in a team setting to adequately oxygenate and ventilate a patient.

Direct others in the proper medications and dosages of RSI medications including pain control, induction agents, paralytics, and ongoing sedation.

Demonstrate the ability to use video (indirect) and direct laryngoscopy.

Confidently use adjunct airway equipment such as bougie's and supraglottic airways.

MED-TRANS
AIR MEDICAL TRANSPORT

RSI/Difficult Airway Course

12.20.2018

Community Healthcare System, Onaga, KS

0730-0740   Sign in, introductions

0740-0845   RSI/Advanced Airway lecture

0845-0855   Break

0855-0930   Intubation practice/hands on skills stations

Lyle Webster
11801 E 77th St N
Wichita, KS 67226
(316)833-2495
LWebster24@gmail.com

Professional Experience:

Dec 2010 to Present: Life Star of Kansas, Flight Paramedic, FP-C

August 1977 to June 2010: Sedgwick County EMS, Paramedic District Supervisor

June 1981 to January 2001: Wesley Medical Center LifeWATCH, Flight Paramedic

November 1986 to June 1988: Wesley Medical Center, Code Blue Team

Education:

1976: Wichita State University, Emergency Medical Technician

1979-1980: University of Kansas School of Medicine, Paramedic Training

2004-2006: Cessna Training Center School of Aviation, Instrument Rated Fixed Wing Pilot

2010: University of Maryland Baltimore County, Critical Care Emergency Medical Technician – Paramedic

Certifications:

Paramedic – State of Kansas

Flight Paramedic – Certified, TPATC

NRP, BLS, ACLS, and PALS

CCEMT-P

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Ahlers-Schmidt CR, Kuhlmann S, Kuhlmann Z, Schunn C, Rosell J. To Improve Safe-Sleep Practices, More Emphasis Should Be Placed on Removing Unsafe Items From the Crib. *CLIN PEDIATR.* 2014; 0009922813518964.

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Mason B, Ahlers-Schmidt CR, Schunn C. Improving Safe Sleep Environments for Well Newborns in the Hospital Setting. *CLIN PEDIATR.* 2013; 0009922813495954.

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Task Force on Sudden Infant Death Syndrome. SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment. *Pediatrics* Oct 2016, e20162938; DOI: 10.1542/peds.2016-2938

Task Force on Sudden Infant Death Syndrome. SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleep Environment. *Pediatrics.* 2011

Von Kohorn I, Corwin MJ, Rybin DV, et al. Influence of prior advice and beliefs of mothers on infant sleep position.

Arch Pediatr Adolesc Med. 2010;164:363-369.

Willinger, M. , James LS, Catz C. Defining the sudden infant death syndrome (SIDS): deliberations of an expert panel convened by the National Institute of Child Health and Human Development. *Pediatr Pathol.* 1991; Sep-Oct;11(5):677-84.

Wulbrand H, McNamara F, Thach B. The Role of Arousal Related Brainstem Reflexes in Causing Recovery From Upper Airway Occlusion in Infants. *Sleep.* 2008; Vol. 8;, No. 31, pp. 833-840.

Colvin JD, Collie-Akers V, Schunn C, Moon, RY. Sleep Environment Risks for Younger and Older Infants. Pediatrics. 2014;134:e406-e412.

Summarization of Evaluations for "Rapid Sequence Airway"   December 20, 2018

What was of most value in the presentation?
- Hands on and expertise of presenters
- Various drugs used in intubation and their use in the intubation process-hands on
- Very informational, hands-on experience was also very beneficial
- Expertise of teaching-very good- very knowledgeable
- RSI procedure, meds, prep, etc
- Hands on practice
- The instructor constantly saying to have confidence

What was the least value in the presentation?
- Explain the anacronyms more

Other comments:
- Trauma resuscitation, burn resuscitation
- I just received the list of LifeStar/MedTrans edu. Offerings and excited about the opportunities
- Emergency medicine

Rate how well the following learner objectives were met:	Objective Met	Unsure	Not Met
1. Demonstrate confidence at handling difficult airway in an emergent situation	XXXXXXXXXXX XXXXXXXXX		
2. Participate with other practitioners in a team setting to adequately oxygenate and ventilate a patient	XXXXXXXXXXX XXXXXXXXX		
3. Direct others in the proper medications and dosages of RSI medication including pain control, induction agents, paralytics and ongoing sedation	XXXXXXXXXXX XXXXXXXX	XX	
4. Demonstrate the ability to use video(indirect) and direct laryngoscopy	XXXXXXXXXXX XXXXXXXX		
5. Confidently use adjunct airway equipment such as bougies and supraglottic airways	XXXXXXXXXXX XXXXXXXXX		

Please rate the following presenter: **Lyle Webster CCEMPT-P, FP-C**	Excellent	Above Average	Average	Below Average	Unsatisfactory
Knowledge about content	XXXXXXXXXXX XXXXXXXXX				
Presented material in simple terms	XXXXXXXXXXX XXXXXXXXX				
Spoke clearly and confidently	XXXXXXXXXXX XXXXXXXXX				

Long Term CNE Provider Checklist

(K.A.R. 60-9-107)

Name of Provider: Faith Comm. Nurses Assoc. of OK, LT0297-0316, Renewal Application

Name of Program Coordinator: Marilyn Seiler, RN

Date to CNE Committee: March 23, 2021

Information Required	Received	N/A
Completed application for initial approval or five-year renewal for LT CNE providership shall be submitted at least 60 days before a scheduled board meeting	12/14/2020	
The name and address of the organization on the application	X	
The name and address of the department or unit within the organization responsible for approving CNE, if different from the name and address of the organization		X
The name, education and experience of the program coordinator responsible for CNE	Marilyn Seiler, RN	
• Be a licensed professional nurse	X	
• Have three years of clinical experience	X	
• Have one year of experience in developing and implementing nursing education	X	
• Have a baccalaureate degree (unless held this position for the provider at least five years immediately prior to January 1, 1977)	X	
Policies & Procedures:		
Written policies and procedures, including at least the following areas:		
• Assessing the need and planning for CNE activities	X	
• Fee assessment	X	
• Advertisements or offering announcements. Published information shall contain the following statement: "(name of provider) is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing provider number: "	X	
• Notice of change of coordinator or required policies and procedures. The program coordinator shall notify the board in writing of any change of the individual responsible for the providership or required policies and procedures within 30 days	X	
For long term providers, the policies and procedures for the offering approval process shall include the following:		

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• A summary of the planning	X	
• The behavioral objectives	X	
• The content, which shall meet the definition of CNE in KSA 65-1117	X	
• The instructor's education and experience, documenting knowledge and expertise in the content area	X	
• A current bibliography that is reflective of the offering content. The bibliography shall include books published within the past 10 years, periodicals published within the past five years, or both	X	
• An offering evaluation that includes each participant's assessment of the following:		
▪ The achievement of each objective	X	
▪ The expertise of each individual presenter	X	
An approved provider may award any of the following:		
• Contact hours as documented on an offering agenda for the actual time attending, including partial credit for one or more contact hours	X	
• Credit for fractions of hours over 30 mins to be computed towards a contact hour	X	
• Instructor credit, which shall be twice the length of the first-time presentation of an approved offering, excluding an standardized, prepared curriculum		X
• Independent study credit that is based on the time required to complete the offering, as documented by the provider's pilot test results		X
• Clinical hours		X
Documentation of Attendance		
Each provider shall maintain documentation to verify that each participant attended the offering. The provider shall require each participant to sign a daily roster, which shall contain the following information:		
• The provider's name, address, provider number, and coordinator	X	
• The date and title of the offering, and the presenter or presenters	X	
• The participant's name and license number and the number of contact hours awarded	X	
Each provider shall maintain documentation to verify completion of each independent study offering, if applicable. To verify completion of an independent study offering, the provider shall maintain documentation that includes the following:		
• The provider's name, address, provider number, and coordinator		X
• The participant's name and license number, and the number of contact hours awarded		X

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• The title of the offering		X
• The date on which the offering was completed		X
• Either the completion of a posttest or a return demonstration		X
Certificate of Attendance/CE Transcript		
A certificate of attendance shall be awarded to each participant after completion of an offering, or a CE transcript shall be provided according to the policies and procedures of the long-term provider		
Each certificate and each CE transcript shall be complete before distribution to the participant		
Each certificate and each CE transcript shall contain the following information:		
• The provider's name, address and provider number	X	
• The title of the offering	X	
• The date or dates of attendance or completion	X	
• The number of contact hours awarded and, if applicable, the designation of any independent study or instructor contact hours awarded	X	
• The signature of the individual responsible for the providership	X	
• The name and license number of the participant	X	
Recordkeeping & Storage		
For each offering, the approved provider shall retain the following for two years:		
• A summary of the planning	X	
• A copy of the offering announcement or brochure	X	
• The title and objectives	X	
• The offering agenda or, for independent study, pilot test results	X	
• A bibliography	X	
• A summary of the participants' evaluations	X	
• Each instructor's education and experiences	X	
• Documentation to verify completion of the offering	X	
The record storage system used shall ensure confidentiality and easy retrieval of records by authorized individuals	X	
Program Evaluation Plan		
For long-term providers, a copy of the total program evaluation plan	X	
Two Proposed Offerings		
The provider shall submit two proposed offerings, including the following:		
• A summary of planning	X	

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	#1: Finding Peace Through Spiritual Self Care	#2: Addressing the Homeless Population's Needs in Our Congregation
• A copy of the offering announcement or brochure		
• The title and behavioral objectives	X	X
• The offering agenda or, for independent study, pilot test results	X	X
• Each instructor's education and experience	X very abbreviated	X
• A current bibliography	X	X
• The offering evaluation form		X

12/2018

Review Completed by Chelsey Stephenson, CNE Education Specialist on January 28, 2021

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Reference No.: 24829   **Date submitted:** Dec 12 13:11 2020

radio ~ Renewal
Providername ~ Faith Community Nurses Association of Oklahoma
providernum ~ LT0297-0316
legalbody ~ ~
address ~ 1806 N. Husband, #102
adress2 ~ Stillwater, OK 74075
telephone ~ 4053341630
email ~ marilynseiler72@gmail.com
coordinator ~ Marilyn Seiler, RN
date ~ 12-12-2020
planningce ~ At a minimum of annually, under the direction of the Program Coordinator and the Directors of FCNA OK, a CNE needs' assessment and planning is completed for quarterly educational offerings. The FCNA-OK membership are queried to determine programs of interest during membership meetings and through program evaluations. The Program Coordinator/Designee reviews the desired and current topics of interest. Subject matter which will build upon the education and experiential bases of the faith community nurse to enhance practice, education, administration, research and/or theory development to the end of improving the health of the public are identified. Qualified speakers are secured to address the chosen topics. A separate Conference planning committee is established monthly, comprised of interested members.
feeassessment ~ Scholarships are available to Faith Community Nurses on an application basis or in lieu of volunteer activity for the full day event. Rates are kept as low as possible to allow Faith Community Nurses, who are primarily unpaid professionals, to attend quality educational offerings. Additional shorter offerings are included within the Association membership dues structure without additional charge to members. Non-members who attend as guests are charged a nominal fee for the offering.

For the annual conference, the fee is based upon meeting the budgeted expenses. No profit is included in the budget.

Refunds for full day programs may be granted as appropriate for adequate notice or exceptional hardships, usually up to two weeks prior to the event. A moderate cancellation fee may be charged to cover handling.
When a check is returned for insufficient funds, the treasurer will contact

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the check writer, allowing for an opportunity to make the payment good. The person receiving the benefit from the returned check is responsible for repayment to FCNA OK along with a $25 fine in the form of cash or money order within thirty (30) days.

advertisement ~ A one-page flyer is developed for the quarterly education offerings (2 hours in length) (Exhibit 2B). For the annual conference, a brochure is developed for interested persons and general distribution (Exhibit 2A). A news release is prepared for churches, nursing organizations, and religious denominations (Exhibit 2C). All information is distributed electronically at this time. Print copies can be made available.

approvalprocess ~ Planning for quarterly education a minimum of three months in advance. After a topic is chosen, a qualified speaker is identified. Communication occurs mainly by email and phone. A title for the presentation and behavioral objectives are mutually agreed upon and recorded. A biographical form is sent to the speaker to complete and return within a specified period of time. A bibliography is requested at the same time. The Program Coordinator continuously follows up until all documentation is complete. The flyer is sent to the membership no later than 3 weeks prior to the offering. The flyer contains all the above information as illustrated in Exhibit 3A.

Planning for the annual conference begins 10-11 months prior to the event. For the March 2021 Conference, the Committee began in April and has met by zoom 8 times. The committee determined topics, set behavioral objectives, selected and secured potential speakers and established an applicable scripture reference. Responsibilities for various tasks were assigned. The committee, composed of 12 Faith Community Nurses, wanted a relevant topic for the time and for faith community nurses, clergy and health ministers. The brochure was completed in October, 2020 (Exhibit 2A) to be distributed in December to January by electronic means. The brochure contains most elements referenced above. The program coordinator holds individual instructors' experience and education, as well as bibliographies for each instructor.

Criteria for the content of all offerings meets the definition above: Subject matter which will build upon the education and experiential bases of the faith community nurse to enhance practice, education, administration, research and/or theory development to the end of improving the health of the public are identified.

contacthours ~ FCNA OK will award CNEs by the number of contact hours as documented on the offering agenda for actual time attended, including partial credit for one or more contact hours. (60-9-107b (3)

(B)). For purposes of this policy "contact hour" means 50 total minutes of participation in a learning experience that meets the definition of CNE. (60-9-105(j))

Contact hours will be attained and awarded to each participant that attends the entire presentation or event and completes the evaluation form. No credit will generally be given for late arrival/early departures. Partial credit will not be issued for offerings of one to three hours. Partial credit for day-long offerings may be issued on a case by case basis as determined by Program Coordinator.

Instructor credit is not generally given.

See Exhibit 3A for sample Attendance Roster.

verifycompletion ~ See Exhibit 3A and 3B
Each participant is required to sign the roster prior to the presentation.

This is a small organization with recognition of all attendees easily achieved.

If attending virtually, the presenter or program coordinator designates a passcode which is given at the end of the offering. In addition, the host/designee verifies attendance through a means of identity verification and the use of the passcode on the evaluation form which is completed in an electronic tool such as SurveyMonkey. If attendance is through a recorded offering, proof of attendance will be verified through the pass code given at the end of the presentation and documented on the program evaluation.

Verification of attendance will be completed before a certificate of attendance is awarded. If by virtual attendance, an online evaluation with name completion and pass code is required before the certificate of attendance is awarded. A certificate signed by the program coordinator will be awarded by paper or electronically at the end of the offering for proof of attendance. The certificate will be completed by the program coordinator before distribution to the attendees.

recordkeeping ~ The paper files, generally evaluation forms and signed attendance rosters are filed in the locked file in the home of the program coordinator. All electronic files are in a secure, backed-up cloud

file maintained solely by the program coordinator. Files are arranged by year/offering/date and include summary of planning, copy of announcement/brochure, title and objectives, offering agenda, bibliography, summary of participant evaluations; each instructor's education and experience; and documentation to verify completion of the offering as specified in subsection. For the electronic evaluation forms, the evaluations are summarized and maintained. Files are maintained for a minimum of two years.

noticeofchange ~ The Program Coordinator for FCNA OK will submit any changes in the Program Coordinator or the policies to the credentialing organization within 30 days of the change

programevaluation ~ Annually, usually in May, at least three RN volunteer members of FCNA OK electronically perform a systematic review of all CNE activity by which FCNA OK analyzes outcomes of the overall continuing nursing education program in order to make subsequent decisions to the program (60-9-105 (s)). Volunteers submit recommendations to the Program Coordinator who makes necessary changes in policies, procedures, or processes before the annual report is submitted for renewal of providership. Exhibit 4

Submission date ~ 12-12-2020 13:16:14

Form ID ~ 1672730

MARILYN SEILER, R.N., BC-FCN, M.S.
1806 N. Husband, #102
Stillwater, OK 74075
405-334-1630 (cell)
Marilynseiler72@gmail.com
RN License--Oklahoma R0025608

EMPLOYMENT EXPERIENCES:

2018	Retired. Volunteer for local faith community in nursing, homebound communion, general office duties, Spiritual Director.
2009- 2018	Parish Nurse Coordinator, St. John's Baptist Catholic Church, Edmond, OK. Responsible for the health activities for a large congregation educating and advocating for congregants and coordinating volunteer activities related to health ministry in the church.
2014-2017	Appraiser, Faith Community Nursing, ANCC Board Certification.
2008-2014	Parish Nurse Coordinator, Catholic Community, Stillwater, OK. Responsibilities are same as the Edmond position but for a smaller congregation.
2007-2009	Manager, Faith Community Nursing Resource Center, Catholic Charities, OKC. Responsible for Basic Preparation and ongoing continuing education; development of regional support networks; development of resource center.
2006-2008	Quality Administrator, Mays Housecall Home Health, Inc. Responsible for policy development/revision and the Quality Improvement Program.
1992 - 2006	Owner and Director of Operations, HomeCall of Stillwater, Inc. Responsible for Quality Improvement Program, Accreditation and Survey Preparation, Compliance Program, Policy and Procedure Development, oversight of OASIS and agency documentation, and other administrative issues; Agency Medical Records functions, Director of Agency Waivered Services and Private Pay Services Program; and Consulting for other home care agencies concerning operations, quality improvement, and documentation.
1991-1992	Quality Assurance Nurse, HomeCall of Stillwater, Inc. Reviewed documentation for various payers and quality.
1988 to 1998	Owner and President of Consultation Enterprises. Home Health Consultation for management, accreditation, startup, quality improvement, and documentation issues. Developed Documentation Package and Policies and Procedures for sale to home health agencies.
1988-1992	Surveyor, Joint Commission on Accreditation for Healthcare Organization. On site surveyor for home care agencies around the United States.
1981-1988	Manager, Health Care Professionals, Oklahoma City, OK. Responsible for opening and maintaining home care offices and supervision of new administrative and office staff; liaison with Financial Services and Reimbursement; assisting with development of capital and operating budgets for eleven locations in Oklahoma; managing quality assurance and production activities of all offices.
1981	Staff Nurse, Oklahoma Home Health, OKC, OK.
1980	Rehab Nurse, Khoa-I-Dong Refugee Camp, Aranyapretet, Thailand
1978-1980	Pastoral Care Associate, St. Mary's Hospital, Enid, OK.
1976-1978	Staff Nurse Orthopedics and Post Coronary, St. Mary's Hospital, Enid, OK.
1974-1976	Director of Nurses, Villa Maria Home for the Aging, Mulvane, KS.
1973-1974	Charge Nurse, Provincialate Infirmary, Wichita, KS.
1972-1973	Staff Nurse General Surgery, VA Center, Wichita, KS.
1971-1972	Staff Nurse Intensive Care Unit, St. Francis Hospital, Washington, MO.

EDUCATION:

2014	Training as appraiser for ANCC Board Certification
2009	Credentialing Workshop for Faith Community Nurses, Ft. Worth, TX
2008	Parish Nurse Coordinator Preparation Course, Shenandoah University, Winchester, VA
2007	Faculty Educator, International Parish Nurse Resource Center, St. Louis
2005	Case Manager's Certification Course, Oklahoma University College of Nursing
2005	Spiritual Direction Certification Course, OKC, OK
1999	Stephen Leader Training, Stephen Ministries, St. Louis, MO
1993	Leadership Stillwater, Class VIII
1993	Quality Leader Institute

1993	OASIS Trainer Training, University of Colorado
1988	Home Health Study Tour, Australia
1987	Masters of Science, University of Oklahoma, Community Health Nursing Management Pathway with major project on developing Home Care QI program.
1984	Nursing Study Tour, China
1983	Accounting Course, Oklahoma City Community College
1982	Nursing Study Tour, Soviet Union
1976	Graduate Hours in Aging, Mt. Angel Seminary, St. Benedict, OR
1975	Clinical Pastoral Education, Wesley Hospital, Wichita, KS
1971	BSN, Marymount College, Salina, KS; minor in Theology

ORGANIZATIONS and OFFICES:

Faith Community Nurses' Association of Oklahoma—Chairperson, Education Committee and Annual Conference Committee, Bylaws Committee, 2007-current, Secretary 2010-2014. 2016- current Association Bookkeeper. 2015-current Association Education Program Coordinator.

Oklahoma Nurses' Association, member

Oklahoma Association of Home Care -Chairperson Education Committee, (1990-1995) Past President (1989-90), Member of the Board of Directors, (1989-94), Member Finance Committee (1996-2000), Member Legislative Committee (1995-2000)

Southwest Coalition Coordinator (1996-1999), Representative, (1987-91, 1991-1999) -- Home Care Representatives for Arkansas, Louisiana, New Mexico, Oklahoma, Texas.

Oklahoma Nurse's Association - Member, Education Committee (1994-95), Vice President, District 12 (1994-95), Past President, District IV

Oklahoma State Board of Nursing - Advisory Board on Nursing Education and Practice (1990-2005), Competency Task Force (1997-2001)

Stillwater Community Health Center - Advisory Board (1993-1998); Chairperson (1995-1996), Treasurer (1996-1998)

National Association for Home Care - Information Resources and Quality Assurance Committee (1994-1996)

CERTIFICATIONS:

2014	Board Certified, Faith Community Nursing, ANCC. Retired 2018.
2008	Parish Nurse Coordinator Training, Westminster, VA
2007	Faculty, Curriculum Training, International Parish Nurse Resource Center
2006	Basic Training Parish Nursing
2005	Spiritual Director
1998	Case Manager for Long Term Care Authority of Tulsa
1983-88	ANA Certification in Gerontology.
1976-83	ANA Certification in Gerontology.

HONORS/AWARDS:

1986	Member, Sigma Theta Tau, International Honor Society of Nurses.
1988	Who's Who in American Nurses
1993	Leadership Stillwater, Class VIII
2000	Member, Home Health Prospective Pay Expert Design Project
2005	Award of Excellence, Mobile Meals Volunteer, Stillwater, OK
2016	2016 Nurse of the Year, Catholic Archdiocese of Oklahoma City
2016	The Faith Community Nursing Society, Health Ministries Association

PUBLICATIONS and PRESENTATIONS:

1987	Chapter, "An Experience with Mergers", ed. M Harris *in Home Care Administration*, National Health Publishing Company.
1991-1998	Numerous presentations for Arkansas Association for Home Care and Oklahoma Association for Home Care (OAHC)
1995	*The Penta Plan*, co-authored with Clarice Powers, Published by Home Healthcare Connection, Wichita, KS.
1996	*St. Anthony's Toolkit for Managing Home Care Services*, Washington, DC: St. Anthony's Publishing Company.
1996	*Home Health Agency Policy Manual*, Washington, DC: St. Anthony's Publishing Company.
1996	*Implementing OASIS Assessment*, Washington, DC: St. Anthony's Publishing Company.

1997	*St. Anthony's Job Descriptions for Home Health*, Washington, DC: St. Anthony's Publishing Company.
1998, 1999	*St. Anthony's Implementation of Conditions of Participation*, Washington, DC. St. Anthony's Publishing Company.
2001	Presentation for the Region VI Southwest Conference, *Telephony*, Dallas, TX
2001-2008	Various presentations for OAHC, Mays Housecall Home Health
2009	Chapter 62, "Collaborative Efforts in the Community: Faith Community Nurses as Partners in Healing," ed. M Harris in *Handbook of Home Health Care Administration, 5th Edition*, Jones & Bartlett Publishers.
2011	Chapter 10 on Quality, 2012 revision of the ANA/HMA Scope and Standards of Faith Community Nursing

COMMUNITY INVOLVEMENT:

1986-2007	Volunteer driver for Mobile Meals
1990-1999	Volunteer with the Stillwater Community Health Center as RN
1982-2018	Church Choir Member and cantor
1996, 1998	Volunteer state political campaigns
1998-2007	Stephen Minister
1999-2007	Stephen Ministry Leader
1995-2007	Volunteer with Small Miracles International for annual Guatemalan Medical Mission
2004-current	Spiritual Director
2004-current	Spiritual Direction and group facilitator for Retreat in Daily Life
2007-2013	Education Coordinator, Basic Faith Community Nursing Preparation Course, Oklahoma
2013-current	Instructor, Faith Community Nursing Foundation Course, Oklahoma
2018	Volunteer St. Francis Xavier Catholic Church, Stillwater, OK in nursing, homebound communion coordination, general office duties

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Continuing Nursing Education Offerings Long Term Provider

Purpose: To provide quality education offerings which means learning experiences intended to build upon the education and experiential bases of the faith community nurse to enhance practice, education, administration, research and/or theory development to the end of improving the health of the public (Kansas State Board of Nursing, www.ksbn.org (65-1117 (a)).

Procedure: ~

1. In compliance with the regulation of 60-9-107b (3) (A) of the accrediting organization Kansas State Board of Nursing (KSBN), at a minimum of annually, under the direction of the Program Coordinator and the Directors of FCNA OK, a CNE needs' assessment and planning will be completed. Program Coordinator will be designated by the FCNA OK Board of Directors. The program Coordinator shall be a licensed registered nurse, have three years of clinical experience, have one year of experience in developing and implementing nursing education and possess a baccalaureate degree. The FCNA-OK membership will be queried to determine programs of interest during membership meetings and through program evaluations. The Program Coordinator/Designee will review the desired and current topics of interest. Subject matter which will build upon the education and experiential bases of the faith community nurse to enhance practice, education, administration, research and/or theory development to the end of improving the health of the public will be identified. Qualified speakers will be secured to address the chosen topics.

2. Minutes of FCNA OK board/membership meetings will reflect discussion and consensus of content to be provided. Program evaluations will also be used to solicit topics of interest.

3. Refunds for full day programs may be granted as appropriate for adequate notice or exceptional hardships, usually up to two weeks prior to the event. A moderate cancellation

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fee may be charged to cover handling. When a check is returned for insufficient funds, the treasurer will contact the check writer, allowing for an opportunity to make the payment good. The person receiving the benefit from the returned check is responsible for repayment to FCNA OK along with a $25 fine in the form of cash or money order within thirty (30) days.

4. FCNA OK will award CNEs by the number of contact hours as documented on the offering agenda for actual time attended, including partial credit for one or more contact hours. (60-9-107b (3) (B)). For purposes of this policy "contact hour" means 50 total minutes of participation in a learning experience that meets the definition of CNE. (60-9-105(j))

5. Contact hours will be attained and awarded to each participant that attends the entire presentation or event and completes the evaluation form. No credit will generally be given for late arrival/early departures. Partial credit will not be issued for offerings of one to three hours. Partial credit for day-long offerings may be issued on a case by case basis as determined by Program Coordinator.

6. All documentation will be kept in a secure file by the Program Coordinator for two years following the offering. Most documents are stored electronically by the Program Coordinator in a password protected location and backed up at least annually, The Program Coordinator is responsible to assure confidentiality and easy retrieval of records by authorized individuals.

7. The Program Coordinator for FCNA OK will submit any changes in the Program Coordinator or the policies to the credentialing organization within 30 days of the change.

8. The Program Coordinator has the responsibility of completing the Long Term Provider Application & Five Year Renewal for FCNA OK educational offerings. The Program Coordinator will also be responsible for submitting the total annual program evaluation. The

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annual evaluation will provide a systematic process for collecting and analyzing the data needed to determine if the providership is meeting the established policies and procedures. The total program evaluation is done at least annually and is reported in the annual report to KSBN prior to June 30th. This is not an evaluation of individual education offerings. The total program evaluation plan must evaluate the entire program:

- Program administration with the Program Coordinator's responsibilities

- Program management and policies and procedures

- Total Program Evaluation and the ability of the plan to measure the overall effectiveness of the CNE providership.

9. Honorariums will be offered to the presenters for the time and effort of the presentations as appropriate.

10. The Program Coordinator or designee will work with the presenters to document CNE requirements, as listed in KSA 60-9-107(d) including but not limited to

- A summary of the planning, often occurring electronically;

- Behavioral Objectives (60-9-105 d)

- Content which shall meet definition of CNE in K.S.A. 65-1117(a)

- Instructor's education and experience documenting knowledge/expertise in the content area;

- Current bibliography that is reflective of the offering content. The bibliography shall include books published within the past 10 years, periodicals published within the past five years, or both;

- Offering evaluation that includes each participant's assessment of the following:

    a. The achievement of each objective; and

  b. The expertise of each individual presenter; and

- Program publicity, agenda, certificate, and attendance log.

11. In compliance with the regulation of 60-9-107b (3) (B) of the accrediting organization Kansas State Board of Nursing (KSBN), reasonable rates are charged for full day offerings to cover expenses. Scholarships are available to Faith Community Nurses on an application basis or in lieu of volunteer activity for the full day event. Rates are kept as low as possible to allow Faith Community Nurses, who are primarily unpaid professionals, to attend quality educational offerings. Additional shorter offerings are included within the Association membership dues structure without additional charge to members. Non-members who attend as guests are charged a nominal fee for the offering.

12. Advertisement or offering announcements. Published information shall contain the following statement. "(Name of provider) is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course is approved for _____ contact hours applicable for RN, LPN, or LMHT relicensure. Kansas State Board of Nursing provider number: KAR 60-7-107(b)(3)(C) Publicity will be appropriate to the offering in the form of a flyer/brochure containing program objectives and agenda, newspaper articles, or email notification to members and interested persons.

13. Each participant is required to sign the roster prior to the presentation. If attending virtually, the host/designee must be able to view the person, recognize the voice, or some other means of identity verification. If attendance is through a recorded offering, proof of attendance will be verified through a pass code given at the end of the presentation and documented on the program evaluation. Verification of attendance will be completed before a certificate of attendance is awarded. If by virtual attendance, an online survey with name completion and

pass code is required before the certificate of attendance is awarded. No partial credit is given for attendance for offerings of one to three hours. Exceptions may be made by the Program Coordinator during full day offerings for offerings which fulfill a defined set of objectives and will be so noted/initialed on the program certificate. A certificate signed by the program coordinator will be awarded by paper or electronically at the end of the offering for proof of attendance. The certificate will be completed by the program coordinator before distribution to the attendees. In compliance with 60-9-107 (b) (3) (A-F) of the accrediting organization Kansas State Board of Nursing (KSBN), each certificate will contain the following information: the providers name, address, and provider number; the title of the offering, the date of the completion, the number of contact hours awarded, the signature of the individual responsible for the providership; and the name and license number of the participant.

14. In compliance with 60-9-107 (g) of the accrediting organization Kansas State Board of Nursing (KSBN), a certificate of attendance shall be awarded to each participant after completion of an offering.

    a. Each certificate shall be complete before distribution to the participant.

    b. Each certificate shall contain the following information:

        i. The FCNA OK's name, address, and provider number;

        ii. The title of the offering;

        iii. The date or dates of attendance;

        iv. The number of contact hours awarded;

        v. The signature of the individual responsible for the providership.

15. In compliance with the regulation of 60-9-107h (1) of the accrediting organization Kansas State Board of Nursing (KSBN), for each offering, FCNA OK shall retain the following for two years:

    a. A summary of the planning or meeting minutes discussing the offerings to be offered;

    b. A copy of the offering announcement or brochure;

    c. The title and objectives;

    d. The offering agenda;

    e. A bibliography;

    f. A summary of the participants' evaluations;

    g. Each instructor's education and experience; and

    h. Documentation to verify completion of the offering, as specified above

16. Annually, at least three RN volunteer members of FCNA OK electronically perform a systematic review of all CNE activity by which FCNA OK analyzes outcomes of the overall continuing nursing education program in order to make subsequent decisions to the program (60-9-105 (s)). Volunteers submit recommendations to the Program Coordinator who makes necessary changes in policies, procedures, or processes before the annual report is submitted for renewal of providership.

17. The Program Coordinator or designee is responsible for coordination of any needed audio-visual equipment needs as well as introduction of the presenter. Reminders will be provided for attendees to sign the attendance log prior to the offering. At the end of each event the Program Coordinator or designee will collect evaluations, distribute completed certificates and provide feedback to the Board/membership/presenters as appropriate.

Approved: 1/12/2016

6

Faith Community Nurses Association of Oklahoma (FCNA OK) Exhibit A

Revised: 7/10/2017, 5/18/2020

FCNA OK Total Continuing Education Program Evaluation

The total program evaluation plan will provide a systematic process for collecting and analyzing the data needed to determine if the FCNA OK is meeting the established policies and procedures. This is not an evaluation of individual education offerings.

The total program evaluation plan must evaluate the entire program:
- Program administration and program coordinator's responsibilities
- Program management and policies and procedures
- Total Program Evaluation and the ability of the plan to measure the overall effectiveness of the CNE providership.

The total program evaluation is done at least annually and is reported in the annual report to KSBN. It will be presented in an appropriate format and will include the following criteria.

Area	Frequency	Resp. Person	Criteria	Findings	Actions/ Recommendations
Administration			Review job description		
Policies: Assess need, planning - written tool - evaluation summaries			Review survey for appropriateness; were survey findings and identified needs from evaluation summaries used in program planning		
Policies: Fee Assessment			Policy meets organization and customer needs		
Policies: Announcement			Review to be certain they reflect necessary information		
Policies: Offering approval process			Review policies and compare to KSBN requirements		
Policies:			Review agendas/pilot test		

Awarding contact hours			results to verify contact hours awarded; review documentation of partial credit		
Policies: Verifying participation/ completion			Review rosters and certificates; compare to KSBN requirements		
Policies: Record keeping	.		Audit contents of files for compliance with KSBN requirements		
Policies: Notification of changes			Review procedures for changes reported to KSBN		
Total Program Evaluation effectiveness			Review total program evaluation and compare contents to KSBN requirements		

Statistical Information:

Number of Programs offered: _____

Number of Contact Hours: _____

Number of RN participants: _____

Number of LPN participants: _____

Number of other participants: _____

Narrative:_____

_____

_____

_____

_____

_____

Faith Community Nurses' Association of Oklahoma
1806 N. Husband, #102, Stillwater, OK 74075

Educational Provider: Faith Community Nurses Association Oklahoma

Faculty Coordinator: Marilyn Seiler, MS, RN-BC _____Provider #LT0297-0316 _____

Course Presented: _____

Faculty/Credentials: _____

Date of Event: _____# of Contact Hrs awarded: _____Number of Participants: ___

Name (Printed)	Signature	License #	License Category (✓)		
			RN	LPN	Other

CNE 93

Provided by:

FAITH COMMUNITY NURSES
ASSOCIATION OF OKLAHOMA
1806 N. Husband, #102, Stillwater, OK 74075

CERTIFICATE OF ATTENDANCE

This verifies that

_____

Name and License #

attended the " _____ "

Education Event, held on _____ (date).

_____

Marilyn Seiler, RN-BC, Coordinator

FCNA OK is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for _____ contact hours applicable for APRN, RN, LPN or LMHT relicensure. Kansas State Board of Nursing Provider Number: LT0297-0316.

Offering #1

Faith Community Nurses Association of Oklahoma
Marilyn Seiler, FCNA OK Education Program Coordinator
405-655-5933
fcnaok@gmail.com

December 1, 2020

<u>For Immediate Release</u>

Registration Underway for Faith Community Nurses' Conference

The 14th Annual Faith Community Nurses' Association Virtual Conference title is "Finding Peace Through Spiritual Self Care." The conference will educate the Faith Community Nurse and church leaders to define serenity for spiritual self-care of the faith community nurse, list three spiritual practices that could be used to help find peace, reduce anxiety, develop acceptance of own limitations, and increase own trust in God, discuss how prayer, quiet time, nature, and intimacy with scripture increase inner peace and decrease anxiety, and identify positive habits to develop increased trust in God and thereby enhance personal serenity.

The message of John 14:" Let not your hearts be troubled, neither let them be afraid" will guide the day. This virtual conference, to be held March 5, 2021, will provide spiritual practices needed to guide nurses and health ministers interested in spiritual self-care.

Online registration is available only through Survey Monkey:

https://www.surveymonkey.com/r/3PJL5W3. Registration for the one-day for the FCNA OK Member is $55 for payments received before 2/7/2021. Non FCNA OK Member $80 for payments received before 2/7/2021. Clergy $60 for payments received before 2/7/2021. Call or check online for rates after 2/7/21. FCNA OK is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course is approved for 6.25 contact hours applicable for APRN, RN, LPN, or LMHT relicensure. Kansas State Board of Nursing provider number LT0298-0316, KAR 60-7-107 (b)(3)(C).

For registration and brochure, see the FCNA website, downloads page: www.fcnaok.org

or register online through Survey Monkey: https://www.surveymonkey.com/r/3PJL5W3 and pay

by https://www.PayPal.me/FCNAOK or contact fcnaok@gmail.com.

OBJECTIVES

- *Define serenity for spiritual self-care of the faith community nurse.*

- *List three spiritual practices that could be used to help find peace, reduce anxiety, develop acceptance of my limitations, and increase my trust in God.*

- *Discuss how prayer, quiet time, nature, and intimacy with scripture increase inner peace and decrease anxiety.*

- *Identify positive habits to develop increased trust in God and thereby enhance personal serenity.*

REGISTRATION FOR THIS VIRTUAL CONFERENCE IS AVAILABLE ONLY ON-LINE

Faith Community
NURSES ASSOCIATION OF OKLAHOMA

FCNAOK@GMAIL.COM / 405-655-5933

MACK ROARK DMin; Emeritus Professor of Greek and New Testament, Oklahoma Baptist University

BOB SEARL DMin; Senior Pastor, Spring Creek Baptist Church, Oklahoma City, OK

KAY STEWART PhD; Stephen Leader, First Presbyterian Church, Stillwater, OK

LONG TRAN Certificate; Spiritual Director, St. John the Baptist Catholic Church, Edmond, OK, Alliance Health Midwest, PACS Administrator, System Administrator for Diagnostic Imaging

KAREN VESSIER PhD, MEd, RN, FCN; University of Central Oklahoma, Assistant Professor and Graduate Nurse Program Coordinator

NANCY VARGAS MAPM; Spiritual Director, St. John the Baptist Catholic Church, Edmond, OK

Other Details
There is a limit to attendees for some breakout sessions. First come. First serve.

Continuing Nursing Education Information
FCNA OK is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course is approved for 6.25 contact hours applicable for APRN, RN, LPN, or LMHT relicensure. Kansas State Board of Nursing provider number: LT0297-0316. KAR 60-7-107(b)(3)(C)

Planning Committee
Donna Clark, RN, Chair; Angie Tomlinson, RN; Glenda Bronson, RN, BS; Laura Miller, RN, BS; Cindy Clark, RN; Genie Ford, RN, MSN; Marilyn Seiler RN-BC, MS; Alana Knight, RN, MPH, MEd; Tamera Hughes, RN; Lana Bolhouse, RN PhD; Dia Campbell-Detrixhe, RN, PhD; Roberta Billy, RN, MS. All committee members are Faith Community Nurses.

Brochure, designed by Pennie Work Studio, is available on FCNA OK website: *www.fcnaok.org*

14th Annual Conference of Faith Community Nurses of Oklahoma

FINDING PEACE
Through Spiritual Self Care

MARCH 5, 2021 • VIRTUAL CONFERENCE

Let not your hearts be troubled... let them be...

Faith Community
NURSES ASSOCIATION OF OKLAHOMA

AGENDA

(N.B. no formal breaks)

8:30–8:45   Opening and Speaker Introduction; *Lana Bolhouse*

8:45–9:30   Keynote and Worship. Spiritual Self Care for the Faith Community Nurse; *Mack Roak*

9:30–10:00   Serenity; *Karen Vessier,* What it is and how to increase serenity

10:00–10:30   Spiritual/Prayer Practice Breakout Sessions related to Serenity. *Choose One.*
- A. Spiritual Self-Assessment; *Karen Vessier*
- B. Examen; *Nancy Vargas.*
- C. Breath Prayer; *Kay Stewart*

10:30–11:00   Acceptance; *Sister Maria Faulkner.* Accepting our limitations and trusting God

11:00–11:30   Spiritual/Prayer Practice Breakout Sessions related to Acceptance. *Choose One:*
- A. Spiritual Direction or Companionship; *Denise McGough*
- B. Lectio Divina/Verse Mapping; *Sue Moore*
- C. Building a Sacred Space; *Sister Maria Faulkner*

11:30–12:45   Lunch, network

12:45–1:00   Deceased Nurses Tribute; *Denise McGough*

1:00–1:30   Courage; *Chris Coon.* Our Christian response to anxiety and breaking anxiety down into small pieces

1:30–2:00   Spiritual/Prayer Practice Breakout Sessions related to Courage. *Choose One.*
- A. Journaling; *Long Tran*
- B. Imaginative Contemplation; *Kay Stewart*
- C. Nature Walk; *Liz Diener*

2:00–2:30   Wisdom; *Jenny Fenner.* How do we build up a tolerance for disappointment but maintain determined hope and how do we work for wisdom but understand that it is God who grants wisdom and how does wisdom provide a tool to manage anxiety?

2:30–3:00   Spiritual/Prayer Practice Breakout Sessions related to Wisdom. *Choose One:*
- A. Create a God Box; *Dia Campbell–Detrixhe.* If you choose this option you will receive a list of supplies to have on hand
- B. Digital daily devotionals; *Long Tran*
- C. Using Music for peace and calm; *Bob Searl*

3:00–3:30   Closing Prayer, Evaluations

SPEAKERS

DIA CAMPBELL–DETRIXHE PhD, RN, FNGNA, CNE, FCN; Oklahoma City University Kramer School of Nursing, Tenured Professor of Nursing, Full-time nursing faculty

CHRIS COON MDiv; Pastor of Emerging Ministries and Co-Founder of Urban Village Church, Chicago, IL

LIZ DIENER PhD, RN, PNP, CNE; Oklahoma City University, Kramer School of Nursing, Chair of Graduate Education, Professor of Nursing

JENNY FENNER, Pastoral Associate, Church of the Epiphany, Oklahoma City

SISTER MARIA FAULKNER RN, FCN. Director and Founder, Gospel of Life Disciples + Dwellings

DENISE MCGOUGH RN, FCN, M.Ed; Spiritual Director and Faith Community Nurse, Skyline Urban Ministry, Oklahoma City, OK

SUE MOORE MLS; Volunteer, Health Ministry, St. John the Baptist Catholic Church, Edmond, OK

(continues on reverse)

REGISTRATION INFORMATION

Online registration **only** through Survey Monkey: *https://www.surveymonkey.com/r/3PJL5W3*

- **FCNA OK MEMBER** $55 for payments received before 2/7/2021 (if renewing FCNA OK Membership at this time, please indicate and pay $70 more). 2/8–2/21 $80; 2/22 and later $100

- **NON FCNA OK MEMBER** $80 for payments received before 2/7/2021. 2/8–2/21 $110; 2/22 and later $125

- **NURSING STUDENTS** $60

- **CLERGY** $60 for payments received before 2/7/2021. 2/8–2/22 $80; 2/22 and later $105

Payment

PayPal.me/FCNAOK **or** make checks payable to: FCNA OK; FCNA OK Treasurer, Attn: Lana Bolhouse; 14209 SE 75th; Oklahoma City, OK 73150

Refunds before 2/7/2021 less $20 deposit. **No refunds** *after February 7, 2021.*

ZOOM LINK WILL BE SENT AFTER REGISTRATION AND WITHIN DAYS BEFORE THE MEETING

Current bibliography: (reflective of the offering content which shall include books published within the past 10 years, and/or periodicals published within the past five years)

Partial bibliography
Finding Peace Through Spiritual Self Care, March 5, 2021

Brown, Brene (2010), The Gifts of Imperfection: Let Go of Who You Think You're Supposed to Be and Embrace Who You Are, MN: Hazelden

Cepero, Helen, (2008) *Journaling as a Spiritual Practice: Encountering God Through Attentive Writing*, Intervarsity Press.

Clark, M. H. (2011). Pausitivity: Take a moment to nurture yourself. Seattle, WA: Compendium, Inc.

Domar, A. D., & Dreher, H. (2000). Self-nurture: Learning to care for yourself as effectively as you care for everyone else. New York, NY: Penguin Group.

Frankl, V. (1984 rev.). Man's search for meaning (3rd ed.). New York, NY: Simon & Schuster.

Glaser, A. E. & Campbell-Detrixhe, D. D. (2020). Chapter 24: Prevention and Faith Community Nursing. Solari-Twadell: Faith Community Nursing – An International Specialty Practice Changing the Understanding of Health (P. Ann Solari-Twadell & Deborah Jean Ziebarth Eds.), Springer Nature Switzerland AG 2020.

Hudson, T. (2012). The serenity prayer: A simple prayer to enrich your life. Nashville, TN: Upper Room Books.

James-Brown, Erin (ed), (2020) *Finding Peace in an Anxious World,* NY: United Methodist Women

Lerner, Harriet, (2001) *The Dance of Connection: How to Talk to Someone When You're Mad, Hurt, Scared, Frustrated, Insulted, Betrayed, or Desperate*, HarperCollins Publishers

Morris, J. (2014). The way of serenity: Finding peace and happiness in the serenity prayer. New York, NY: HarperCollins Publishers.

Neff, K. (2011). Self-compassion. New York, NY: HarperCollins Publishers.

CNE 100

Offering #2

CNE 101

FCNA Exhibit 5A Program Offering October 13, 2020

To Planning Chair and summary of planning process for October 2020 Offering
June 24, 2020
I have compiled all of the suggestions from the past year:
CNE Topics Suggested by Members on Evaluation Forms
- Would like to learn about "No one dies alone" program begun at Mercy Hospital.
- Human growth and development.
- Technology's effect on youth.
- Safety issues for children and teens.
- Center of Family Love.
- Fraud and scams toward the elderly and others in the congregation.
- Advocacy.
- ACES—Acute childhood experiences and trauma.
- Pediatrics, preeclampsia, diabetes, and other pregnancy related illnesses, newborn care. Our churches have members that are not geriatric that have issues too.
- COVID19 info, strategies. Current Lessons learned after covid - contacting someone from OCCHD to speak with group. I liked the idea of identifying strategies to help people cope after things begin to get back to normal. Ministering to shut-ins when they can't get their usual care (PT, OT, etc)
- FCNs in homeless outreach.
- Vaping.
- Diabetes Education including all the new devices patients are now able to use for testing.
- Child abuse. Following a child through the care system, police and court encounters. Teens and the juvenile system. Foster care and its effects on everyone.
- Information on childhood illness & care and infant care. It seems like everything we hear is always about care of seniors but our churches are also full of parents with children—what are some things we can work on or help them with?

Certainly the one on Covid is pertinent right now and maybe the topic that should be used for October. Interestingly, children's topics were frequently requested in the past year and we have not done anything on them. While I enjoy stuff on Alzheimer's, it is not mentioned here at all, nor are any other "elderly" issues, so perhaps we spend a year on some of the above topics. What do you think? I think _____ would be a great resource in topics and speakers for children's topics. I'm not sure who all focuses on pediatrics, but we could sure find out.

Please make sure that the speaker is qualified by education and experience, so require their resume. I don't think we have had issues in this area. Another point was the bibliography which must be current sources with a minimum of 2. They talked about measurable objectives--2-5 for a 2-hour offering.
Hope this helps.
Thanks so much for being willing to take this on for a couple of months.

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CNE 102

October 13, 2020

~ Quarterly Membership Meeting

"Addressing the Homeless Population's needs in our Congregations"

Faith Community
NURSE ASSOCIATION OF OKLAHOMA

Date: October 13, 2020

Time: General Meeting starts at 10:00 a.m. Reflection 10:00-10:30; Meeting 10:30-11:30; Personal Sharing and lunch break 11:30-12:30; CNE 12:30-2:30

Location: Zoom Meeting ID: 481 246 169, Password: 556030

https://us02web.zoom.us/j/481246169?pwd=V2dkK0h0UUVJS3pyR01BZ2xRS1J4Zz09

Presenter

Chaplain Noel Gray, MS, M.DIV. Chaplain Noel Gray received a Bachelor's in Psychology and Ethics from Mid America Christian University, and a Master of Divinity in 2009 from Phillips Theological Seminary in Tulsa Oklahoma. She received a second Master's Degree in Psychology in 2018. She is ordained and endorsed by the Christian Church Disciples of Christ. Chaplain Noel became board certified in 2011 after completing 8 units of CPE and a two-year residency program. She is the Senior Pastor of Refuge Fellowship Church. She is currently Supervising Clinical Pastoral Education and finishing her Doctorate in transformational ministries for women. Noel's areas of specialty are mental health, social justice in health care, and end of life. She is the Supervisor of Pastoral Care at Integris Baptist Medical Center. Rev. Noel is the Co-Author of the Book 'I am women enough" which is a best seller on Amazon. Noel has three adult children and four grandchildren.

Purpose

To provide Faith Community Nurses with information on addressing needs of the homeless population through the congregation.

Learning Objectives

Upon completion of this presentation, participants will be able to
1. Identify the demographics of the homeless population. Where are the homeless likely to be located.
2. Identify ways a congregation can minister to the homeless population.
3. Provide information regarding resources available to the Faith Community Nurse to assist the homeless population.

Reference/Bibliography

http://homelessalliance.org/2017/06/2017-POINT-IN-TIME.pdf
https://www.hudexchange.info/
https://www.merriam-webster.com/dictionary/
https://endhomelessness.org/
http://nationalhomeless.org/

Faith Community Nurses Association of Oklahoma (FCNA-OK) is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering has been submitted for 2.0 contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing Provider Number LT0297-0316.

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BIOGRAPHICAL DATA FORM

**Role*:* Instructional Staff

Demographics:

Name and Credentials: Rev. Noel Gray M.DIV. BCC_____

Preferred Address: 3904 Oak Brook Drive_____

(City, State, ZIP Code)Del City 73115 _____

Preferred Telephone:4052451877 _____**Email Address: Noel.gray@integrisok.com**_____

Present Position: (Employer, position title, and position description): Refuge Fellowship Church,

IBMC. Manager, Educator. Pastoral counselor, Senior Pastor, Adjunct Instructor _____

Education: (include basic preparation through highest degree held)

Degree	Institution (Name, City, State)	Major Area of Study/Year
1. Master of Divinity	**Phillips Theological Seminary**	**Theology**
2. Master Psychology and Ethics	**Mid America Christian University**	**Ethics**
3. Doctorate 4. Transformational ministries	**Phillips Theological Seminary**	**Social justice, Social gospel, doing ministry on the margins**

Briefly describe your professional experience or areas of expertise (including publications) related to your involvement related to the content you are presenting and what you want used for your presentation introduction.

I am theologically trained, I am an ordained Pastor. I have 30 Years of Pastoral/Counseling experience working with the marginalized. I am the Pastor of a homeless emergent community (15yrears).

I write for Integris weekly, I speak for Integris weekly on social media platforms. I write, preach and publish for the Christian Church Disciples of Christ as it related to Refuge Fellowship Church. I am the Educating supervisor of Clinical Pastoral Education: I write didactics that include curriculum for professional Chaplaincy. I am board certified with APC, CPSP.

Auto biography

I am the second born child of my parents Paul and Sharon Hailey. I have five brothers, one of which was given up for adoption at birth because his father was white. In 2018, I met my brother through the help of social media. My father took on the responsibility of raising my brothers and me. My mother was addicted to crack cocaine most of my young years. She later became a prostitute. Our relationship remained fractured until 2011. Daddy owned a hardware store and a chain of dry cleaners. My father taught me the importance of hard work and discipline. I was responsible for caring for my brothers most of the time. My Grandmother (Paternal) whose name was Artro, move from Minnesota to help

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CNE 104

my father take care of us. She purchased a house four doors down and supervised our behavior while Daddy worked. My Grandmother became my spiritual teacher and guide. She gave me Jesus. As I've grown in my theological understanding of God, I would say my "Womanist Theological framework was ignited through this relationship. Womanist Theology supports understanding of God, survival and liberation.

Early religious experiences:

I have participated in the Christian faith as long as I can remember. I was nine when my father allowed our Pastor and his wife to become my personal mentors. This move by my father allowed the church community to gather around me. The women in the church taught me all the fundamentals of being a woman in our culture. I learned how to cook, sew, read and teach the scripture. I was encouraged to present my small sermons before the congregation on Sunday evenings. This was my call to public speaking. When I was 15 years old I met my children's father. His family attended a sister church in the area. Pentecostal folks didn't believe in dating outside of the faith. My marriage lasted 20 years and ended after years of infidelity and mental abuse. I was left bitter broke and a single parent.

I spent the next five years raising my children and attending therapy. Somewhere in the course of the recovery I decided I wanted to go back to school and at 40 years of age, I enrolled in a community college and finished a degree in Family services that I had begun many years before. I wanted to return to ministry in some way. My children and I started making lunches and taking them downtown to feed the hungry. That small act of compassion 18 years ago has evolved into a homeless Fellowship named Refuge Fellowship. I still desired more. One afternoon I arrived at the Pastoral Care office Integris and asked to speak to the director. She answered and listened to my desire to be a chaplain. She told me if I wanted to be taken serious as a Chaplain I needed to go to seminary. She ended the conversation by telling me to call her when I finished. I enrolled in Phillips theological seminary the next week and called the director back three years to the day. As a result, I was invited to be a resident Inter. I would spend the next two years completing 8 units of CPE and being hired as a chaplain for the Integris Health system. I have been with the system for 11 years and I serve as the manager of Pastoral Care. My responsibilities include the Integris Cancer Institute, as well as the oversight of 16 Chaplains who are my direct reports.

The seminary experience along with CPE changed my life forever. I could no longer function under a Pentecostal theology. I spoke to my seminary colleagues and began attending Christian Churches in the OKC area. I joined East Sixth Street Christian church in Oklahoma City. The second Internship was Epworth Villa in Oklahoma City. In January 2012 I was hired as a full time Chaplain at Integris Baptist Hospital after working for one year as an occasional part- time Chaplain I have a Bachelor's in counseling, A Masters of Divinity, Masters in Psychology and Ethics a Doctorate in transformational ministries.

I have been therapeutic Foster parent with the Bair foundation. Bair is a Christian organization that cares for children who have been severely abused or neglected. Two years ago, I closed my home to pursue a second master's degree in the field of psychology. My dedication has worked well for me. In the fall of 2017 I was awarded a full scholarship to complete a doctorate in transformational women's ministries.

My self-awareness has allowed me to understand that my work makes me high. I come from a family of drug addicts and alcoholics. I don't have thee compulsion instead I've chosen hard work busyness. My awareness has also encouraged my continued work with a therapist and a circle of friends that hold me accountable to self-care.

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CNE 105

FCNA OK CNE EVALUATION SUMMARY

"Addressing the Homeless Population's needs in our Congregations"
October 13, 2020

Purpose of Activity: To equip Faith Community Nurses with practical information and tools on addressing a congregations spiritual and mental health needs using the FCN Scope and Standards of Practice.

	Yes	No
Are you a Registered Nurse?	29	1

Objectives: How well did the program meet the following objectives? 0=not at all 100=completely	
Objectives	
1. Identify the demographics of the homeless population. Where are the homeless likely to be located.	97
2. Identify ways a congregation can minister to the homeless population.	97
3. Provide information regarding resources available to the Faith Community Nurse to assist the homeless population.	97
Speakers: How effective was the following speaker?	c
Speaker: Chaplain Noel Gray, MS, M.DIV	98

Facility	Yes	Affirmed what I knew	No
1. Were the **teaching methods/strategies** effective?	30		0
2. Something I learned today will change my practice.	21	9	0

Comments & Suggestions: Include suggestions for future programs.
- Grief, suicide loss
- More information on those who suffer with mental illness.
- Covid in the church and home
- Very informative. Enjoyed her seminar.
- Interesting session. Great to see everyone.
- Use of creativity in ministry.
- New moms and babies in our congregations.
- I would have preferred more information and less sharing on this topic.
- This was a very good presentation. I am interested in knowing how our individual practices are working with the restrictions of Covid.
- Ministering to emotional needs caused by Covid 19. Ex: isolation, grief, etc.
- She was very knowledgeable and real!!
- Many helpful hints and new ideas. Noel was wonderful
- Great presentation, grateful to hear of ways to be helpful during this time.
- another CNE on helping FCN find community resources to help local congregation or community with needs due to Covid-19-employment, food, rent help, etc.
- Resources for a faith community nurse. Could be done by FCNs in our group?
- Very relevant presentation.
- Great subject.

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CNE 106

Long Term CNE Provider Checklist
(K.A.R. 60-9-107)

Name of Provider: Presbyterian Manors of Mid-America, LT0246-0316 Renewal Application

Name of Program Coordinator: Jeanne Gerstenkorn, RN, BSN, MSN

Date to CNE Committee: March 23, 2021

Information Required	Received	N/A
Completed application for initial approval or five-year renewal for LT CNE providership shall be submitted at least 60 days before a scheduled board meeting	01/13/2021	
The name and address of the organization on the application	X	
The name and address of the department or unit within the organization responsible for approving CNE, if different from the name and address of the organization		X
The name, education and experience of the program coordinator responsible for CNE	Jeanne Gerstenkorn, RN, BSN, MSN	
• Be a licensed professional nurse	X	
• Have three years of clinical experience	X	
• Have one year of experience in developing and implementing nursing education	X	
• Have a baccalaureate degree (unless held this position for the provider at least five years immediately prior to January 1, 1977)	X	
Policies & Procedures:		
Written policies and procedures, including at least the following areas:		
• Assessing the need and planning for CNE activities	X	
• Fee assessment		X
• Advertisements or offering announcements. Published information shall contain the following statement: "(name of provider) is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing provider number: "	X	
• Notice of change of coordinator or required policies and procedures. The program coordinator shall notify the board in writing of any change of the individual responsible for the providership or required policies and procedures within 30 days	X	
For long term providers, the policies and procedures for the offering approval process shall include the following:		

CNE 107

• A summary of the planning	X	
• The behavioral objectives	X	
• The content, which shall meet the definition of CNE in KSA 65-1117	X	
• The instructor's education and experience, documenting knowledge and expertise in the content area	X	
• A current bibliography that is reflective of the offering content. The bibliography shall include books published within the past 10 years, periodicals published within the past five years, or both	X	
• An offering evaluation that includes each participant's assessment of the following:		
▪ The achievement of each objective	X	
▪ The expertise of each individual presenter	X	
An approved provider may award any of the following:		
• Contact hours as documented on an offering agenda for the actual time attending, including partial credit for one or more contact hours	X Figuring 1 contact hour for each 60 mins of instructional time, not 50 mins	
• Credit for fractions of hours over 30 mins to be computed towards a contact hour		X
• Instructor credit, which shall be twice the length of the first-time presentation of an approved offering, excluding an standardized, prepared curriculum		X
• Independent study credit that is based on the time required to complete the offering, as documented by the provider's pilot test results		X
• Clinical hours		X
Documentation of Attendance		
Each provider shall maintain documentation to verify that each participant attended the offering. The provider shall require each participant to sign a daily roster, which shall contain the following information:		
• The provider's name, address, provider number, and coordinator	X	
• The date and title of the offering, and the presenter or presenters	X	
• The participant's name and license number and the number of contact hours awarded	X	
Each provider shall maintain documentation to verify completion of each independent study offering, if applicable. To verify completion of an independent study offering, the provider shall maintain documentation that includes the following:		
• The provider's name, address, provider number, and coordinator		X
• The participant's name and license number, and the number of contact hours awarded		X

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CNE 108

• The title of the offering		X
• The date on which the offering was completed		X
• Either the completion of a posttest or a return demonstration		X
Certificate of Attendance/CE Transcript		
A certificate of attendance shall be awarded to each participant after completion of an offering, or a CE transcript shall be provided according to the policies and procedures of the long-term provider		
Each certificate and each CE transcript shall be complete before distribution to the participant		
Each certificate and each CE transcript shall contain the following information:		
• The provider's name, address and provider number	X	
• The title of the offering	X	
• The date or dates of attendance or completion	X	
• The number of contact hours awarded and, if applicable, the designation of any independent study or instructor contact hours awarded	X	
• The signature of the individual responsible for the providership	X	
• The name and license number of the participant	X	
Recordkeeping & Storage		
For each offering, the approved provider shall retain the following for two years:		
• A summary of the planning	X	
• A copy of the offering announcement or brochure	X	
• The title and objectives	X	
• The offering agenda or, for independent study, pilot test results	X	
• A bibliography	X	
• A summary of the participants' evaluations	X	
• Each instructor's education and experiences	X	
• Documentation to verify completion of the offering	X	
The record storage system used shall ensure confidentiality and easy retrieval of records by authorized individuals	X	
Program Evaluation Plan		
For long-term providers, a copy of the total program evaluation plan	X	
Two Proposed Offerings		
The provider shall submit two proposed offerings, including the following:		

‘3

	#1: Understanding & Managing Pain	#2: PDPM Survival Guide – The Management Team Edition
• A summary of planning	X	X
• A copy of the offering announcement or brochure	X	X
• The title and behavioral objectives	X	X
• The offering agenda or, for independent study, pilot test results	X	X
• Each instructor's education and experience	X	X
• A current bibliography		
• The offering evaluation form	X	X

12/2018

Review Completed by Chelsey Stephenson, CNE Education Specialist on January 28, 2021

4

CNE 110

Reference No.: 24839 **Date submitted:** Jan 13 11:30 2021

radio ~ Renewal
Providername ~ Presbyterian Manors of Mid America
providernum ~ LT0246-0316
legalbody ~ ~
address ~ PO Box 20440
adress2 ~ Wichita, KS 67208
telephone ~ 316-685-1100
email ~ jgerstenkorn@pmma.org
coordinator ~ Jenanne (Jeanne) Gerstenkorn, RN, BSN, MSN
date ~ 01-15-2021
planningce ~ Corporate planning team to include: Regional Directors of Nursing, Regional Operations managers, corporate HR, 2-3 community Executive Directors (Administrators), Directors of Nursing and Assisted Living Directors of Nursing. We will review employee surveys, prior education provided, KDADS facility surveys to evaluate educational needs of staff. Format for education will be determined by topic and audience. Formats available for use include: teleconference, in-person, webinar and video conferences. Educational experiences will consider audience responsibility and roles at community level as prior experience level. All programs will be designed to build upon basic nursing skills to enhance the practice of the nurse in the geriatric arena of long term care.
feeassessment ~ Courses will be offered to staff of Presbyterian Manors of Mid America. There will be no charge for courses.
advertisement ~ Email announcement of the offering
RSVP form which includes:
Name, date, speaker info, and time of offering
objectives of offering
registration information for webinar on GoTo webinar platform
approvalprocess ~ All information detailed above will be included.
1. Summary of planning will include topic research and evaluation of need for education as well as event planning (time, date, venue).
2. Behavioral objectives will be clear, concise and provide the goal for the learning experience.
3. Content will meet CNE guidelines as evidenced by documentation.
4. Instructor's experience and education will be detailed in each CNE offering. The instructor will be someone with experience in topic with appropriate educational background.
5. Bibliography will be provided in documentation for each CNE offering.
6. Evaluation form will be used to assess learner's success with the

material.

contacthours ~ Contact hours will be awarded as documented on the offering agenda based on the length of the presentation (not including breaks).
One contact hour will be awarded for each 60 minutes of instructional time. CNE programs will not be offered for less than one contact hour. Credit for fractions of hours over one contact hour may be given. It is required that
participants be present throughout the entire course to receive credit. Partial credit may be awarded at the discretion of the Program Coordinator. Late arrivals or early departures will not receive credit.

PMMA will award "instructor credit", which shall be twocontact hours for each hour of first-time presentation of an approved offering, excluding standardized prepared curriculum (e.g. ACLS, PALS etc) if the instructor requests
it.

No independent study courses are contemplated at this time.

In the event that an offering must be canceled, due to instructor illness, inclement weather or insufficient pre-registration, all participants will be notified as soon as practicable.

verifycompletion ~ Registration for offerings will begin one half hour prior to the start of the offering. All participants must register at the beginning of the offering, and on a daily basis for multi-day offerings. Registration will be documented on a roster which includes the following information:
1)Provider's name, address, provider number and coordinator
2)Date, title and location of the offering
3)Instructor's name and title
4)Participant's name and license number
5)Number of contact hours awarded
The registration process will be presided over by the Program Coordinator or an overseer designated by the Program Coordinator. No dependent adults or children will be allowed to register and/or participate.
The roster will be typed in its final form and retained for two years.
A sample roster is included

Certificates of Completion shall be awarded to participants at the completion of an offering, or within two weeks following an offering. The certificates will be complete before they are distributed to the participants. The certificates will include the following information:
1)Provider's name, address and provider number
2)Title of the offering and name of the instructor
3)Date(s) of attendance
4)Number of contact hours awarded
5)Name and signature of the Program Coordinator
6)Name and license number of the participant
7)Instructor contact hours awarded, if applicable*
* If an instructor is teaching a class for the first time, instructor credit may be given. Two (2) contact hours of credit are awarded for each hour of presentation, up to a maximum of fifteen (15) contact hours. NOTE: This is indicated on the roster by having the instructor sign and designating "instructor credit" by his/her name and is indicated on the Certificate of Completion as "instructor credit hours".
If a duplicate certificate must be issued for any reason, the word "duplicate" will be prominently displayed on the certificate.
A sample Certificate of Completion is included

recordkeeping ~ Copies of the following are kept for 2 years.
1. Announcement including the title and objectives
2. Summary of planning
3. bibliography of speaker
4. summary of evaluations
5. evaluations
6. speaker bio
7. Certificate of Completion for participants

All of the above are stored in a locked storage area of PMMA

noticeofchange ~ The Program Coordinator shall submit in writing any change in the Coordinator's position, the organization, or its policies, to the Kansas State Board of Nursing within 30 days.

programevaluation ~ A TPE is completed annually and sent to Kansas Board of Nursing.
Submission date ~ 01-13-2021 12:09:52
Form ID ~ 1672730

Jenanne (Jeanne) Gerstenkorn

926 N. Firefly St
Wichita, KS 67235
(316)729-9979
egerstenkorn@cox.net

Objective

Long term career opportunities with an organization with professional growth potential which enables me to utilize my management, organizational, and interpersonal skills while continuing to develop professionally.

Employment History

Vice President Health & Wellness

Presbyterian Manors of Mid America, Wichita, KS

7/2015-Present

Responsible for all clinical and educational areas for 2000 bed CCRC. Includes budgets, software, policies, programs.

Director of Clinical Information

Presbyterian Manors of Mid America, Wichita, KS

4/06-7/2015

- Responsible for 2000 bed CCRC with primary responsibility for reimbursement; administer and development of EHR; development of all education for MDS/Medicare/Medicaid/Medical Records; quality initiatives

Director of Nursing

3/03-4/06 Sandpiper Bay Health and Retirement, Wichita, KS

- Responsible for 240 bed skilled care and assisted living; reimbursement programs of Medicare/Medicaid; QA/QI programs; development of staff education and in-service programs; federal survey process' maintain quality per federal regulations' management of nursing personnel of 150

Assistant Director Nursing

5/01-3/03 Medicalodges, Goddard, KS

- Responsible for MDS process for 65 bed long term care community; QA/QI process; and staff development

Charge Nurse

05/99-5/01 Wesley Medical Center, Wichita, KS

- Management of patients on intensive care and cardiac units; assessments; medication administration; IV; wound care

Education

2014 University of Texas , Arlington, TX
- Masters of Science in Nursing

2000 Wichita State University, Wichita, KS
- Bachelors of Science in Nursing

Other Experience

Memberships: American Association of Nurse Assessment Coordinators; National Association of Directors of Nursing in America, Sigma Theta Tau
Certifications: RAC-CT, C-NE, CDON
Board Member: AOD Software-Clinical Task Force; Cerner-LTC Client Council

References are available on request.

CNE 115

PMMA | Presbyterian Manors Of Mid-America

Organizational Chart

PRESBYTERIAN MANORS
OF MID AMERICA
CNE POLICIES AND PROCEDURES

A. Assessing Need and Planning CNE
- o Corporate planning team includes the Regional Directors of Nursing, Regional Operations Managers, and Corporate Human Resources, representatives from communities such as Executive Directors, Health Service Directors and Assisted Living Directors of Nursing.
- o In determining educational needs of staff, team with will review: employee surveys, historical data as to prior education provided, KDADS/CHAP surveys, prior educational topic evaluations.
- o Educational offerings will consider audience responsibility and roles at community level as well as prior experience level.
  - All programs will be designed to build upon basic clinical skills to enhance the skills of clinical providers in the practice of geriatric care.
- o Format for education will be determined by topic and audience.
  - Available formats include: teleconference, in-person, webinar and video conference.

B. Required:

1. Registration/sign in – Registration shall begin one half hour prior to the start of the offering. All participants must register at the beginning of the offering, and on a daily basis for multi-day offerings. The name is to be as it appears on the nursing license. In addition, addresses and/or PMMA facility affiliation and nursing license numbers will be listed. Out of state nurses will register with the name of their state and their license number.

2. Roster – PMMA shall use a roster format based on the recommended Kansas State Board of Nursing Continuing Nursing Education roster. The roster will be retained in PMMA's files for at least two years. The roster contains the following information:
   a. Provider's name, address and provider number
   b. Title of the offering and name of the instructor
   c. Date(s) of attendance
   d. Number of contact hours awarded
   e. Signature of individual responsible for the Providership
   f. The final typed roster will be an alphabetized listing of names and license numbers of participants

3. Attendance – It is mandatory that all participants attending educational offerings presented by PMMA and for which they wish to receive contact

hours, be present throughout the entire course. They are expected to be on time and remain until the end of the offering. Partial credit is not to be awarded. Late arrivals or early departures will not receive credit. No independent study offered.

4. Certificates – Certificates of Completion are completely filled out prior to distribution and are awarded within two weeks of the completion of the offering. Certificates shall contain the following information:
   a. Provider's name, address and phone number
   b. Title of the course and name of the instructor
   c. Date(s) of attendance
   d. Number of contact hours awarded
   e. Name and signature of individual responsible for the Providership
   f. Name and license number of the participant
   g. Instructor contact hours awarded, if applicable

   If a duplicate must be issued for any reason, the word "duplicate" is prominently displayed. If an instructor is teaching a class for the first time, instructor credit may be given. Two (2) contact hours of credit are awarded for each hour of presentation, up to a maximum of fifteen (15) contact hours. NOTE: This is indicated on the roster by having the instructor sign and designating "Instructor Credit" by his/her name.

5. Offering announcement – Publicity for a program is the responsibility of the Program Coordinator. The announcement is sent to the participating facility or facilities. This would usually occur two to six weeks prior to the offering. The notification would contain the following information:
   a. Course title
   b. Name of the instructor
   c. Brief description of the offering
   d. CNE hours offered with KBON approval statement and provider number – "Presbyterian Manors of Mid America is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course is approved for _____ contact hours applicable for APRN, RN, LPN, or LMHT relicensure. Kansas State Board of Nursing provider number: LT0246-0316." KAR 60-7-107(b)(3)(C)
   e. Date, location, and time of the offering
   f. Registration information – including target audience and where to submit registration

6. Instructor selection criteria – Instructor selection is based on the educational preparation, teaching experience, and appropriate clinical experience of the instructor as it applies to the program being offered. Bibliography and other educational tools developed or credited to instructor. In addition, the instructor is to have knowledge of the specialized needs of the adult learner and possess a commitment to present the highest quality offering possible. Non-nurse instructors may be used if they possess experience in the content area, a qualified nurse is not available, and he/she can adapt the presentation to healthcare settings (particularly long term care settings). It is our policy to

CNE 118

select the most qualified faculty available and to continually re-evaluate their selection through the use of program evaluation forms.

7. Records – All CNE records and files are to be maintained by the Program Coordinator and the Department of Continuing Education/Staff Development staff and filed in a locked, secure cabinet for two years. The physical address for storage and retrieval is 2414 N. Woodlawn Blvd, Wichita, Kansas 67208. For each CNE offering the following records will be maintained:
   a. Roster, with each participant's signature
   b. Final typed roster
   c. Planning summary and offering announcement
   d. Program objectives, outline, and bibliography
   e. Instructor CV or resume' (unless all instructors' information is kept secure in separate file)
   f. Offering evaluations
      i. Includes participant assessment of the objectives of the program and the expertise of the presenter.
   g. Copies of any handouts used – in the event the same offering is presented multiple times, the handouts may be maintained in a separate file cross referenced to the individual offering file
      i. Handouts will include objectives of program and bibliography of the presenter.
   h. Bibliography of any books (published in the last 10 years) and/or periodicals (published in last 5 years).
8. Notification of providership changes – the Program Coordinator shall submit in writing any change in the Coordinator's position, the organization, or its policies, as submitted herewith, to the Kansas State Board of Nursing as soon as practicable.
9. Offering evaluations will include:
   a. Assessment of Program Objectives
   b. Expertise of Presenter
   c. Overall program evaluation
   d. Additional comments
10. Program handouts may include:
   a. Power Point slides
   b. Forms
   c. Bibliography
   d. Other educational tools pertinent to topic presented.

B. Optional:

1. Cancellations – Cancellation of an offering may be necessitated by instructor illness or inclement weather. In this event, the offering will be rescheduled or participants may be redirected to another location on a different day. Since there are no fees involved, there is no need for a refund policy.

CNE 119

2. Co-sponsorship – In the event that PMMA decides to co-sponsor an offering, PMMA will use its Providership for awarding of credit. Program approval for co-sponsorship will only be considered if the requesting party meets all the requirements and regulations that pertain to a KBON CNE provider agreement.

3. Compressed video-programming – This is to be decided on a program by program basis by the Program Coordinator. In the event that video-taping is done, any and all potential or real confidential information will not be included in the final edited product.

4. Interactive video telecommunications – This is anticipated within the next year by PMMA. At that time, separate policies may be developed concerning its use.

5. Auditing of offerings – Programs are designed with the adult learner in mind, therefore, dependent children or dependent adults will not be permitted to attend.

6. Disability access – If special circumstances are required by a participant, these needs are to be arranged prior to the offering so that appropriate accommodations can be made, if possible.

7. Educational setting – Factors conducive to an appropriate learning environment will be considered in selecting the setting to be used for offerings. These would include:
   e. Ability to accommodate the projected number of participants comfortably
   f. Adequate lighting, ventilation, and temperature
   g. Easily accessible
   h. Sufficient exits and parking
   i. Privacy
   j. Support equipment, as needed

8. Smoking – There is to be no smoking during offerings. Smoking during breaks will only be in areas so designated by the participating offering site.

9. Cell phones and pagers – All participants are asked to mute electronic devices so as not to interrupt other participants and the instructor.

CNE 120

EDUCATION COMPLIANCE RECORD - ATTENDANCE ROSTER

PROVIDER:	Presbyterian Manors of Mid-America, Inc.		PROVIDER NUMBER:	LT0246-0316
ADDRESS:	P.O. Box 20440, Wichita, KS 67208		DATE:	
COURSE TITLE:			COURSE INSTRUCTOR:	
LOCATION:	Presbyterian Manors of Mid-America, Inc.		CNE:	
SITE FACILITATOR SIGNATURE:			PROGRAM COORDINATOR:	

NAME	TITLE	LICENSE #	ADDRESS			SIGNATURE

(name of offering)_(date)_(location)

CNE 121

Certificate of Attendance

This is to certify that

(First name) (Last name), (license number)
has completed
(name of offering)

Presented (date of offering)
by presenter, credentials

Via Webinar

Presbyterian Manors of Mid-America, Inc. is approved as a
provider of continuing nursing education by the Kansas State Board of Nursing.
This course is approved for 1.0 contact hours applicable for
RN, LPN, or LMHT re-licensure. Kansas State Board of Nursing provider number: LT0246-0316

PMMA
Presbyterian Manors
Of Mid-America

Jeanne Gerstenkorn RN, BSN, MSN

Jeanne Gerstenkorn, RN, BSN, MSN,
Senior VP Health and Wellness
Presbyterian Manors of Mid-America, Inc.
PO Box 20440 / Wichita, KS 67208

TOTAL PROGRAM EVALUATION
ANNUAL REPORT JULY 1, 2020 – JUNE 30, 2021

Presbyterian Manors of Mid-America will conduct a Total Program Evaluation initially, when there is a significant change that must be addressed and at least on an annual basis. The program is a systematic process whereby the organization can analyze outcomes of the overall CNE program in order to make appropriate changes and decisions as needed.

ADMINISTRATION

Area:	Organization and Philosophy
Reviewed by:	VP of Health and Wellness (Program Coordinator)
How often:	Annually
What to review:	Organizational chart and philosophy statement of Presbyterian Manors of Mid-America, Inc.
Date last evaluated:	7/2020
Results:	Organizational chart and philosophy statement reviewed
Action taken:	Organizational chart revised (attached)

Area:	CNE Goals and Objectives
Reviewed by:	VP of Health and Wellness (Program Coordinator)
How often:	Annually
What to review:	1. CNE goals and objectives 2. PMMA organizational chart
Date last evaluated:	7/2020
Results:	CNE goals and objectives and organizational chart reviewed
Action taken:	None

CNE 123

Area:	Budget
Reviewed by:	VP of Health and Wellness (Program Coordinator)
How often:	Annually
What to review:	1. Current education budget
	2. Previous year's budget
	3. Cost of CNE programs offered
	4. Next year's budget (FY 2021)
Date last evaluated:	7/2020
Results:	PMMA FY 2021 budget process completed (July 1, 2020 - June 30, 2021)
Action taken:	None

Area:	Program Coordinator
Reviewed by:	VP of Health and Wellness
How often:	Annually
What to review:	1. Reviewed job description
	2. Reviewed CV/resume'
	3. Verify current licensure on file
	4. Evaluate per PMMA policy
Date last evaluated:	7/2020
Results:	Current license information and current resume' on file
Action taken:	1. Revised job description
	2. Revised CV/resume

Area:	Advisory Committee
Reviewed by:	VP of Health and Wellness (Program Coordinator)
How often:	Initially only

CNE 124

What to review: No structured advisory committee exists at this time

Date last evaluated: N/A

Results: N/A

Action taken: N/A

MANAGEMENT

Area: Policy and Procedure

Reviewed by: VP of Health and Wellness (Program Coordinator)

How often: Annually

What to review: Policies and procedures on:

Required:
1. Registration
2. Roster
3. Attendance
4. Partial credit
5. Certificates
6. Brochures
7. Instructors
8. Record keeping
9. Instructor credit

Optional:
1. Cancellations
2. Co-sponsorship
3. Video-programming
4. Video conference
5. Webinar
6. Auditing of offerings

Date last evaluated: 7/2020

Results: Policies and procedures reviewed

Action taken: None

CNE 125

Area:	Learning Needs Assessment

Reviewed by:	VP of Health and Wellness (Program Coordinator)

How often:	Annually

What to review:
1. Target population
2. Questionnaires or surveys used
3. Suggestions or comments listed on program evaluations
4. Suggestions made by manor Staff Development Coordinators
5. Frequency and length of programs

Date last evaluated: 7/2020

Results: Identified learning needs from program evaluations are reviewed on an ongoing basis

Action taken:

Area:	Offerings

Reviewed by:	VP of Health and Wellness (Program Coordinator)

How often:	Annually

What to review:	Offerings provided July 1, 2020-June 30, 2021

Date last evaluated: 7/2020

Results: Offerings will be current and relevant to the education of the participants and outcome based

Action taken:
1. Continue to pursue identified needs and current issues for LTC CNE programming

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Area:	Individual Program File

Reviewed by:	VP of Health and Wellness (Program Coordinator)

How often:	Annually

CNE 126

What to review:	1. Program announcement
	2. Objectives and outline
	3. Handouts
	4. Bibliography
	5. Instructor's CV or resume'
	6. Evaluation Summary
	7. Roster
	8. File checklist

Date last evaluated: 7/2020

Results: Maintenance of program files completed

Action taken: None

TOTAL PROGRAM EVALUATION

Area: Total Program Evaluation

Reviewed by: VP of Health and Wellness (Program Coordinator)

How often: Annually

What to review:
1. Administration
2. Program Management
3. Evaluation of Plan

Date last evaluated: 7/2019

Results: FY 2020 programs reviewed and analyzed
FY 2021 tentative programs reviewed

Action taken: Continuous review and monitoring

CNE 127

Offering #1

❖ PMMA| ~~~ **MEMORANDUM**

DATE: October 24, 2019
TO: Executive Directors, Directors of Nursing,
FROM: Jeanne Gerstenkorn
RE: *Educational Opportunity*

Join the Webinar on November 5, 2019!
Understanding and Managing Pain
November 5, 2019 – 2:00-3:00 pm
Presented by Amy Siple, Associate Professor of Nursing, Newman University

Objectives:
Each participant will be provided the opportunity to:

1. Participants will be able to identify the purpose of pain
2. Participants will be able to recall at least 2 pain assessment tools.
3. Participants will be able to report at least 2 reasons why there are varied response to noxious stimuli.

1. Please complete the RSVP and return it to (cmorris@pmma.org) by October 31, 2019.
2. Click on link provided in email to register on GoTo for webinar
3. Materials for webinar will be sent out by November 4, 2019

PLEASE ONLY SUBMIT 1 RSVP PER COMMUNITY.

2019 Education Series
Understanding and Managing Pain

Presbyterian Manors of Mid America, Inc., is approved as a provider of continuing nursing education by the Kansas State Board of Nursing.

This course is approved for 1 contact hours applicable for RN, LPN, LMHT re-licensure. Kansas State Board of Nursing provider number: LT0246-0316.

This course is approved for 1.0 general administration clock hours for

Kansas Licensed Adult Care Home Administrators by the

Kansas Department for Aging & Disability Services.

Long term Sponsorship Number: LTS-A1059

PMMA

Program Name: _Understanding and Managing Pain_
Presented by: _Amy Siple, Associate Professor of Nursing, Newman University_
CNE hours: 1

Program Summary:
This program explores the etiology of pain and why we respond so differently to painful stimuli. Types of pain will be discussed and the role of both pharmacologic and non-pharmacologic strategies for pain management will be addressed.

Objectives:

Participants will be able to:

1.   **Identify the purpose of pain.**

2.   **Recall at least two pain assessment tools.**

3.   **Report at least two reasons why there are varied response to noxious stimuli.**

4.   **Identify at least two non-pharmacologic management strategies to control pain.**

My bio is:

Amy Siple is an Associate Professor of Nursing at Newman University where she teaches Nursing Assessment, Pharmacology, Advanced Principles of Aging and Dying Well. As a part of the national Geriatric Nursing Education Consortium, Amy is very committed to disseminating information about care of the elderly and has traveled around the country providing over 100 lectures on the pathology and care of clients with Alzheimer's disease. In addition, she maintains an active practice as a geriatric based NP in her work for Wichita Medical Associates. In 2018 she was appointed by Governor Colyer to serve on the Alzheimer's disease Task Force for the State of Kansas and is recognized as a leading expert on this topic. She appreciates the opportunity to positively influence the lives of her patients, students, and her broader community.

Presbyterian Manors of Mid America, Inc.
Understanding Managing Pain
Amy Siple, RN, Newman University
11-5-19; 1 CEU

R = 12   N = 12   Percentages not totally 100% reflects items left blank

OVERALL PROGRAM EVALUATION	Excellent #/%	Good #/%	Fair #/%	Poor #/%
1. Was the program relevant to your learning needs?	58%	33%	9%	
2. Was the program content organized?	75%	25%		
3. Did this program meet your expectations?	58%	42%		
4. Was there enough time allowed for questions?	83%	17%		

	YES	NO	Unsure
5. Do you think the program content had practical application and will be incorporated in your work?	83%		

RATE PROGRAM OBJECTIVES	Excellent #/%	Good #/%	Fair #/%	Poor #/%
Participants will be able to identify the purpose of pain	67%	33%		
Participants will be able to recall at least 2 pain assessment tools	58%	42%		
ticipants will be able to identify at least two non-pharmacologic management strategies to control pain	58%	42%		
Participants will be able to report at least two reasons why there are varied response to noxious stimuli	58%	42%		

5

RATE THE INSTRUCTOR	Excellent #/%	Good #/%	Fair #/%	Poor #/%
1. Ability to clearly communicate concepts?	75%	25%		
2. Knowledge of concepts?	83%	17%		
3. Relevance of content related to course objectives?	75%	25%		

Comments

Loved how Amy personalized her presentation! Could easily relate

Enjoyed personal experience of the speaker and how they related to the topic.

She kept me interested by including her personal stories.

RN = 11
LPN = 0
Other = 0
= 1

CNE 131

Offering #2

PMMA

Presbyterian Manors
Of Mid-America

Program Name: **PDPM Survival Guide: The Management Team Edition**

Presented by: Maureen McCarthy, RN, BS, RAC-MT, QCP-MT, DNS-MT, RAC-MTA
CNE hours: 2

Program Summary:

With the implementation date of the new Patient Driven Payment Model (PDPM) nearing, 2019 is shaping up to be a blockbuster year for the Long-Term Care Industry. With so much riding on your comprehension of these major fundamentals, it is imperative that facility leadership understand how they are being evaluated based on the above-mentioned metrics, and what efforts can be implemented now to safeguard their success in the future.

This session will review the financial implications under the new payment model, the PDPM Rate Structure, as well as, what will be changing and what will remain the same.

Objectives:
1. Attendees will be able to identify 3 variable per diem adjustment factors
2. Attendees will be able to identify the 6 components under PDPM
3. Attendees will be able to identify the 2 types of MDS item sets used under PDPM

CNE 133

MEMORANDUM

DATE: July 1, 2019
TO: Executive Directors
FROM: Jeanne Gerstenkorn
RE: ***PDPM***

Join the Webinar on July 23, 2019!
PDPM Survival Guide: The Management Team Edition
July 23, 2019 – 9:00-11:00 am
Presented by Maureen McCarthy, Celtic Consulting

Objectives:
Each participant will be provided the opportunity to:

1. identify 3 variable per diem adjustment factors
2. identify the 6 components under PDPM
3. identify the 2 types of MDS item sets used under PDPM

1. Please complete the RSVP and return it to (cmorris@pmma.org) by **July 16, 2019.**
2. Click on link provided in email to register on GoTo for webinar
3. Materials for webinar will be sent out by July 22, 2019

PLEASE ONLY SUBMIT 1 RSVP PER COMMUNITY.

2019 Education Series
PDPM Survival Guide: The Management Team Edition

Presbyterian Manors of Mid America, Inc., is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course is approved for 2 contact hours applicable for RN, LPN, LMHT re-licensure. Kansas State Board of Nursing provider number: LT0246-0316.

This course is approved for 2.0 general administration clock hours for

Kansas Licensed Adult Care Home Administrators by the

Kansas Department for Aging & Disability Services.

Long term Sponsorship Number: LTS-A1059

Maureen McCarthy, RN, BS, RAC-MT, QCP-MT, DNS-MT, RAC-MTA

Maureen is the President of **Celtic Consulting**, LLC, a clinical reimbursement, clinical operations and compliance advisory firm. Recognized as an industry leader in clinical reimbursement for Long-Term Care, Maureen has been a registered nurse for over 30 years with experience as an MDS Coordinator, Director of Nursing, Rehab Director and a Medicare biller.

Maureen is the immediate past-president for the Association of Long-Term Care Financial Managers, is the Medicare & MDS 3.0 Advisor for several state affiliates, and is an advisor to the J13 Medicare contractor National Government Services Provider Advisory Group. She is also an Editorial Advisor for HCPro, a national publisher for post-acute care providers. She sits on the Board of Directors for the American Association of Post-Acute Care Nurses (AAPACN) and serves as an Expert Advisory Panel member for American Association of Nurse Assessment Coordination (AANAC). McCarthy was recently presented the ACHCA 2018 Education Award, at the ACHCA Annual Convocation & Exposition in Orlando, FL. She has been selected to join the American Health Care Association (AHCA) PDPM Academy Training Team, which provides education to the nation's state affiliates regarding the new PDPM system.

McCarthy is certified in the resident assessment process, QAPI and Director of Nursing Services, by nationally recognized organizations and holds Master Teacher status in all three certifications.

Maureen and her associates at Celtic Consulting regularly provide consultation focusing on 5-Star Quality Improvement Programs, Quality Auditing, Clinical Care Management, PDPM/PPS/MDS/CMI Services, Compliance Solutions including Medicare Compliance Auditing and Custom Education to meet any organization's needs.

Publications authored by McCarthy include:

- **The Long Term Care Compliance Toolkit** *(2011)*
- **ICD-10 Compliance Process Improvement and Maintenance for LTC** *(2015)*
- **Medicare Audits: A Survival Guide for SNF** *(2016)*
- **5-Star Quality Rating System Technical Users Guide** *(2017)*
- A fifth publication on **Medication Reconciliation** due out in *Fall of 2018*

Presbyterian Manors of Mid America, Inc.
PDPM Survival Guide: The Management Team Edition
Maureen McCarthy, Celtic Consulting
7-23-19, 2 CEU

R = 47   N = 68

Percentages not totally 100% reflects items left blank

OVERALL PROGRAM EVALUATION	Excellent %	Good %	Fair %	Poor %
1. Was the program relevant to your learning needs?	56%	24%		
2. Was the program content organized?	62%	12%		
3. Did this program meet your expectations?	56%	18%		
4. Was there enough time allowed for questions?	60%	16%		

	YES	NO	Unsure	
5. Do you think the program content had practical application and will be incorporated in your work?	68%		2%	

RATE PROGRAM OBJECTIVES	Excellent %	Good %	Fair %	Poor %
Attendees will be able to identify 3 variable per diem adjustment factors	51%	26%		
Attendees will be able to identify the 6 components under PDPM	47%	26%	2%	
Attendees will be able to identify the 2 types of MDS item sets used under PDPM	50%	26%		

RATE THE INSTRUCTOR	Excellent %	Good %	Fair %	Poor %
1. Ability to clearly communicate concepts?	62%	13%		
2. Knowledge of concepts?	60%	15%		
3. Relevance of content related to course objectives?	62%	13%		

Comments

Too much information for short amount of time

Very informative and well organized

lot of content

speaker was difficult to follow at times, spoke to fast

Very good

RN = 28   LPN = 1   ED = 7   Other = 11

CNE 136

60-9-105. Definitions. For the purposes of these regulations, each of the following terms shall have the meaning specified in this regulation:

(a) "Approval" means the act of determining that a providership application or course offering meets applicable standards based on review of either the total program or the individual offering.

(b) "Approved provider" means a person, organization, or institution that is approved by the board and is responsible for the development, administration, and evaluation of the continuing nursing education (CNE) program or offering.

(c) "Authorship" means a person's development of a manuscript for print or a professional paper for presentation. Each page of text that meets the definition of continuing nursing education (CNE), as defined in K.S.A. 65-1117 and amendments thereto, and is formatted according to the American psychological association's guidelines shall equal three contact hours.

(1) Authorship of a manuscript means a person's development of an original manuscript for a journal article or text accepted by a publisher for statewide or national distribution on a subject related to nursing or health care. Proof of acceptance from the editor or the published work shall be deemed verification of this type of credit. Credit shall be awarded only once per topic per renewal period.

(2) Authorship of a professional research paper means a person's completion of a nursing research project as principal investigator, co-investigator, or project director and presentation to other health professionals. A program brochure, course syllabus, or letter from the offering provider identifying the person as a presenter shall be deemed verification of this type of credit. Credit shall be awarded only once each renewal period.

(d) "Behavioral objectives" means the intended outcome of instruction stated as measurable learning behaviors.

(e) "Certificate" means a document that is proof of completion of an offering consisting of one or more contact hours.

(f) "CE transcript" means a document that is proof of completion of one or more CNE offerings. Each CE transcript shall be maintained by a CNE provider.

(g) "Clinical hours" means planned learning experiences in a clinical setting. Three clinical hours equal one contact hour.

(h) "College course" means a class taken through a college or university, as described in K.S.A. 65-1119 and amendments thereto, and meeting the definition of CNE in K.S.A. 65-1117, and amendments thereto. One college credit hour equals 15 contact hours.

(i) "Computer-based instruction" means a learning application that provides computer control to solve an instructional problem or to facilitate an instructional opportunity.

(j) "Contact hour" means 50 total minutes of participation in a learning experience that meets the definition of CNE in K.S.A. 65-1117, and amendments thereto. Fractions of hours over 30 minutes to be computed towards a contact hour shall be accepted.

(k) "Distance learning" means the acquisition of knowledge and skills through information and instruction delivered by means of a variety of technologies.

(l) "Independent study" means a self-paced learning activity undertaken by the participant in an unstructured setting under the guidance of and monitored by an approved provider. This term shall include self-study programs, distance learning, and authorship.

(m) "Individual offering approval" and "IOA" mean a request for approval of an education offering meeting the definition of CNE, pursuant to K.S.A. 65-1117 and amendments thereto, but not presented by an approved provider or other acceptable approving body, as described in K.S.A. 65-1119 and amendments thereto.

(n) "In-service education" and "on-the-job training" mean learning activities in the work setting designed to assist the individual in fulfilling job responsibilities. In-service education and on-the-job-training shall not be eligible for CNE credit.

(o) "Offering" means a single CNE learning experience designed to enhance knowledge, skills, and professionalism related to nursing. Each offering shall consist of at least 30 minutes to be computed towards a contact hour.

(p) "Orientation" means formal or informal instruction designed to acquaint employees with the institution and the position. Orientation shall not be considered CNE.

(q) "Program" means a plan to achieve overall CNE goals.

(r) "Refresher course" means a course of study providing review of basic preparation and current developments in nursing practice.

(s) "Total program evaluation" means a systematic process by which an approved provider analyzes outcomes of the overall CNE program in order to make subsequent decisions. (Authorized by and implementing K.S.A. 2015 Supp. 65-1117 and K.S.A. 65-1119; effective Sept. 2, 1991; amended March 9, 1992; amended April 26, 1993; amended April 3, 1998; amended April 20, 2001; amended Oct. 25, 2002; amended March 6, 2009; amended May 10, 2013; amended April 29, 2016.)

Printable Format

CNE 137

60-9-106. Continuing nursing education for license renewal. (a) At the time of license renewal, any licensee may be required to submit proof of completion of 30 contact hours of approved continuing nursing education (CNE). This proof shall be documented as follows:

(1) For each approved CNE offering, a certificate or a transcript that clearly designates the number of hours of approved CNE that have been successfully completed, showing the following:

(A) Name of CNE offering;

(B) provider name or name of the accrediting organization;

(C) provider number or number of the accrediting organization, if applicable;

(D) offering date;

(E) number of contact hours awarded; and

(F) the licensee's name and license number as shown on the course roster; or

(2) an approved Kansas state board of nursing IOA, which shall include approval of college courses that meet the definition of continuing education in K.S.A. 65-1117, and amendments thereto.

(b) The required 30 contact hours of approved CNE shall have been completed during the most recent prior licensing period between the first date of the licensing period and the date that the licensee submits the renewal application as required in K.S.A. 65-1117, and amendments thereto, and K.A.R. 60-3-108. Contact hours accumulated in excess of the 30-hour requirement shall not be carried over to the next renewal period.

(c) Acceptable CNE may include any of the following:

(1) An offering presented by an approved long-term or single provider;

(2) an offering as designated in K.S.A. 65-1119, and amendments thereto;

(3) an offering for which a licensee has submitted an IOA, which may include credit requested for a college course that meets the definition of continuing education in K.S.A. 65-1117, and amendments thereto. Before licensure renewal, the licensee may submit an application for an IOA to the board, accompanied by the following:

(A) An agenda representing exact learning time in minutes;

(B) official documentation of successfully completed hours, which may include a certificate of completion or an official college transcript; and

(C) learning or behavior objectives describing learning outcomes;

(4) a maximum of 15 contact hours for the first-time preparation and presentation as an instructor of an approved offering to licensed nurses. Two contact hours of instructor credit shall be granted for each hour of presentation;

(5) an offering utilizing a board-approved curriculum developed by the American heart association, emergency nurses association, or Mandt, which may include the following:

(A) Advanced cardiac life support;

(B) emergency nursing pediatric course;

(C) pediatric advanced life support;

(D) trauma nurse core course;

(E) neonatal resuscitation program; or

(F) Mandt program;

(6) independent study;

(7) distance learning offerings;

(8) a board-approved refresher course if required for licensure reinstatement as specified in K.A.R. 60-3-105 and K.A.R. 60-11-116;

(9) participation as a member of a nursing organization board of directors or the state board of nursing, including participation as a member of a committee reporting to the board. The maximum number of allowable contact hours shall be six and shall not exceed three

     CNE 138

60-9-107. Approval of continuing nursing education. (a) Offerings of approved providers shall be recognized by the board.

(1) Long-term provider. A completed application for initial approval or five-year renewal for a long-term continuing nursing education (CNE) providership shall be submitted to the board at least 60 days before a scheduled board meeting.

(2) Single offering provider. The application for a single CNE offering shall be submitted to the board at least 30 days before the anticipated date of the first offering.

(b) Each applicant shall include the following information on the application:

(1) (A) The name and address of the organization; and

(B) the name and address of the department or unit within the organization responsible for approving CNE, if different from the name and address of the organization;

(2) the name, education, and experience of the program coordinator responsible for CNE, as specified in subsection (c);

(3) written policies and procedures, including at least the following areas:

(A) Assessing the need and planning for CNE activities;

(B) fee assessment;

(C) advertisements or offering announcements. Published information shall contain the following statement: "(name of provider) is approved as a provider of CNE by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing provider number: _____";

(D) for long-term providers, the offering approval process as specified in subsection (d);

(E) awarding contact hours, as specified in subsection (e);

(F) verifying participation and successful completion of the offering, as specified in subsections (f) and (g);

(G) recordkeeping and record storage, as specified in subsection (h);

(H) notice of change of coordinator or required policies and procedures. The program coordinator shall notify the board in writing of any change of the individual responsible for the providership or required policies and procedures within 30 days; and

(I) for long-term providers, a copy of the total program evaluation plan; and

(4) the proposed CNE offering, as specified in subsection (i).

(c) (1) Long-term provider. The program coordinator for CNE shall meet these requirements:

(A) Be a licensed professional nurse;

(B) have three years of clinical experience;

(C) have one year of experience in developing and implementing nursing education; and

(D) have a baccalaureate degree in nursing, except those individuals exempted under K.S.A. 65-1119 (e)(6) and amendments thereto.

(2) Single offering provider. If the program coordinator is not a nurse, the applicant shall also include the name, education, and experience of the nurse consultant. The individual responsible for CNE or the nurse consultant shall meet these requirements:

(A) Be licensed to practice nursing; and

(B) have three years of clinical experience.

(d) For long-term providers, the policies and procedures for the offering approval process shall include the following:

(1) A summary of the planning;

(2) the behavioral objectives;

(3) the content, which shall meet the definition of CNE in K.S.A. 65-1117 and amendments thereto;

(4) the instructor's education and experience, documenting knowledge and expertise in the content area;

(5) a current bibliography that is reflective of the offering content. The bibliography shall include books published within the past 10 years, periodicals published within the past five years, or both; and

(6) an offering evaluation that includes each participant's assessment of the following:

(A) The achievement of each objective; and

(B) the expertise of each individual presenter.

(e) An approved provider may award any of the following:

(1) Contact hours as documented on an offering agenda for the actual time attended, including partial credit for one or more contact hours;

(2) credit for fractions of hours over 30 minutes to be computed towards a contact hour;

(3) instructor credit, which shall be twice the length of the first-time presentation of an approved offering, excluding any standardized, prepared curriculum;

(4) independent study credit that is based on the time required to complete the offering, as documented by the provider's pilot test results; or

(5) clinical hours.

(f) (1) Each provider shall maintain documentation to verify that each participant attended the offering. The provider shall require each participant to sign a daily roster, which shall contain the following information:

(A) The provider's name, address, provider number, and coordinator;

(B) the date and title of the offering, and the presenter or presenters; and

(C) the participant's name and license number, and the number of contact hours awarded.

(2) Each provider shall maintain documentation to verify completion of each independent study offering, if applicable. To verify completion of an independent study offering, the provider shall maintain documentation that includes the following:

(A) The provider's name, address, provider number, and coordinator;

(B) the participant's name and license number, and the number of contact hours awarded;

(C) the title of the offering;

(D) the date on which the offering was completed; and

(E) either the completion of a posttest or a return demonstration.

(g) (1) A certificate of attendance shall be awarded to each participant after completion of an offering, or a CE transcript shall be provided according to the policies and procedures of the long-term provider.

(2) Each certificate and each CE transcript shall be complete before distribution to the participant.

(3) Each certificate and each CE transcript shall contain the following information:

(A) The provider's name, address, and provider number;

(B) the title of the offering;

(C) the date or dates of attendance or completion;

(D) the number of contact hours awarded and, if applicable, the designation of any independent study or instructor contact hours awarded;

(E) the signature of the individual responsible for the providership; and

(F) the name and license number of the participant.

(h) (1) For each offering, the approved provider shall retain the following for two years:

(A) A summary of the planning;

(B) a copy of the offering announcement or brochure;

(C) the title and objectives;

(D) the offering agenda or, for independent study, pilot test results;

(E) a bibliography;

(F) a summary of the participants' evaluations;

(G) each instructor's education and experience; and

65-4207. List of approved courses; survey of proposed course and institution; resurvey; notice to deficient institution; removal from list; records. (a) The board shall prepare and maintain a master list of approved courses on mental health technology: (1) Which qualify graduates thereof, if they have the other necessary qualifications provided for in this act, to be eligible to apply for a license as a mental health technician; and (2) which meet the requirements of the board for qualification under a continuing education program for licensed mental health technicians.

(b) A survey of the proposed course and of the institution applying for accreditation of the course on mental health technology shall be made by an authorized employee of the board or members of the board who shall submit a written report concerning such study. The board may contract with investigative agencies, commissions or consultants to assist the board in obtaining information about such course and institution. In entering such contracts the authority to approve such courses shall remain solely with the board.

(c) If, in the opinion of the board, the requirements as prescribed in its rules and regulations for approved courses of mental health technology are met, it shall approve the application and course and post evidence of such approval upon the master list. From time to time, as deemed necessary, the board shall cause to be made a resurvey of approved courses and shall have written reports of such resurvey submitted. If the board determines that any previously approved course is not maintaining the content required by this act and by the rules and regulations prescribed, a notice thereof shall be given immediately to the institution specifying the nature and extent of the deficiency. A failure to correct such condition or conditions to the satisfaction of the board within one year following the notice shall cause the course to be removed from the master list of approved courses on mental health technology. Personnel conducting approved courses shall maintain accurate and current records showing in full the theoretical and practical instruction given to all students.

History: L. 1973, ch. 308, § 7; L. 1983, ch. 207, § 9; L. 1988, ch. 243, § 11; July 1.