

**Agency Mission:** To assure the citizens of Kansas safe and competent practice by nurses and mental health technicians.

**Kansas State Board of Nursing  
Practice Committee Agenda  
September 14, 2021**

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

**Time:** 3:00 p.m. – 4:00 p.m.

**Committee Members:** Rebecca Sander, MSN, RN – Chair  
Adri Gouldsmith, LPN – Vice-Chair  
Andrea Watson, RN, BSN, CCN, CCRP  
Gwendoln Loyd, MBA, MSN, RN  
Jeanne Gerstenkorn, MSN, RN  
Christina Blanton, RN, BSN  
Julie Brown, BSN, RN  
Sharon Morris, MSN, RN

**Staff:** Linda Davies, BSN, RN, Practice Specialist  
Victoria Bond, Administrative Specialist

- I. Call to Order
- II. Review onsite packet
- III. Additions/Revisions to Agenda
- IV. Announcements
- V. Approval of minutes – June 15, 2021
- VI. Unfinished Business
  - 1. Five Year Legislative Review
    - a. K.A.R. 60-3-102 – Duplicate of initial license
    - b. K.A.R. 60-7-102 – Duplicate of initial license (LMHT)
    - c. K.A.R. 60-7-103 – Change of name (LMHT)
- VII. New Business
  - a. Practice Calls and Resources
  - b. NCSBN Scope of Practice Decision Tree
- VIII. Agenda for December 2021 Committee meeting
- IX. Adjournment

**Please Note:** Additional items, which have come to the attention of the Board, 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 committees 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/87260065503?pwd=NINQN2xsRHNqRVhRUkxDTTIwOXRTZz09>

Passcode: KsbnPCComm

Or One tap mobile :

US: +12532158782,,87260065503#,,,\*,7186623841# or +13462487799,,87260065503#,,,\*,7186623841#

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Webinar ID: 872 6006 5503

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## Agency 60

### Kansas State Board of Nursing

#### Article 3.—Requirements for Licensure and Standards of Practice

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**60-3-102. Duplicate of initial license.** When an individual's initial license has been lost or destroyed, a duplicate may be issued by the board upon payment of the fee specified in K.S.A. 65-1118, and amendments thereto. (Authorized by K.S.A. 65-1129; implementing K.S.A. 2015 Supp. 74-1106; effective Jan. 1, 1966; amended Jan. 1, 1972; modified, L. 1975, Ch. 302, Sec. 11, May 1, 1975; amended Nov. 21, 1994; amended April 29, 2016.)

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## Agency 60

### Kansas State Board of Nursing

#### Article 7.—Requirements for Licensure and Standards of Practice

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**60-7-102. Duplicate of initial license.** When an individual's initial license has been lost or destroyed, a duplicate may be issued by the board upon payment of the fee specified in K.S.A. 65-4208, and amendments thereto. (Authorized by K.S.A. 65-4203; implementing K.S.A. 65-4208; modified, L. 1975, Ch. 302, Sec. 9, May 1, 1975; amended April 20, 2001; amended April 29, 2016.)

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## Agency 60

### Kansas State Board of Nursing

#### Article 7.—Requirements for Licensure and Standards of Practice

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**60-7-103. Change of name.** Once an application for licensure has been filed, or a license has been issued, the applicant or licensee shall submit an affidavit indicating a change of name upon forms approved by the board. (Authorized by K.S.A. 65-4201 *et seq.*, K.S.A. 1974 Supp. 74-1106 *et seq.*; effective May 1, 1975.)

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**60-7-103. Change of name.** Once an application for licensure has been filed, or a license has been issued, the applicant or licensee shall submit an affidavit indicating a change of name upon forms approved by the board. The applicant or licensee shall submit the document to the board within 30 days of the change, pursuant to K.S.A. 65-4205 (c)(1)(A), and amendments thereto. (Authorized by K.S.A. 65-4201 *et seq.*, K.S.A. 1974 Supp. 74- 1106 *et seq.*; effective May 1, 1975; amended P-\_\_ .)



# Scope of Nursing Practice Decision-Making Framework

**Karen Ballard, MA, RN, FAAN; Deb Haagenson, BSN, RN; Linda Christiansen, EdD, JD, MSN, RN; Gloria Damgaard, MS, RN, FRE; Judith A. Halstead, PhD, RN, FAAN, ANEF; Ruby R. Jason, MSN, RN, NEA-BC; Jane Clare Joyner, MSN, RN, JD; Ann M. O'Sullivan, MSN, RN, CNE, NE-BC, ANEF; Josephine Silvestre, MSN, RN; Maureen Cahill, MSN, RN, APN-CNS; Beth Radtke, MS; and Maryann Alexander, PhD, RN, FAAN**

In early 2015, the Tri-Council for Nursing, consisting of the American Association of Colleges of Nursing (AACN), the American Nurses Association (ANA), the American Organization of Nurse Executives (AONE), and the National League for Nursing (NLN), in collaboration with the National Council of State Boards of Nursing (NCSBN) determined that a uniform tool (scope of practice decision-tree) was needed. Representatives from the ANA, NLN, and Boards of Nursing, along with NCSBN staff, hat would assist nurses and their employers in determining the responsibilities a nurse can safely perform. Upon examination of these existing algorithms and identification of essential elements, a uniform scope of practice decision-making framework was developed.

**Keywords:** Decision-making tool, nurse practice acts, nursing regulation, scope of nursing practice

Upon graduating from nursing programs, new nurses have a relatively proficient understanding of the interventions, skills, and responsibilities they are able to perform under the purview of their state Nurse Practice Act (NPA). However, at some juncture, a nurse may encounter a situation in which he or she is asked to perform a skill or assume a responsibility that he or she is uncertain about undertaking. This may be because the skill is one that is not traditionally a nursing responsibility, or he or she feels does not feel qualified to perform it safely. How do nurses decide if a responsibility is within their scope of practice?

As nursing knowledge and practice increases, questions about scope of practice emerge and present a quandary for nurses who want to expand their knowledge and skills yet still remain within the boundaries of regulation. To assist nurses and employers with this decision-making process, four major nursing organizations collaborated and developed a scope of practice decision-tree that was developed by an expert panel and vetted by the board of directors of the American Association of Colleges of Nursing (AACN), the American Nurses Association (ANA), the American Organization of Nurse Executives (AONE), and the National League for Nursing (NLN), in collaboration with the National Council of State Boards of Nursing (NCSBN)

The tool could be adopted by state boards of nursing (BONs), used by facilities, and would help nurses determine whether specific activities, interventions or roles are permitted under a nurse's level of education, licensure, and competence, and meet the standards established by the NPA and rules/regulations of each state/jurisdiction.

Members of the expert panel combined their knowledge, reviewed the literature, and methodically examined existing decision-making algorithms utilized by BONs. The algorithms across states/jurisdictions addressed many similar questions; however, some states included specific nuances, such as directing the user to utilize the Cumulative Index of Nursing and Allied Health Literature (CINAHL) to explore current accepted practice if no specific practice decision existed. Some of the algorithms were complex, while a few were straightforward. One algorithm suggested that the chief nurse of an organization may decide what is within the scope of practice of a licensed nurse based on the use of the algorithm.

Upon completion of their review, the panel determined that it was crucial for the scope of nursing practice decision-making framework to be applicable to all activities, interventions, and roles of all licensed nurses without being overly restrictive. Additionally, the panel believed that the framework should be applicable to all types of nurse practice settings. The panel determined the key questions to include in the decision-making framework, as well as specified the targeted population, the context for use, and key definitions. Using this information, a draft decision-making framework was developed and forwarded to the panel for review and comment. The framework (See Figure 1) was reviewed and approved by the Tri-Council in February 2016 and by the NCSBN Board of Directors in July 2016.

## Purpose

Recognizing that nursing practice is continually evolving, this document serves to provide a standardized, decision-making framework

FIGURE 1

## Scope of Nursing Practice Decision-making Framework



for all licensed nurses in all settings with respect to their education, role, function, and accountability within the scope of nursing practice. It will assist nurses, including direct care nurses, in navigating current nursing practice with all of its challenges. As practice transforms, licensed nurses need to communicate any ongoing issues/concerns to their BONs so that regulators can evaluate whether changes to the NPA, rules/regulations, or standards need to be considered.

## Targeted Population

The population for which this framework was devised includes all licensed nurses (LPN/VN, RN, and APRN) at all experience levels (novice to expert) in all practice settings and in all roles such as:

- Direct care nurses
- Nurse managers
- Nurse administrators
- Nurse educators
- Nurse researchers
- Nurse regulators
- Nurse policymakers

## Context for Use

To promote safety of patients, nurses would use this framework to:

- Determine individual accountability for practice decisions
- Communicate with other health care professionals regarding the scope of nursing practice and the nurse's accountability
- Inform health care and other employing organizations about the scope of nursing practice and nursing accountability
- Educate nursing students about their accountability for practice decisions
- Guide professional nursing organizations, and credentialing and regulatory agencies in the formulation of scope and standards of practice, policy, and position statements.

## Key Definitions

The panel determined that the following key definitions are an important part of the decision-making framework:

**Accountability:** The panel is using the ANA's definition of accountability, which states that accountability means "to be answerable to oneself and others for one's own choices, decisions and actions as measured against a standard such as that established by the *Code of Ethics for Nurses with Interpretive Statements*." (American Nurses Association [ANA], 2015, page 41)

Furthermore, the ANA sets forth that "to be accountable, nurses follow a code of ethical conduct that includes moral principles such as fidelity, loyalty, veracity, beneficence, and respect for the dignity, worth, and self-determination of patients, as well as adhering to the scope and standards of nursing practice. Nurses in all roles are accountable for decisions made and actions taken in the course of nursing practice. Systems and technologies that assist in clinical

practice are adjunct to, not replacements for, the nurse's knowledge and skill.

Therefore, nurses are accountable for their practice even in instances of system or technology failure" (ANA, 2015a, page 15-16).

**Appropriate resources:** Appropriate resources means that nurses have the human and material support to perform the activity, intervention, or role safely, including any necessary emergency management.

**Education:** By education, the panel is referring to basic nursing education, advanced nursing education, or professional development to support in the activity, intervention, or role

**Professional nursing standards:** According to the National Federation of Licensed Practice Nurses, "professional nursing standards" refers to a set of standards for the practice of safe and effective nursing care such as *Nursing: Scope and Standards of Practice, Third Edition* (ANA, 2015) and *Nursing Practice Standards for the Licensed Practice/Vocational Nurse* (National Federation of Licensed Practical Nurses, 2003).

**Reasonable and prudent nurse:** The panel defines a "reasonable and prudent nurses" as a nurse who uses good judgment in providing nursing care according to accepted standards and that another nurse with similar education and experience in similar circumstances would provide.

## Conclusion

When the need arises to determine the scope of nursing practice, this decision-making framework should provide guidance to all levels of nurses in all roles and settings. As nursing practice continues to evolve, licensed nurses should refer ongoing practice concerns or questions to their BON so regulators can determine whether revisions to the NPA or rules/regulations should be considered.

## References

- American Nurses Association. (2015). *Code of ethics for nurses with interpretive statements*. Accessed from: [http://nursingworld.org/DocumentVault/Ethics\\_1/Code-of-Ethics-for-Nurses.html](http://nursingworld.org/DocumentVault/Ethics_1/Code-of-Ethics-for-Nurses.html).
- American Nurses Association. (2015). *Nursing: Scope and Standards of Practice*, Third Edition. Silver Spring, Maryland: Nursebooks.org.

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The advisory panel was represented by the following individuals: Karen Ballard, MA, RN, FAAN – ANA; Deb Haagenon, BSN, RN – NCSBN; Linda Christiansen, EdD, JD, MSN, RN – NLN; Gloria Damgaard, MS, RN, FRE – NCSBN; Judith A. Halstead, PhD, RN, FAAN, ANEF – NLN; Ruby R. Jason, MSN, RN, NEA-BC – NCSBN; Jane Clare Joyner, MSN, RN, JD – ANA; Ann M. O'Sullivan, MSN, RN, CNE, NE-BC, ANEF – ANA; Josephine Silvestre, MSN, RN – NCSBN; Maureen Cahill, MSN, RN, APN-CNS – NCSBN; Beth Radtke, MS – NCSBN; Maryann Alexander, PhD, RN, FAAN – NCSBN