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# BORRD OF NURSIN

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1913-2013

# Thoughts from the Executive Administrator...

Quarterly circulation approximately 63,000 to all APRNs, RNs, LPNs and Licensed Mental Health Technicians in Kansas.

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### Hello everyone,

The Board elected new officers at the September 2021 Board meeting. The new officers are: President: Julianna Rieschick, RN, MSN, NEA-BC; Vice-President: Rebecca Sander, MSN, RN; and Secretary: Adri Gouldsmith, LPN. The Board decided the December 13, 14 and 15, 2021 Committee and Board meetings will be held virtually. When the meetings are held virtually, links to listen



**Carol Moreland** 

to the meetings are always included on the agendas. The KSBN Committee and Board meeting is recorded each quarter and the recordings are available on our website: <u>www.ksbn.</u> <u>kansas.gov/2021-agenda-and-minutes</u>.

The extension of the license expiration date due to Executive Orders signed by the Governor ended on August 28, 2021. It is very important for all licensees to know their license expiration date. There is an article in this newsletter

that includes reminders about license expiration dates. As a reminder, you must have completed your approved 30 hours of required continuing nursing education BEFORE you renew your license.

Our agency remains open to the public. Presently masks are required for anyone entering the Landon Office Building, whether vaccinated or not. Most staff continue to telework to decrease the chance of exposure and to ensure the agency can continue their mission in serving the citizens of Kansas. Staff teleworking are available via email and check their email frequently.

We cannot say "**Thank You**" enough to all the licensees who continue to protect and provide care for the citizens of Kansas during this very challenging time with no end date in sight. You are our heroes for all that you do in these very tough situations and unprecedented times.

If you have ideas about information you would like to see in the quarterly newsletter, email them to me at <u>carol.moreland@ks.gov</u>. Thank you for all your continued support during this challenging time.

Carol Moreland, MSN, RN



CHICAGO – NCSBN recognized its dedicated and exceptional membership at a virtual annual awards ceremony on July 29, 2021. This ceremony lauded awardees from both 2020 and 2021.

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Adrian Guerrero, CPM, board staff, Kansas State Board of Nursing, received the Meritorious Service Award, which is granted to a member for significant contributions to the mission and vision of the National Council of State Boards of Nursing (NCSBN). <u>https://</u> www.ncsbn.org/16011.htm

Adrian was also re-elected by the NCSBN membership to serve a second term as the Treasurer of the National Council of State Boards of Nursing on the Board of Directors.

# **Reminders about License Expiration Dates**

<u>K.A.R. 60-3-108</u> states that a license for registered professional nurses and licensed practical nurses shall be renewed according to the following requirements:

- (1) The expiration date of each license shall be the last day of the month in which the licensee's birthday occurs.
- (2) The renewal date of each licensee whose year of birth is an odd-numbered year shall be in each oddnumbered year. The renewal date for each licensee whose year of birth is an even-numbered year shall be in each even numbered year.

An example is: licensee's date of birth: 7/15/1988, the next expiration date is 7/31/2022.

 $\underline{\text{K.A.R.}}$  60-11-113 states advanced practice registered nurse licenses shall be renewed on the same biennial cycle

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as the cycle for the registered professional nurse licensure renewal, as specified in K.A.R. 60-3-108.

If you renewed your license later than the normal expiration date, due to the extension given via the Governor's Executive Orders, this **did not reset** the two-year renewal cycle. Your license will continue to expire on the dates explained above. You should check the licensure verification database on our website to ensure you know the expiration date of your license.

As a reminder, you need to complete 30 hours of approved CNE **before** your license renewal. If you waited until August 28, 2021 to renew your license and you do not have a full two years before renewal, you will have to complete the full 30 hours of approved CNE before your next license renewal.

APRNs must have 30 contact hours of approved CNE in the advanced practice nurse role **<u>before</u>** license renewal.



Julianna Rieschick, RN, MSN, NEA-BC, President 07/01/2017 – 06/30/2025 julianna.rieschick@ks.gov

Rebecca Sander, MSN, RN, Vice President 07/28/2016 – 07/30/2024

Adri Gouldsmith, LPN, Secretary 07/01/2019 – 06/30/2023

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Gita Noble, Public Member 07/01/2018 - 06/30-2022

Jade Ramsdell, Public Member 07/01/2019 – 06/30/2023

**Gwendolyn Loyd, BSN, RN** 07/01/2019 – 06/30/2023

**Andrea Watson, RN** 07/01/2020 – 06/30/2024

**Geovannie Gone, Public Member** 07/01/2020 – 06/30/2024

> **Lori Owens, LPN** 07/01/2021 – 06/30/2025

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# **P** Do You Have A Question?

Is there a question you would like answered in an upcoming newsletter? If so, please email the question to: <u>carol.moreland@ks.gov</u> and state the question is to be answered in an upcoming newsletter. Based on the date we receive it, will determine which newsletter the answer appears in.

Other specializations may be available
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# ADDRESS CHANGE

You can use your user ID and password to change your address online OR send us the change of address in writing. Please submit within 30 days of address change. You may mail your address change to Kansas State Board of Nursing; 900 SW Jackson St, Ste 1051; Topeka, KS 66612-1230. The Address Change form is available at https://ksbn.kansas.gov/forms/.

If you do not have access to a computer please include the following information in your written request:

First and Last Name (please print complete names)

Kansas Nursing License Number(s)

Social Security Number

Old Address and New Address (complete Street Address with Apt #, City, State, and Zip)

Home phone number and Work Phone number

Date the New Address is in Effect

Sign and date your request

We are unable to accept your request to change your address from information delivered over the phone or via an email. All requests must be received in writing and include a signature.

# COMMITTEE INFORMATION

We will no longer be publishing an overview of the KSBN Committee minutes, however they can be found on our website via this link: <u>https://ksbn.kansas.gov/2020-agenda-and-minutes/</u>



Stevens County Healthcare is hiring PRN RNs, LPNs, & CNAs in multiple locations, as well as:

# <section-header>

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# stevenscountyhospital.com



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- Healthcare Administration
- Nursing Education
- MSN-NP (AGPCNP) Healthcare Quality Management

# **Advanced Practice Reminders**

- According to K.S.A. 65-1130 an APRN may prescribe drugs pursuant to a written protocol as authorized by a responsible physician. Each written protocol shall contain a precise and detailed medical plan of care for each classification of disease or injury in which the APRN is authorized to prescribe and shall specify all drugs which may be prescribed by the APRN.
- According to K.S.A. 65-1130 in order to prescribe controlled substances, the APRN shall (1) register with the federal drug enforcement administration; and (2) notify the board of the name and address of the responsible physician or physicians.
- Each APRN that is authorized to prescribe controlled substances via the written agreement with the responsible physician or physicians must submit a Controlled Substance Verification Form to the Board of Nursing. An updated one needs to be submitted if there are changes from the prior one submitted.
- The Controlled Substance Verification Form is submitted electronically after completion. Here is a link to the form on our website: https://ksbn.kansas.gov/controlled\_substance\_ verification/
- You cannot prescribe controlled substances in Kansas until you have obtained a DEA number and submitted a Controlled Substance Verification Form to the Board of Nursing
- National certification is only required for CRNAs in Kansas, not for the other APRN roles. If you are a NP CNS, or Midwife, do not send verification of certification to us as it is not required for licensure or renewal of your license.
- Remember that your national certification and Kansas license renewal dates are not the same. These dates will not coincide! Only renewing your APRN license in our system will change the expiration date.
- RN licensure is only required with APRN licensure if you do not hold a current compact license and you are moving to Kansas. If you are not moving to Kansas and have a compact license in the state which you live in, you only need to apply for the advanced practice license.
- If you are applying for a first-time advanced practice license in Kansas, a new background check is required! It does not matter that you previously submitted fingerprints for your RN license. Fingerprints may not change; however information included in background checks can change any time. A new background check is needed.
- Advanced practice licenses are not tied to the RN license in our licensure system, so if the only license you need to renew is the advanced practice, just choose that license! You can renew anytime 90 days prior to your licensure expiration date.
- The 30 hours of approved continuing nursing education that is required **before** APRN license renewal must be at the advanced practice level per K.A.R. 60-11-103. All CNE accumulated for APRN license renewal shall also be applicable to the renewal of the Kansas registered nurse license.





### **Travel Nurse Frequently Asked Questions**

another NLC state?

6.

#### What is the Nurse Licensure Compact (NLC) and how 1. does it work?

The NLC enables an RN or LPN/VN who has primary state of residence (PSOR) in an NLC state to hold one multistate license which is valid for practice in all NLC states, whether the practice is in person or via telehealth. The NLC does not pertain to the APRN license, therefore, the APRN must obtain a separate license for each state of practice.

### 2. How is primary state of residence (PSOR) defined?

This is the state where you primarily reside as evidenced by your legal documents in that state, such as the state driver's license and state voter registration card. PSOR does not refer to home or property ownership.

### If my PSOR is one of the compact states, does that mean my license in that state is automatically a multistate license?

- No, it does not. You can determine your license status by going to <u>www.nursys.com</u>.
- Use the QuickConfirm feature and type in your information.
- It will display the status of your license as single state or multistate.
- If you find that your license is single state and your PSOR is an NLC state, contact your state board of nursing for instructions on the steps you need to take to convert your license to a multistate license.

### 4. If I do not have a multistate license, but reside in an NLC state which is my PSOR, how do I get a multistate license?

Go to the state board of nursing website and complete the appropriate application.

### 5. If I have a multistate license, is there a time limit for me to practice in other compact states?

If you hold a multistate license and your PSOR is an NLC state, you may practice in any other NLC state without a time limit as long as you maintain your PSOR, i.e., you do not take any actions that would make another state your PSOR.

### 10. What if I have a multistate license, but need to additionally practice in noncompact states? How can I obtain additional licenses?

You may hold as many noncompact state licenses as needed. To obtain each one, visit the respective board of nursing website and complete the application for license by endorsement.

### 11. What if I am a resident of a noncompact state, and need to practice in multiple states?

As a resident of a noncompact state, the NLC's PSOR rules do not pertain to you. Therefore, you may hold as many noncompact state licenses as needed. To obtain each one, visit the respective board of nursing website and complete the application for license by endorsement.

111 E. Wacker Drive, Ste. 2900, Chicago, IL 60601 312.525.3601 www.ncsbn.org/nlc

facebook.com/NurseLicensureCompact



For more information about the NLC, visit **www.ncsbn.org/nlc** or email nursecompact@ncsbn.org.

happen by: Obtaining a state driver's license in the state where you are temporarily practicing due to the driver's license from your PSOR being near the expiration date. We suggest that you renew your home

your home state driver's license online.

What types of actions would change my PSOR

unintentionally while I am practicing temporarily in

A travel nurse practicing on an assignment in another

not to unintentionally change the PSOR. This can

NLC state under the multistate license must be careful

• Registering to vote in the state where you are temporarily practicing due to an upcoming election. We suggest that you vote in your home state by absentee ballot.

state driver's license prior to the assignment or renew

7. I hold a multistate license. Are there any additional steps I need to take to be able to practice in other NLC states that have implemented the NLC?

No. There is no requirement to notify, contact or register with the board of nursing in the state where you are practicing temporarily.

#### What if, as a resident of an NLC state who holds 8. a multistate license, I decide to move and make another NLC state my new PSOR?

In this case, upon moving to the new PSOR, visit the board of nursing website and complete the application for license by endorsement. You may practice in the new state under the former state multistate license until the multistate license in the new PSOR is issued. Once it is issued, the former state license will be made inactive. You may not wait until the former license is about to expire before you apply for the license in the new PSOR.

#### What if my PSOR is an NLC state but I decide to 9. move and my new PSOR is a noncompact state?

- Notify the board of nursing in your former state of your new address in the noncompact state. This changes your multistate license to a single state license.
- If you need a license in the noncompact state, visit the board of nursing website and complete the application for license by endorsement. You may do this prior to moving to the noncompact state.

### 12. How can I or my employer verify which state(s) I have the authority to practice in?

- Go to <u>www.nursys.com</u>, use the QuickConfirm feature and type in your information.
- Click on "Where does this nurse have the authority to practice as an RN or LPN/VN?"
- You will see a personalized map of the states based on the licenses which you hold.

### 13. Where can I find additional resources to help me better understand the NLC?

Visit our toolkit at <u>www.nlc.gov.</u>



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### Background

- The NLC allows a nurse (registered nurses [RNs] and licensed practical/vocational nurses [LPN/VNs]) to have one multistate license in the primary state of residence (the home state) and practice in other compact states (remote states), while subject to each state's practice laws and discipline.
- Lawful practice requires that a nurse be licensed or have the privilege to practice in the state where the patient is located at the time care is directed or service is provided. This pertains to in-person or telehealth practice.
- Nurses holding a multistate license are allowed to practice across state lines in other NLC states. However, a multistate license may be converted to single state license when practice is limited to the home state due to a restriction on the license or some level of disciplinary action.
- Advanced practice registered nurses (APRNs) are not included in this compact. APRNs must apply for APRN licensure in each state in which they practice, unless exempted when employed in a federal facility.

### Employer Confirmation of a Nurse's Licensure Status

- Employers can confirm a nurse's license and receive a Nursys QuickConfirm report at <u>www.nursys.com</u> at no cost. The report will contain the nurse's name, jurisdiction, license type, license number, compact status, license status, expiration date, discipline against license and discipline against privilege to practice.
   Employers can also view an individualized authorization to practice map which displays the states where a nurse can legally practice.
- All NLC states provide licensure and discipline data to Nursys<sup>®</sup> directly from the board of nursing (BON) licensure systems. Nursys is primary source equivalent.
- To confirm APRN and temporary licenses, visit the issuing BON website. A temporary license issued by a compact state is valid in that state only and does not carry multistate status.

### Moving to Another State

### Noncompact to Compact:

 The nurse is responsible for applying for licensure by endorsement in the new state of residence. The nurse may apply before or after the move. A multistate license may be issued if residency and eligibility requirements are met. If the nurse holds a single state license issued by the noncompact state, it is not affected.

#### Compact to Noncompact:

 The nurse is responsible for applying for licensure by endorsement in the new state of residence. The nurse may apply before or after the move. The multistate license of the former NLC state is changed to a single state license upon changing legal residency to a noncompact state. The nurse is responsible for notifying the board of nursing (BON) in the former NLC state of the new address.

#### Compact to Compact:

• When moving (changing primary state of legal residence) to a new NLC state, it is the nurse's responsibility to apply for licensure by endorsement. This should be completed upon moving and the nurse should not delay. There is not a 90 day grace period. The nurse may practice on the former home state license until the multistate license in the new NLC home state is issued. Proof of residency such as a driver's license may be required. Upon issuance of a new multistate license, the former license is inactivated.

### **Licensure and Privileges**

• A nurse licensed in a compact state must meet the uniform licensure requirements in the primary state of residence (home state). When practicing on a privilege in a remote state, the nurse is accountable for complying with the nurse practice act of that state.

What Nurse Employers Need to Know

- A single state license may be issued to an applicant residing in a noncompact state. A license issued by a noncompact state is valid only in that state.
- The NLC permits a nurse to hold one active multistate license issued by the primary state of residence.
- When a nurse is hired in a remote state for a temporary position or commutes to the remote state from the primary state of residence (usually an adjacent state), employers cannot require the nurse to apply for licensure in the remote state when the nurse has lawfully declared another state as the primary state of residence. This is based on where the nurse pays federal income tax, votes or holds a driver's license. The BON cannot issue a license to a nurse who has declared another compact state as the primary state of residence unless the nurse doesn't meet the multistate license requirements and is limited to a single state license.

### Discipline

- It's the responsibility of the nurse to notify the employer of any action taken by the BON against his or her license.
- Under most circumstances, when a license is disciplined, multistate privileges are removed, restricting the nurses' practice to the home state.
- Employers may register their nursing workforce in e-Notify at <u>nursys.com</u> at no cost. Employers will receive e-notifications of disciplinary action taken on any license the nurse holds in the U.S.

### Definitions

- Compact: An interstate agreement between two or more states established for the purpose of remedying a particular problem of multistate concern. (Black's Law Dictionary)
- Compact State: Any state that has adopted the NLC.
- Home State: The compact state that serves as the nurse's primary state of residence.
- Remote State: A compact state other than the home state where the patient is located at the time nursing care is provided or, in the case of the practice of nursing not involving a patient, a compact state where the recipient of nursing practice is located.
- Primary State of Residence (PSOR): The state (also known as the home state) in which a nurse declares a primary residence for legal purposes. Sources used to verify a nurse's primary residence may include driver's license, federal income tax return or voter registration.
   PSOR refers to legal residency status and does not pertain to home or property ownership. Only one state can be identified as the primary state of legal residence for NLC purposes.
- Nursys: This database (www.nursys.com) provides licensure and disciplinary information of all RNs and LPN/VNs, as contributed by compact states. The public can access Nursys for free to look up a nurse's license and discipline status.
- Privilege to Practice: Current, official authority from a

# EDUCATION CORNER

# Approval vs. Accreditation – Not Interchangeable in Kansas

Approval of nursing programs by the state regulatory body is an integral part of the state nursing licensure process because it assures regulatory standards are met. National nursing accreditation, on the other hand, assesses the quality of nursing programs from a national perspective. (NSCBN.org or https://www.ncsbn.org/education.htm)

Many people in the general public, as well as in nursing, are not aware that "approval" and "accredited" are not interchangeable words in terms of Kansas nursing licensure. In many states, including Kansas, nursing licensure is a "2-pronged" model. A person must 1) graduate from a board-approved nursing program, and 2) they must pass a national nurse licensing exam (NCLEX). In order for nursing graduates to be eligible to take the national licensure exam (NCLEX), they must "show evidence" of graduating from a state board approved nursing program.

In 23 (of 53) U.S. states and territories that have nursing programs, national accreditation is mandated by regulatory boards in order for a nursing program to be approved in that state. In Kansas, national accreditation is currently required only for advanced practice nursing programs. Most undergraduate RN level programs in Kansas also have national accreditation but not because of a state board requirement. Most undergraduate programs are nationally accredited so that their graduates can move on to higher level nursing education programs which may require the accreditation acceptance into a graduate level nursing program.

All approved nursing programs in Kansas are listed on the KSBN website at <u>https://ksbn.kansas.gov/wp-content/</u> <u>uploads/Education/Prelicensure-Programs.pdf</u>. Programs listed as "Approved" or "conditionally approved" are all considered as approved programs. Programs are listed by school and type of program and will list in each section if they are board-approved only or if they also have national nursing accreditation. If nationally accredited, it will also list which organization they are accredited with. For any questions regarding approval or accreditation of Kansas nursing programs, you may contact the Nursing Education Compliance Officer at KSBN.



remote state permitting the practice of nursing as either an RN or an LPN/VN in such party state. All party states have the authority, in accordance with existing state due process law, to take actions against the nurse's privilege, such as: revocation, suspension, probation or any other action which affects a nurse's authorization to practice.



For more information about the NLC, visit www.ncsbn.org/nlc or email nursecompact@ncsbn.org.

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# **UNIVERSITY** of SAINT MARY

# 

# **Scope of Nursing Practice Decision-Making Framework**

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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, that 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.

### Decision-Making Framework continued on page 8





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### Decision-Making Framework continued from page 7

Upon completion of their review, the panel determined that it was crucial for the scope of nursing practice decisionmaking 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, decisionmaking 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

### FIGURE 1

Scope of Nursing Practice Decision-making Framework





# Building Blocks child care center



YES	_	
Would a reasonable and prudent nurse perform the activity, intervention, or role in this setting?	NO	STOP
YES		
Is the nurse prepared to accept accountability for the activity, intervention, or role and for the related outcomes?	NO	STOP
YES		
The nurse may perform the activity, intervention, or role to acceptable and prevailing standards of safe	nursing ca	are

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.

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# A Culture of Safety vs A Culture of Silence

The mission of the Kansas State Board of Nursing (KSBN) is to assure the citizens of Kansas safe and competent practice by nurses and mental health technicians. The review of allegations of unprofessional conduct reported to KSBN is one way the board fulfills its mission. Complaint forms are found online at <u>https://ksbn.kansas.gov/wp-content/uploads/2019/10/</u> <u>ComplaintForm.pdf</u>.

The nurse response to the pandemic was in typical fashion of what nurses do: meet the patient where they are, advocate, educate and support them in their pursuit of better health. During these times, nursing roles saw change and encountered resistance from policy makers to the public. The uncertainty that resulted contributes to an increased stress level for any nurse, in any role.

Nurses continue to be the most trusted of all professions and were hailed as Hero's in May 2020 even while a new virus took root in the population. Nurses rose to the challenge to be on the front lines to head off a viral attack on mankind. But at what cost? A year later, healthcare is still trying to understand the virus, still trying to educate the population, and yet the nurse, still cares for the patient, still protects the patient, and still provides safe competent care. Throughout all this, nurses prevailed - amongst shortages of PPE, to becoming the patient's sole source of human contact, to crying while their patients passed alone. Nurses were drafted to this global war against an unknown virus where many labeled the mask as the enemy. For nurses, masks are our friend, not our foe, our protector, our shield. The cost of human suffering and death is tabulated and reported in case counts and death rates. The toll on the nurse's mental health is the next unknown.

"Nurses are a unique kind. They have this insatiable need to care for others, which is both their greatest strength and fatal flaw." – Jean Watson, nurse

What can nurses do to help reconnect the mind, body, and spirit in a positive way? The American Psychiatric Nurses Association offer some suggestions:

- 1. Schedule time for yourself
- 2. Take up a hobby
- 3. Unplug
- 4. Practice positive self-talk
- 5. Say No
- 6. Say yes to family, friends
- 7. Exercise, Yoga, Meditation
- 8. Review your nutritional intake
- 9. Physical activity: get outdoors
- 10. During work take your break, walk the stairs
- 11. Get a massage, pedicure, manicure

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12. Ensure you get enough ZZZZ (sleep)

Even with the above ways to care for oneself, nurses are human and still fall. Sometimes, self-care takes the form of self-medicating with drugs and/or alcohol. An underlying mental health component is often associated with a substance use disorder or misuse (Nobiling & Maykrantz, 2017). According to the American Society of Addiction Medicine, "Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences" (ASAM, 2019). According to the Joint Commission (2019), about 10% of healthcare employees have some level of a substance use disorder, and rates of substance use disorder in nurses mirror national averages (Foli, et al., 2020; Mumba and Kraemer, 2019).

Unprofessional conduct, including impairment and drug diversion, are not uniformly reported to KSBN. Nurses reporting on nurses, or even other healthcare team members, is not the norm. The study Silence Kills: Seven Crucial Conversations for Healthcare, "showed that a majority of healthcare workers regularly see colleagues take dangerous shortcuts, make mistakes, fail to offer support, or appear critically incompetent" and yet only 10% of these instances are reported (Fowler, 2015, p 106). Factors contributing to the failure to report impairment range from stigma, fear of reprisal, and uncertainty as to what constitutes impairment and how to report. Nurses too, think they can control their addiction. (Gala, et al, 2016). The underreporting does not allow for the system to be analyzed at the depth it requires to facilitate change to ensure a culture of safety for all.

"Uncovering questionable practice serves not only patient safety, but also the integrity of the profession, and more broadly the social institution of health care" (Fowler, 2015, p 53) Let us not be silent, rather continue to be resilient and wanting the best for our patients and our peers. Reporting of incompetence or impairment occurs when we emphasize safety over silence.

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How do you know when to report? Research indicates that mental health issues and substance abuse issues affect nearly 20% of all nurses. Burnout and stress can impact nurses on a significant level leading to many concerning behaviors. Some issues can include narcotic discrepancies such as incorrect counts, changes in work performance, frequent call-outs, increased isolation, frequent mood swings, irritability, staggering gait, slurred speech, decreased attention, mental health issues, and/or complaints from others about a nurse's work performance.

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**How can KNAP help?** Below are a few of the many success stories from current KNAP participants:

"I am a 56-year-old female and a participant of the KNAP program. I self-reported to the program after failing a drug screen at work. The staff has supported me from the beginning and have always been there to answer any questions or concerns that I may have. KNAP has given me the structure and resources that I have needed to make my story and recovery a success." -RN

"I will never forget the day I called KNAP. I was broken and lost, desperately needing help. I can never truly express the magnitude of how grateful I am for this program. Instead of being tossed aside, the team at KNAP scooped me up with understanding and guidance. Thru the program I have gained sobriety, an AA support system, continued guidance from the KNAP team, and a strong belief in myself. Thank you for giving me a second chance to live." -RN

# **RECOVERY IS POSSIBLE.**

For any additional questions or to learn more about KNAP, feel free to contact us at (913)-236-7575.

### www.KSnurseassistance.org



# Together, we're unstoppable.

Centura Health is a non-profit, Christian-based connected community of caregivers on a mission to change the world around us, one whole person and healthy neighborhood at a time. We are individually inspired and collectively driven to care for each other, our patients and our neighbors. We are the power of one, amplified by thousand, and we are unstoppable.

# Join our incredible team throughout Colorado and western Kansas! You may be eligible for a \$15,000 sign-on bonus!

We are currently hiring for Staff RNs and Leadership roles! Centura Health is proud to announce a \$66 million investment in our associates to ensure everyone receives a fair, just and livable wage. In response to the current pandemic, housing costs, living expenses, a rapidly evolving employment landscape and an extremely competitive job market, we are significantly invested in wages for our incredible people. Learn more and apply at: centura.org/careers.

We are currently hiring for our Winter Nurse Residency Programs in Colorado and Kansas! We offer multiple programs for newly licensed and experienced nurses to support your career journey! Apply by November 15, 2021, to be eligible to start on February 21, 2022. Learn more and apply at:



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### ANSAS URGERY & ECOVERY

# JOIN OUR TEAM

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*OR* — *Registered Nurse*: Full-time position, Monday through Friday, Four 10-hour shifts with a rotating day off. Applicants must have at least one year circulating experience in either hospital or surgery facility setting with emphasis in orthopedic cases. BLS certification required and ACLS certification preferred.

www.centura.org/nurseresidency



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Inpatient Unit – Registered Nurse: Full-time position, Day Shift available 7am-7pm, Three 12-hour shifts per week; 2-3 weekend shifts per month. Applicants must have a minimum of one-year hospital critical care experience, BLS certification required and ACLS certification preferred.

Inpatient Unit — Registered Nurse: Full-time position, Night Shift available 7pm-7am, Three 12-hour shifts per week; 2-3 weekend shifts per month. Applicants must have a minimum of one-year hospital critical care experience, BLS certification required and ACLS certification preferred.

Apply Today!

https://kansas.surgery/employment



# A Day in the Life of a Nurse Investigator

The nursing profession allows for a multitude of areas for a nurse to find their niche. Nurses generally care for an assigned workload during their shift and do their due diligence to provide safe, competent, and compassionate care to their patients. They then go home and may or may not see the same patients on their next shift. This nurse protects the individual patient.

The Board of Nursing is a regulatory agency, overseen by the Executive branch of government. The Kansas Nurse Practice Act (KNPA) is the law that governs nursing practice in the state of Kansas. It defines licensing requirements, continuing nurse education, and unprofessional conduct. Many nurses have a basic idea that a KNPA exists, but probably could not tell you where to find it. (Here's a hint: <u>https://ksbn.kansas.gov/npa/</u>). The Investigative Division reviews allegations of misconduct, including drug diversion and impairment, gathers the facts of a case and presents to the Board for further action. Violations to the KNPA are reported to the KSBN through complaints from employers, nurses, family, patients, and the public and are grouped into categories and prioritized for investigation: practice-related (breakdown of errors), drug related (diversion and impairment), violation of boundaries, sexual misconduct, abuse, and fraud. In this way, the regulatory agency safeguards the nursing profession and protects the public.

A nurse investigator is an area of nursing that is unique in its design. The nurse investigator's function is to objectively gather the facts relating to an allegation of misconduct. The nurse investigator must have an unencumbered license. They must be impartial, fair, and unbiased. They need to demonstrate an ability to critically think through a process. They often work independently to review court records, medical records, pharmaceutical audits, employment records and are also part of a team where they may collaborate with other agencies or law enforcement. Therefore, they are patient yet firm, organized, detail oriented, respectful, knowledgeable yet inquisitive, a rule-follower, a good communicator in both oral and written, trustworthy, an educator, and an advocate for safe nursing practice in the state of Kansas. The investigator is expected to keep up to date with new medical technology, medications, and changes in practice standards. The nurse investigator protects all patients.

If you are interested in more information about the RN Investigator position, please check the following link: <u>https://ksbn.kansas.gov/employment/</u>.

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# CNE CORNER

When choosing your continuing nursing education courses, it is important that you are familiar with the various abbreviations or terms you will run across:

- **CNE = Continuing Nursing Education**
- o Appropriate phrase in relation to continuing nursing education
- o 1 CNE contact hour = 50 minute of learning
- CE = Continuing Education
  - o May be used to reference general continuing education for many different professions, rather than specific to nursing
- CEU = Continuing Education Units
  - o May be used to reference general continuing education for many different professions, rather than specific to nursing
  - o 1 CEU = 10 contact hours, however calculation is not standardized across all professions
- CME = Continuing Medical Education
  - o Not an acceptable for any licensure requirement in KS, unless approved through the IOA process

Definition of CNE: K.S.A 65-1117 (a) Continuing nursing education means learning experiences intended to build upon the educational and experiential bases of the registered professional and licensed practical nurse for the enhancement of practice, education, administration, research or theory development to the end of improving the health of the public.



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EOE / DFWP

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- Better Together We are part of the LMH team that works together to achieve excellence.
- Speak Up We embrace a transparent culture of open, respectful communication where ideas are valued and solutions are created.
- Innovate! We actively explore new ideas and approach change with agility and an open mind.
- Own It/Solve It We hold ourselves accountable for our actions and we collaborate for solutions.
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At LMH Health we value inclusion and diversity. We are an equal opportunity employer and encourage all to apply. Employment is decided on the basis of experience and qualifications that meet the business need.



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