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

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INDEX

Reminders about License Expiration Dates.	2
Board Members	2
Nurse Statistics	2
Revisions to the Undergraduate Education Regulations	3
Advanced Practice Reminders	
Travel Nurse FAQ's	4-5
How to Contact Us	
DID YOU KNOW?	7
Discipline Cases	8
Education Corner	
CNE Corner	9
Scope of Nursing Practice Decision-Making Framework	10-12
Kansas Nurse Assistance Program	13
CNE Offerings	14

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Thoughts from the Executive Administrator ...

Tewslet

Hello everyone,

We along with everyone else, hoped that a new year would bring the end to the COVID-19 pandemic. However, each day brings news of healthcare being stretched more and healthcare providers are exhausted, frustrated, and sick themselves. Based on the fact the COVID-19 numbers are increasing, the Board decided the March 28, 29 & 30, 2022 Committee and Board



Carol Moreland

meetings will be held virtually. When the meetings are held virtually, links to listen 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: www.ksbn.kansas.gov/2021-agenda-and-minutes. The Board reviewed the FY 21 Annual Report and is available on our website: https://ksbn.kansas.gov/annual-report/

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, to ensure the agency can continue their mission in serving the citizens of Kansas, and to do our part by not having sick staff seeking healthcare at a time when the healthcare facilities are overwhelmed with sick people and not enough staff or beds. Staff teleworking are available via email and check their email frequently. Be sure to visit our website frequently to see if there are any changes due to Executive Orders or new legislation related to the response to COVID-19. Any changes are typically placed on a scroller on our website.

The Official Publication of the

Kansas State Board of Nursing

Do you know your license expiration date? 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.

We continue to realize we cannot say "**Thank You**" enough to all the licensees who 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. We are grateful for your dedication to the nursing profession.

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

The Kansas Board of Pharmacy has approved a temporary, limited pharmacy technician registration for nurses.



current resident or

Guidance is available in our <u>COVID-19</u> memo (page 5).

These limited pharmacy technicians will be authorized to provide immunizations in pharmacies under the direct supervision of a pharmacist in accordance with the Federal PREP Act. No other pharmacy technician functions will be authorized. The registration will be valid through April 30, 2022 but will be reevaluated for continuation by the Board of Pharmacy at the April 6, 2022 meeting. Limited pharmacy technicians must complete all immunization education and training required by the Federal PREP Act prior to providing immunizations in the pharmacy. Applicants must meet the following criteria:

- Applicant must be registered and in good standing with the Kansas Board of Nursing in a role authorized by Kansas law to administer immunizations (i.e., RN, LPN, APRN).
- Applicant must complete and submit pages 3-5 of the <u>LA-14 application</u> to the Board. No fee or fingerprints are required.
- Applicant must provide a copy of their driver's license or valid government-issued photo ID.
- Applicant must provide a cover letter with the application indicating their request for a limited pharmacy technician registration for COVID-19 immunizations and provide their Kansas Board of Nursing registration number.

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.

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 **before** license renewal.

NURSE STATISTICS

Total

41,935

11,333

8,192

1,296

1,241

6,111

56

91

411

70,666

License Type

Registered Nurse - Single-State

Registered Nurse - Multi-State

Registered Nurse Anesthetist

Nurse Practitioner

Clinical Nurse Specialist

Nurse Midwife

Total

Licensed Practical Nurse - Single-State

Licensed Practical Nurse - Multi-State

Licensed Mental Health Technician



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

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Revisions to the Undergraduate Education Regulations

The undergraduate education regulations (K.A.R. 60-1-102, 60-1-1-4, 60-2-101, 60-2-102, 60-2-103, 60-2-104, 60-2-105, 60-2-106, 60-2-107, and 60-2-108) have been revised and the following is an overview of the changes that were effective on 1/1/2022. The revised regulations are included in the January 2022 Nurse Practice Act located on our website: https://ksbn.kansas. gov/npa/

K.A.R. 60-1-102 Approval procedure. Language added to state each institution wanting to establish a nursing program shall notify the board and provide any information that the board requires to establish satisfactory proof that the institution will maintain the standards and curriculum of an approved nursing program and provide general education courses required for admission to the nursing program.

K.A.R. 60-1-104 Definitions. Language has been added for definitions of bilevel program, conditional approval, debriefing, nursing program administrator, one-plus-one program, online or distance learning, PN exit option, program evaluation plan, survey or site visit, and student learning outcomes. The following definitions were removed: converted nursing education program, distance learning, and work study.

K.A.R. 60-2-101 Requirements for initial approval. Language has been added that states a nursing program administrator shall have oversight of the nursing program. Any applicant with an existing nursing program must submit the following: the nursing program outcomes and any nursing program outcomes not meeting the stated benchmark. If there are any outcomes not meeting the stated benchmark, a new nursing program shall not be approved. During an initial survey, a nursing program evaluation plan that addresses compliance with the nurse practice act and board regulations must be available.

K.A.R. 60-2-102 Reapproval requirements. Language has been changed to state the annual first-time licensure exam pass rates should be at 80%. If the nursing program has an annual pass rate of less than 80 percent for one year, the nursing program shall receive a written notice of concern from the board. If the nursing program has an annual pass rate of less than 80 percent for two consecutive years, the program may receive a survey for evaluation and recommendation and be placed on conditional approval. If the nursing program has an annual pass rate of less than 80 percent for three consecutive years for first-time candidates, the nursing program may be directed by the board to cease admissions. If the nursing program fails to meet the requirements for approval within the designated period of time, the nursing program shall be provided notice stating the deficiencies and the opportunity for a hearing, if requested, within 60 days from the date

of service of the notice. If no hearing is requested timely, the nursing program shall be removed from the list of approved schools.

K.A.R. 60-2-103 Nursing program faculty and preceptor gualifications. Language was removed from this regulation relating to the nursing program administrator and added to K.A.R. 60-1-104.

K.A.R. 60-2-104 Curriculum requirements. Language was added that each practical nursing program shall provide instruction and clinical learning experience in intravenous fluid therapy, including, at a minimum, didactic, supervised laboratory or supervised clinical practice as specified in K.A.R. 60-16-104. The language for the requirements of a program evaluation plan was removed as that language was added to K.A.R. 60-1-104.

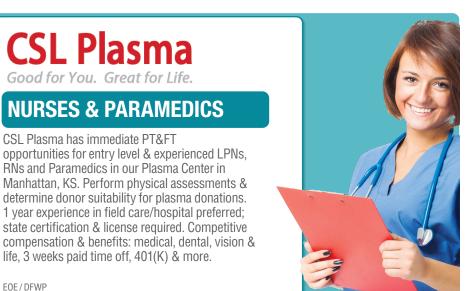
K.A.R. 60-2-105 Clinical resources. Language was changed to reflect clinical observational experiences must have a maximum of a 1:10 faculty-to-student ratio during the clinical learning experience. Language was added that simulation experiences shall constitute no more than 50 percent of the total hours for the clinical course.

K.A.R. 60-2-106 Educational facilities. Language was added to provide the same services to online or distance learning students as available to in-person students.

K.A.R. 60-2-107 Student policies. Language was added to clarify the nursing program shall have a clearly defined written student policy for the difference between the student role and the employee role. Language was changed to state the nursing program shall have a written policy providing information to all students regarding licensure disqualifications pursuant to K.S.A. 65-1120 and amendments thereto. This information shall be provided to each student before admission to the nursing program.

K.A.R. 60-2-108 Reports. Language was added for the annual report to include hiring, retention and separation faculty statistics. Language was added to include in the annual report any plans for the future, including proposed changes to the nursing program, the total number of library holdings and number of holdings regarding nursing. Language was added to include in the annual report a list of the theory courses and the clinical courses in the curriculum. Statistics for each clinical course shall be reported that include the following: total number of hours, total number of clinical observation experience hours, total number of precepted hours, and the total number of simulation experience hours. Language was added that if a nursing program fails to meet the requirements of the board or to submit required reports within a designated period of time, the nursing program shall be notified and given the opportunity for a hearing regarding the board's intent to remove the nursing program from the list of approved nursing program.





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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

1. What is the Nurse Licensure Compact (NLC) and how 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.

3. 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 www.nursys.com.
- Use the QuickConfirm feature and type in your information
- It will display the status of your license as single state or 8. What if, as a resident of an NLC state who holds 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.

If I have a multistate license, is there a time limit for 5. 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.

6. What types of actions would change my PSOR unintentionally while I am practicing temporarily in another NLC state?

- A travel nurse practicing on an assignment in another NLC state under the multistate license must be careful not to unintentionally change the PSOR. This can 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 state driver's license prior to the assignment or renew your home state driver's license online.
- 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.

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.

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.

9. What if my PSOR is an NLC state but I decide to 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 www.nursys.com, 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>

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

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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[®] 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 remote state permitting the practice of nursing as either an RN or an LPN/VN in such party state. All party states

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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.





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

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DID YOU KNOW? Use of Social Media and the Licensee

Relevant statutes and regulations in the Kansas Nurse Practice Act and the Kansas Licensed Mental Health **Technician Act**

K.A.R. 60-3-110(j):

Violating the confidentiality of information or knowledge concerning any patient is considered unprofessional conduct by a nurse;

K.A.R. 60-7-106(j):

Violating the confidentiality of information or knowledge concerning any patient is considered unprofessional conduct by a licensed mental health technician.

Resources to review:

- Review the ANA's principles of using social media as well as many other resources in its Principles of Social Networking and the Nurse.
 - o The ANA's Six Tips to Avoid Problems with Social Media:
 - Remember that standards of professionalism are the same online as in any other circumstances;
 - Do not share or post information or photos gained through the nurse-patient relationship;
 - Maintain professional boundaries in the use of electronic media. Online contact with patients blurs this boundary.
 - Do not make disparaging remarks about patients, employers or co-workers, even if they're not identified;
 - Do not take photos or videos of patients on personal devices, including cell phones;
 - Promptly report a breach of confidentiality or privacy.

Source: The American Nurse Association

The NCSBN Social Media Guidelines, which includes a video, Social Media Guidelines for Nurses. https://www.youtube.com/watch?v=i9FBEiZRnmo

DID YOU KNOW?

Licensees are required to notify KSBN within 30 days of a change of name, address and conviction. Licensees can access "My Portal" on the KSBN website https://ksbn. kansas.gov to update their address.

Licensees can access the "Name Change" form on the KSBN home page or through https://ksbn.kansas.gov/forms/ under the Miscellaneous Licensing tab:

- Address Change Form
- Change of Name Certificate



Relevant statutes and regulations in the Kansas Nurse Practice Act and the Kansas Mental Health **Technician Act**

K.S.A. 65-1117 (c) (1): Each licensee shall notify the board in writing of (A) a change in name or address within 30 days of the change or (B) a conviction of any felony or misdemeanor, that is specified in rules and regulations adopted by the board, within 30 days from the date the conviction becomes final.

(2) As used in this subsection, "conviction" means a final conviction without regard to whether the sentence was suspended or probation granted after such conviction. Also, for the purposes of this subsection, a forfeiture of bail, bond or collateral deposited to secure a defendant's appearance in court, which forfeiture has not been vacated, shall be equivalent to a conviction. Failure to so notify the board shall not constitute a defense in an action relating to failure to renew a license, nor shall it constitute a defense in any other proceeding.

K.S.A. 65-4205 (c) (1): Each licensee shall notify the board in writing of (A) a change in name or address within 30 days of the change or (B) a conviction of any felony or misdemeanor, that is specified in rules and regulations adopted by the board, within 30 days from the date the conviction becomes final.

(2) As used in this subsection, "conviction" means a final conviction without regard to whether the sentence was suspended or probation granted after such conviction. Also, for the purposes of this subsection, a forfeiture of bail, bond or collateral deposited to secure a defendant's appearance in court, which forfeiture has not been vacated, shall be equivalent to a conviction. Failure to so notify the board shall not constitute a defense in an action relating to failure to renew a license, nor shall it constitute a defense in any other proceeding.

K.A.R. 60-3-113:

Reporting of certain misdemeanor convictions by the licensee. Pursuant to K.S.A. 65-1117 and amendments thereto, each licensee shall report to the board any misdemeanor conviction for any of the following substances or types of conduct, within 30 days from the date the conviction becomes final:

- (a) Alcohol;
- (b) any drugs;
- (c) deceit;
- (d) dishonesty;
- (e) endangerment of a child or vulnerable adult;
- (f) falsification;
- (g) fraud;
- (h) misrepresentation;
- (i) physical, emotional, financial, or sexual exploitation of a child or vulnerable adult;
- physical or verbal abuse;
- (k) theft;
- (I) violation of a protection from abuse order or protection from stalking order; or
- (m) any action arising out of a violation of any state or federal regulation. (Authorized by K.S.A. 2015 Supp. 65-1117 and K.S.A. 65-1129; implementing K.S.A. 2015 Supp. 65-1117; effective Nov. 7, 2008; amended April 29, 2016.)



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DISCIPLINE CASES

Mollie Langerman Salina, KS 67401 License # 23-48274-081 Case # 2021-611-0 CNE 11/10/2021

Melissa Muniz El Paso, TX 79938 License # 24-40905-021 Case # 17-726-0 Denied 11/10/2021

Sonya Hammonds

Council Grove, KS 66846 License # 23-48595-051 Case # 18-2001-3 Suspended 11/17/2021

Dylan Delaney

Kansas City, KS 66106 License # 23-49846-032 Case # 19-852-7 Suspended 11/17/2021

Caitlin Connors

Kansas City, MO 64119 License # 24-46294-122 Case # 2021-13-0 Suspended 11/17/2021

Jeffrey Hunter Augusta, KS 67010 License # 13-92643-092 Case # 2021-547-6 CNE 11/17/2021

Mark Giles

Lawrence, KS 66047 License # 13-111029-111 Case # 10-034-5 Suspended 11/24/2021

Danielle Fischer

Fort Scott, KS 66701 License # 13-112577-081 Case # 2021-613-6 KNAP 11/29/2021

Crystal Belt

Kingston, TN 37763 License # 23-47043-102 Case # 16-636-8 Revoked 12/29/2021

Moniece Davis

Kansas City, MO 64138 License # 24-43128-041 Case # 2021-466-0 Suspended 1/7/2022

Genevieve Easterling

Chalmette, LA 70043 License # 24-43717-102 Case # 2021-736-0 KNPA 1/7/2022

Shannon Reece

Wichita, KS 67213 License # 13-107748-092 Case # 2021-724-5 Suspended 1/11/2022

Khouri Jackson

Kansas City, MO 64127 License # 14-147956-061 Case # 2021-464-0 Suspended 1/12/2022

Diana Legron

McPherson, KS 67460 License # 23-37838-102 Case # 19-1255-3 Revoked 1/12/2022

EDUCATION CORNER

Advanced Practice Nursing Education – What is Acceptable in Kansas?

One of the most frequently asked questions received by the Education Dept. pertains to advanced practice nursing education. The question is "does Kansas approve [this] nursing program for advanced practice licensure?" Most of the time "this" refers to an out-of-state and /or online nursing program.

In Kansas, the Board of Nursing does not regulate out-of-state, or distance learning programs based out-of-state, for graduate education. This means that only Kansas approved schools are pre-determined to meet curriculum requirements for licensure in the state of Kansas. If one is assessing schools to attend for advanced practice nursing, there are a couple of good things to know – one is, what are the requirements for Kansas licensure, and two, does the school I want to attend meet those requirements?

Regarding the first question, curriculum requirements for advanced practice licensure can be found in the KNPA in regulation K.A.R. 60-17-105. In brief, each program shall:

- have at least 45 semester credit hours in the program
- have a minimum of three (3) credit hours each for 1) Advanced Pharmacology,
 2) Advanced Pathophysiology, and 3) Advanced Health Assessment
- have curriculum that includes:
- o Role alignment for the advanced practice nurse
- o Role of the advanced practice nurse regarding the role for which the program provides instruction (NP, RNA, CNS, NM)
- o Healthcare delivery system
- o Ethical and legal implications of advanced nursing practice
- Have a minimum of 500 clinical hours in each clinical track, and
- Program must have national nursing accreditation (per Kansas statute K.S.A. 65-1133)

In July 2020, the U.S. Department of Education implemented a new regulation, 34 CFR 668.43 (a)(5)(v), that professional nursing programs (including APRN) must adhere to if they participate in Title IV HEA funding, and if the program is designed to meet educational requirements for a specific professional license or certification required for employment in an occupation [like nursing] or is advertised as meeting such requirements. The new regulation applies to all programs whether they are online, in-person, or a combination of both, and requires the nursing program to provide information to all students regarding which states they meet curriculum educational requirements for, or if the school has not made a determination about whether the curriculum meets a state's educational requirements. If they do not meet the requirements or it has not been determined if they meet the requirements, the school must provide a direct disclosure to the student in writing.

All Kansas approved graduate nursing programs leading to advanced licensure are listed on the KSBN website at <u>https://ksbn.kansas.gov/wp-content/uploads/Education/</u><u>Graduate-Approved-Kansas-Nursing-Schools.pdf</u>. Programs are listed by school and the type(s) of advanced practice programs offered. In Kansas, all graduate programs for APRN licensure must have national nursing accreditation.

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CNE CORNER





CNE Guidelines for Advanced Practice Nurses

60-11-113(b) reads "On and after January 1, 2013, each individual renewing a license shall have completed the required 30 contact hours of approved continuing nursing education (CNE) related to the **advanced practice role** during the most recent prior license period. Proof of completion of 30 contact hours of approved CNE in the advanced practice nurse role may be requested by the board."

Compare the course learning objectives/outcomes for any course you are considering with the definition of Continuing Nursing Education: Continuing nursing education means a learning experience intended to build upon the educational and experiential bases of the advanced practice nurse for the enhancement of practice, education, administration, research or theory development to the end of improving the health of the public.

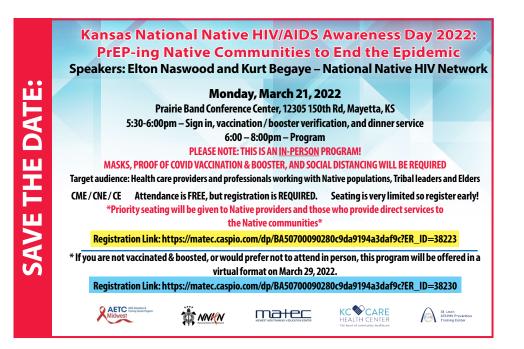
- Is the course designed to provide new knowledge or enhance current knowledge and/or skills in your advanced practice role, to assist you in improving the health of the public?
- Is the course designed to provide you with the skills and/or knowledge to provide innovative changes supported by research and theory within your advanced practice role, to assist you in improving the health of the public?
- Is the course designed to provide you with new and developing standards of practice within your advanced practice role, to assist you in improving the health of the public?
- Is the course designed to assist you within your role by advancing your clinical decision making skills, to assist you in improving the health of the public?

If the course learning objectives meet the above criteria, then the offering is appropriate for advance practice continuing nursing education.

PLEASE NOTE:

• All college courses must be submitted and approved by the Individual Offering Approval (IOA) process, prior to renewal of license.

- CME's are continuing medical education (not continuing nursing education) and must be submitted and approved by the Individual Offering Approval (IOA) process, prior to renewal of license.
- If the CNE certificate of completion does not clearly indicate being approved for advanced practice nurses, you must submit the course learning objectives with the certificate for proof of advance practice continuing nursing education, if audited or reinstating your license.







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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, 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.

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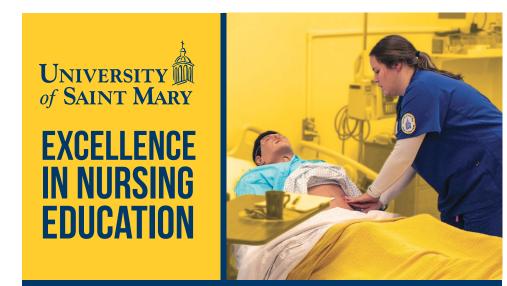


Keywords: Decision-making tool, nurse practice acts, nursing regulation, scope of nursing practice

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 guandary 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.



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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 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, 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.

Scope of Nursing Practice continued on page 12



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Scope of Nursing Practice continued from page 11

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

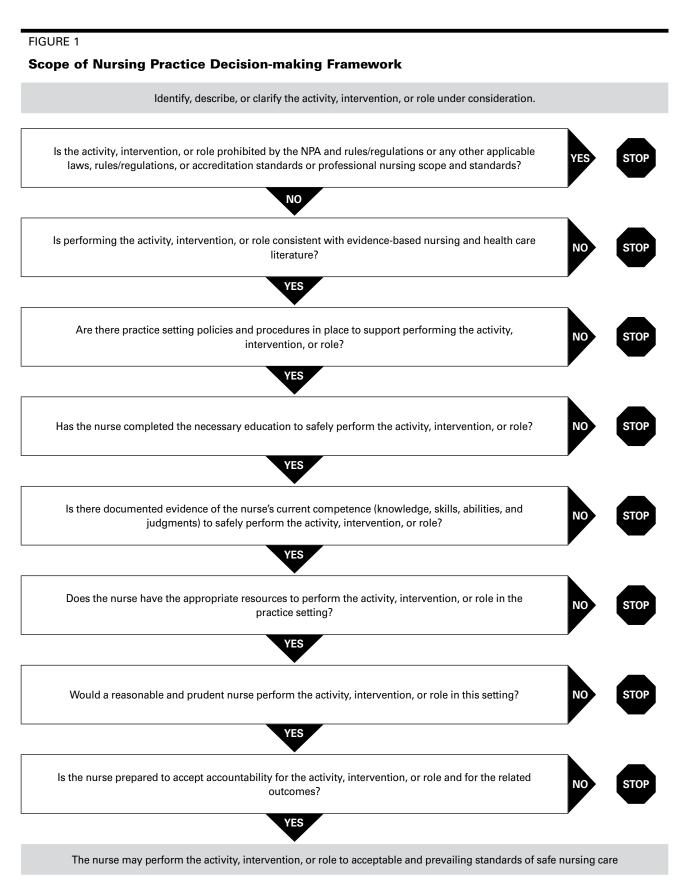
American Nurses Association. (2015). Code of ethics for nurses with interpre- tive statements. Accessed from: http://nursingworld. org/Document-Vault/Ethics_1/Code-of-Ethics-for- Nurses.html. American Nurses Association. (2015). Nursing: Scope and Standards of Practice, Third Edition. Silver Spring, Maryland: Nursebooks.org.

The advisory panel was represented by the following individuals: Karen Ballard, MA, RN, FAAN - ANA; Deb Haagenson, 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

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What is KNAP? Established in 1988, The Kansas Nurse Assistance Program (KNAP) is the impaired licensee program for the Kansas State Board of Nursing that serves LPNs, RNs, APRNs, CRNAs, and LMHTs struggling with substance abuse, mental health issues, or other impairments that may impact a nurse's ability to practice safely. KNAP is an assistance program dedicated to ensuring public safety by assessing for, and assisting with, the rehabilitation of impaired healthcare providers by providing advocacy, consultation, referral, and monitoring services.

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.

How are referrals made? Though self-referrals are encouraged, other individuals such as family members, friends, co-workers, or supervisors are able to refer. Referrals can be made by calling (913)-236-7575.

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



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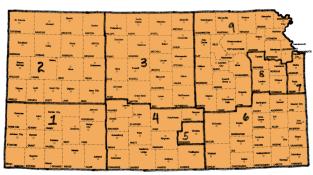


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April 28 & 29, 2022; 8:00 am-3:45 pm, Virtual

40th Annual Gore-Farha Critical Care Nursing Symposium. Spon: Wesley Medical Center, 550 N. Hillside, Wichita, KS 67214. Contact: Diane Braitsch, BSN, RN, 316-962-3381. Fac: Local and national speakers including: Thamer Sartawi, MD, Spencer Wood, PhD, Douglas Houghton, RN, Eugene Mondor, RN, Benjamin Abella, MD, Tom Ahrens, RN, Chloe Steinshouer, MD. Aud: RN, RCP, EMS. Topics for this twoday virtual event will include: Pulmonary, Peak Performance in Critical Care Nursing, Hemodynamic Monitoring, Sepsis, Innovative Strategies for recognizing and countering burnout, Medical Myths, Antibiotics and Nosocomial Infection Update, and Resuscitation and Management Challenges of Trauma Patients. Fee: \$25 per day. Contact Hours: Pending. Brochure will be posted at <u>www.wichitamedicalresearch.org</u> when available.





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