

Practice Specialist Report

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Case Status

Year	Cases Currently Open	Applications	Complaints	Total Applications and Complaints
2015	7			
2016	12			
2017	49			
2018	108			
2019	89			
2020	174	1776	575	2351
2021	257	1969	484	2453
2022	413	1565	570	2135
2023	91	193 (2/21/2023)	79 (2/21/2023)	272
Total	1200	5503	1708	7211

Total Cases Assigned to Investigators: 1200

Complaint Statistics for 2nd Quarter FY 23 (10/01/2022-12/31/2022)

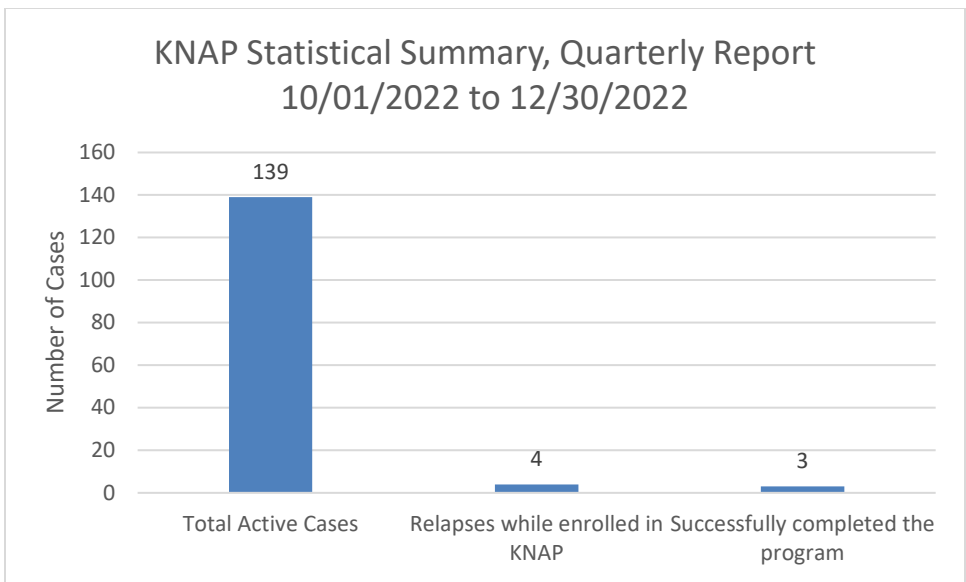
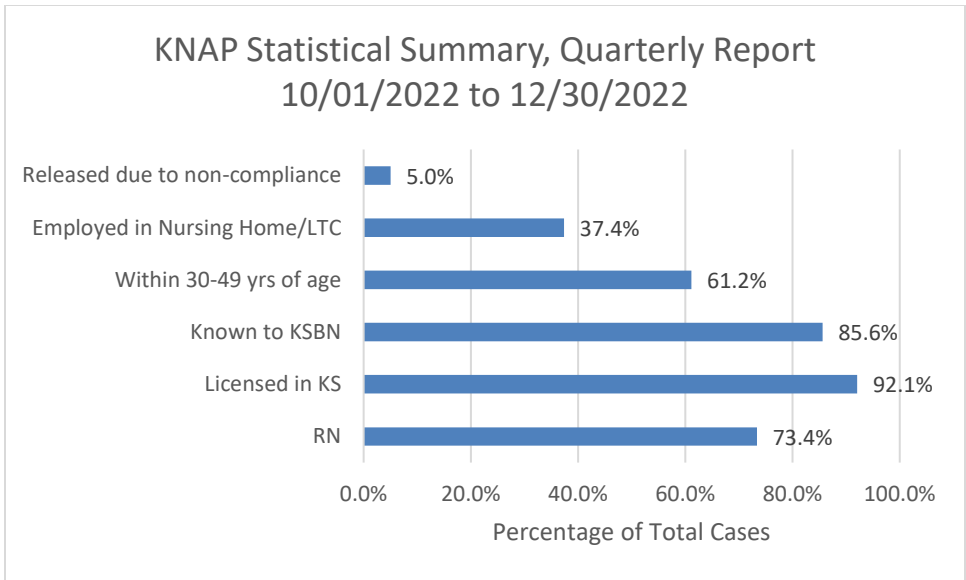
Sworn Complaints	33	21.3%
Unsworn Complaints	122	78.7%
Total	155	100%
Days Between Incident Date to KSBN Receiving the Complaint	215.52 Days (Average)	28 Days (Median)

Cases in FY 2023

	Impairment	Abuse
07/01/2022 to 09/30/2022	33	8
10/1/2022 to 12/31/2022	35	7

KNAP Statistical Summary, Quarterly Report

1. 139 Active Cases
2. 73.4% RN
3. 92.1% Licensed in Kansas
4. 85.6% are known to the KSBN
5. 61.2% are within 30-49 yrs of age
6. 37.4% employed in nursing home/LTC
7. 4 Relapses while enrolled in KNAP
8. 3 Successfully completed the program
9. 5.0% released due to Non-Compliance



**Processing Standards for 2nd Quarter FY 23
(10/1/2022 – 12/31/2022)**

Performance Based Budget (PBB): Outcome Measures:

1. Percentage of complaints received in the agency and reviewed by Professional Staff within 2 weeks of date received = 92.90%
 - a. (average # days for review 2nd Quarter FY 23: 3.97 days)
2. Percentage of investigations completed within 9 months of opening that went to the Board in December 2022 = 53.45%
 - a. 31 of 58 cases – many were originally opened by previously employed staff a few years ago before being transferred to an investigator who finished it.
3. Number of nurses practicing without a current nursing license = 1
Unlicensed Practice Case

4. Number of individuals presenting themselves as a nurse but no nursing license (imposter) = 1

KORA open records requests, FY 2023

FY 2023	# Requests	# In Process/Pending	# Completed	# Pending Payment	# Requests Referred to Another Agency	# Cancelled
1 st Quarter (07/01/2022-09/30/2022)	24	0	23	0	1	0
2 nd Quarter (10/01/2022-12/31/2022)	33	1	27	0	3	2

FY 2023	1 st Quarter (07/01/2022-09/30/2022)	2 nd Quarter (10/01/2022-12/31/2022)
Average Days to Produce Requests	6.48 Days	5.72 Days
Median Days to Produce Requests	2 Days	2 Days

Supervisory:

- New Employee
- Practice Calls for November-January
- Update on Investigative Process Changes
Priorities delineated (3)
 1. Increase Investigative Committee Meetings to begin meeting monthly
 2. Assess Operational efficiency for case investigations
 3. Assess Operational efficiency for case resolution through the disciplinary process

Meetings Attended: (virtual attendance unless indicated)

01/11/2023, 03/16/2023 – NCSBN Discipline Knowledge Network
 02/02/2023 – NCSBN APRN Knowledge Network
 02/13/2023 – ArkCase KSBN Demo
 02/14/2023 – Board orientation
 02/24/2023 – Opioid Epidemic webinar
 02/24/2023 – Security Training
 03/01/2023 – Active Shooter training
 03/01/2023 – KSNA Legislative & Advocacy Conference



Kansas Board of Nursing

Practice Call Data

November, December, January

2022-2023

Practice Call Data						
	November		December		January	
	Calls	E-mails	Calls	E-mails	Calls	E-mails
ARPN	19		11		20	
RN	10		14		17	
LPN	2		5		5	
Other (Facilities, Physicians, etc.)	18	6	23	8	14	12
Total	49	6	53	8	56	12

Total by Month	
Month	Total Practice Calls and E-mails
November	55
December	61
January	68

Total by Method for All Three Months	
Method	Total
Phone Calls	158
E-Mails	26

Topics of Practice Calls:

ARPN: Starting a business; cosmetology businesses; starting IV hydration clinics; medical spas; LLC questions; collaborative agreements (and if a facility can require them); malpractice insurance; qualifications for working in a mental health facility; who can be a medical director for aesthetic clinics; time requirements for completing documentation; prescriptive authority; prescribing methadone; seeing patients in Missouri with a KS license; certification issue; how to sign name; dermaplaning; DNR; preceptors; DEA numbers; concussion protocol; telehealth; can a DNP call themselves a doctor; can an RN work under an APRN?

CRNA: Lumbar punctures; prescribing medication.

RN: Taking home COVID boosters to give to family members (including children); working on expired license; accuracy of measuring medication left in vials; starting a laser business to remove tattoos; CEU requirements, CNE hours; computer issues with renewing online; staffing ratios; medical spas; starting a home health business; home health for a child; starting own

business; starting a business to cut nails in a nursing home; sedation on patients; scope of practice; Botox clinics and using Botox under a physician; multi-state requirements; is it okay to refuse to perform a procedure due to religious beliefs; charting complaints; wanting to refuse a UDS.

School Nurses: Can school nurses administer/read TB skin tests; school physical forms; using Narcan.

LPN: IV therapy rules, IV drug classifications, becoming IV certified; scope of practice; working as a CMA; scope of practice; licensing questions; medical spas; Botox; telehealth.

Other: Facilities asking about collaborative agreements; can nursing students work and be paid; family member concerned about care in a facility; facility asking about procedures that can be done by LPNs, RNs, and APRNs; RN/LPN supervision; health instructors and e-scripts; complaint on an APRN; DON and ADON sisters-family member complaint; can you get a license with a felony; nurse accidentally taking home a vial of fentanyl; possibly impaired nursing student; mom with disabled child traveling with a nurse; compounding and transporting medications; lab companies asking about prescriptive authority for APRNs; asking for the address of a licensee for child support; family member calling regarding a complaint against a nurse; attorney for medical spas; risk managers and HIPAA.

Status Update: Investigative Committee Meeting and Process Changes
March 2023

Goal: Timely review of cases opened to determine discipline

Reference: JNR article, *Evaluating the Operational Efficiency of Nursing Regulatory Boards' Discipline Case Management*, April 2022.

What is the priority of the Board?

1. Increase Investigative Committee Meetings to begin meeting monthly
 - a. Considerations
 - b. Board/Committee membership
 - c. Timeline
2. Assess Operational efficiency for case investigations
 - a. Data determines current efficiency of processes:
 - i. Incoming complaints
 - i. Reporting issues
 - ii. Facility Type that Reports unprofessional conduct
 - ii. Caseload per investigator
 - b. Caseload per investigator
 - c. Identify gaps in case processing
 - d. Facilitate process improvement initiatives to address gaps
 - i. Receipt and storage of digital and electronic production of evidence
3. Assess Operational efficiency for case resolution through the disciplinary process
Baseline Data shows:
 - a. Average days for AAG to take action = 136.44 days (2020-2021-2022 Cases)
 - b. Median days for AAG to take action = 91 days
 - c. Cases Prioritized: Critical
 - d. Disciplinary Action determined by the Investigative Committee:

No Action	Warning Letter	Cease and Desist
KNAP evaluation	Public Censure	Limitation on License
CNE	Suspend	Fine
	Revoke	

