

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

**Kansas State Board of Nursing
Landon State Office Building
Board of Nursing Library, Room 1051
Investigative Committee Agenda
June 12, 2023**

NOTE: The audience may attend in person or via Zoom. Link to access meeting to follow agenda.

Time: 9:00 a.m. – Until Finished

Committee Members: Rebecca Sander, MSN, RN – Chair
Adri Gouldsmith, LPN, V. Chair
Michaela Hysten, MSN, BSN, RN

Staff: Linda Davies, BSN, RN, Practice Specialist
Hana Dajani, Administrative Specialist

- I. Call to Order
- II. Review of On-Site packets
- III. Additions/Revisions to the agenda
- IV. Announcements
- V. Approval of minutes –March 20, 2023
- VI. Unfinished Business
 - 1. Update on Investigative Committee Changes
 - 2. Language on Terms of Board Members
 - 3. K.S.A. 65-4217 Immunity from liability
- VII. New Business
 - 1. KNAP Statistical Summary for period 01/01/2023-03/31/2023
- VIII. Quasi-Judicial
- IX. Agenda for September 2023 Committee meeting
- X. Adjourn

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

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Overview of Investigative Committee Process Change Request:

February 2022

- 1) KSBN Board met for Strategic Planning Retreat
- 2) Board directs Investigative Committee to review how to meet more timely to review cases
- 3) Board concerned about caseload and processing of cases
- 4) Board requested hire more staff, to include non-nurse investigators

March 2022

- 1) Carol and Linda met to discuss Investigative Process
 - a. Reviewed JNR literature to apply operational efficiencies.
 - b. Determined 3 priority areas:
 - i. Increase investigative Committee Meetings to begin meeting monthly
 - ii. Assess operational efficiency for case investigation process
 - iii. Assess operational efficiency for case resolution through disciplinary process
- 2) Met with Jim Cleghorn, former Georgia BON Executive Director
 - a. GA had manageable electronic caseload
 - b. GA board members reviewed all cases; law did not give authority to Committees
 - c. GA goal to send out Consent Order within 30days of receiving the case; if licensee did not sign it within "x" days, the case was scheduled for hearing
 - i. KS has a different process

June 2022

- 1) Definitions relating to Investigative Case processing presented to Board
- 2) KNAP Program Manager presented to Board
- 3) Delegation Motions approved by Board

September 2022

- 1) No new appointments to Investigative Committee

March 2023

- 1) KOMA applies per General Counsel
- 2) Staff ready, will work through issues as we implement change
- 3) Investigative Committee determined to hold implementation
 - a. 2 committee members term up July 1, unless reappointed.

June 2023

- 1) Questions
 - a. Is there to be a board member rotation on the Investigative Committee?
 - i. Reasons for this – AAG needs to know who to talk with if requesting to change discipline decision
 - b. Clarify misperception that Investigative Committee training is extensive
 - i. Meet with Linda about 1 hour
 - ii. Meet with Investigative Committee Chair to review previous case summaries (2 hours)
 - c. Disciplinary statutes/regulations modified, drafted Impairment Statute – on hold

PROPOSAL:

Based on the work done over this past year regarding the 3 priority areas:

- a. Increase investigative Committee Meetings to begin meeting monthly
 - i. Considerations:
 1. KOMA applicability
 2. # Cases to review
 3. Logistics - Virtual vs in-person
 - ii. Board / Committee membership
 1. Makeup – 3 board members
 2. Orientation
 3. Guidelines for Determination of Disciplinary Action
 - a. NCSBN Disciplinary Decision Pathway
 - b. Sanction reference guidelines
- b. Assess Operational efficiency for case investigations
 - i. Investigator Caseload Data (43 – new hire; 350 seasoned investigator)
 1. Issues identified:
 - a. Before joining the NLC, cases were inactivated when license lapsed. Joining the NLC reopened cases from 2015-2019 to finalize case if:
 - i. Licensee applied for reinstatement,
 - ii. Complaint received working in KS off their privilege to practice
 - b. Investigator turnover created some cases being reassigned to a new investigator who already had a significant caseload
 - i. Have hired and trained staff
 - ii. Cases reviewed by Investigative Committee / quarter = average 60-75
 1. March 2023 = 94 cases
 - iii. Investigative Team review of internal processes to identify gaps, implement evidence-based solutions (if available)
 1. Subpoenaed documents
 2. Receipt and storage of digital evidence
 3. Continue to transition from Paper to Electronic format
 4. Processed cases even through pandemic when practice, licensure expanded through executive orders (Telehealth, renewals extended, etc); also identified imposters hired to work as nurses in KS
 5. Next to be reviewed, updated:
 - a. Prioritizations of Cases
 - b. Summary Format
 - c. Continue to align disciplinary determination, disciplinary outcome to demonstrate consistency
 - iv. Performance Based Budget Metrics applied:
 1. Review Complaints within 2 weeks of receipt
 - a. New process in July 2020; maintaining above 90% benchmark
 2. Percentage of investigations completed within 9 months of opening
 - a. Working on this metric
 - b. Is directly related to Caseload/Investigator

- c. Assess Operational efficiency for case resolution through the disciplinary process
 - i. Average days for AAG to take action = 136 days
 - ii. Median days = 91
 - iii. Cases prioritization by AAG
 - 1. Applications
 - 2. Revocations

NEXT:

- 1) Beginning after September 2023 Board meeting
 - a. Investigative Committee will meet at the 6-week mark between board meetings
 - i. Oct 23 – virtual
 - ii. Dec 11 (board meeting week – in person)
 - iii. Jan 22, 2024 – virtual
 - iv. March 2024 - (board meeting week – in person)
 - v. April 22 or 29, 2024 – virtual
 - vi. June 10, 2024 - (board meeting week – in person)
 - vii. July 22, 2024 – virtual
 - viii. Sept 9, 2024 - (board meeting week – in person)
 - b. Re-evaluate at 1 year.
- 2) Number of cases proposed to review at each virtual meeting: averages 45
 - a. Estimated time is half day.
 - b. Type of cases brought to virtual could be prioritized as such, i.e. a significant investigation drug diversion, workplace impairment, abuse

Licensee Name _____ Case Number _____
 License Type _____ Investigator _____
 License Number _____ Inv Requested _____

CRITICAL	
<input type="checkbox"/> Censure	<input type="checkbox"/> No Further Action
<input type="checkbox"/> KNAP Evaluation and Comply	<input type="checkbox"/> Letter of Concern
<input type="checkbox"/> Revocation	<input type="checkbox"/> Cease and Desist

Suspension	1 month	3 months	6 months	1 Year	Other	
Fine	\$100	\$150	\$200	\$500	Other	

Employment Restrictions	Mental Health Requirements	Continuing Education Requirements
Length of Time <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> Other _____ <input type="checkbox"/> Shall not have access or be accountable for controlled substances <input type="checkbox"/> Shall not work in critical care areas (ED, ICU, Cardiac Cath lab, Labor & Delivery, OR/PACU unit) <input type="checkbox"/> Shall not work for more than one nursing employer at a time <input type="checkbox"/> Direct Supervision – working on the same unit, immediately available to provide assistance and intervention <input type="checkbox"/> Onsite Supervision- not required to be on the unit but should be on the facility grounds and readily available to provide assistance and intervention if necessary <input type="checkbox"/> Shall not accept employment in any supervisory capacity <input type="checkbox"/> Shall not work in Home Health, Hospice, in-home care <input type="checkbox"/> Shall not work for staffing agency or as a traveler <input type="checkbox"/>	<input type="checkbox"/> Must complete a mental health evaluation as directed	<input type="checkbox"/> Abuse / Neglect <input type="checkbox"/> Anger Management <input type="checkbox"/> Care of Dementia Patient <input type="checkbox"/> Communication <input type="checkbox"/> Critical Thinking <input type="checkbox"/> Delegation <input type="checkbox"/> Documentation <input type="checkbox"/> HIPAA Compliance <input type="checkbox"/> KNPA <input type="checkbox"/> Legal Ethical <input type="checkbox"/> Medical / Narcotic Administration <input type="checkbox"/> Nursing Judgment <input type="checkbox"/> Patient Abandonment <input type="checkbox"/> Patient Advocacy <input type="checkbox"/> Patient / Resident Rights <input type="checkbox"/> Patient Safety <input type="checkbox"/> Professional Accountability <input type="checkbox"/> Professional Boundaries <input type="checkbox"/> Professional Communication <input type="checkbox"/> Professional Ethics <input type="checkbox"/> Professional Responsibility <input type="checkbox"/> Responding to Patient in Distress <input type="checkbox"/> Scope of Practice <input type="checkbox"/> Sepsis / Infection Control <input type="checkbox"/> Skin and Wound Care <input type="checkbox"/> Social Media Policy – NCSBN <input type="checkbox"/>

65-4217. Immunity from liability in civil actions for reporting, communicating or investigating certain information. (a) No person reporting to the board of nursing under oath and in good faith any information such person is required to report or is authorized to report under K.S.A. [65-4216](#) and amendments thereto shall be subject to a civil action for damages as a result of reporting such information.

(b) Any state, regional or local association of licensed mental health technicians, and the individual members of any committee thereof, which in good faith investigates or communicates information to the board of nursing or to any committee or agent thereof pertaining to the alleged commission by a mental health technician of an act which may be a ground for disciplinary action pursuant to K.S.A. [65-4209](#) and amendments thereto shall be immune from liability in any civil action that is based upon such information or transmittal of information if the investigation and communication were made in good faith and did not represent as true any matter not reasonably believed to be true.

History: L. 1983, ch. 216, § 3; L. 1988, ch. 236, § 7; July 1.

Kansas Nurses Assistance Program Statistical Summary

Reporting Period: 01/01/2023 - 03/31/2023

Active Cases

Participants Entered Into Program:	<u>21</u>	Total Number in Program:	<u>128</u>
Referral Source:		Type of License:	
Board:	<u>14</u>	ARNP	<u>2</u>
Employer:	<u>1</u>	CRNA	<u>2</u>
Co-Worker:	<u>0</u>	LPN	<u>24</u>
Self:	<u>8</u>	RN	<u>100</u>
Family-Friend:	<u>0</u>	Board:	
Other:	<u>0</u>	Known:	<u>103</u>
Reasons for Referral :		Un-Known:	<u>25</u>
Alcohol:	<u>6</u>	Gender:	
Drugs:	<u>1</u>	Male:	<u>23</u>
Alcohol & Drugs	<u>7</u>	Female:	<u>105</u>
Mental Health:	<u>1</u>	Age:	
Gambling:	<u>0</u>	20's:	<u>15</u>
Released from Program:		30's:	<u>39</u>
Successfully:	<u>16</u>	40's:	<u>46</u>
Non-Compliant:	<u>12</u>	50's:	<u>16</u>
Other:	<u>0</u>	60's:	<u>12</u>
Death:	<u>0</u>	Nursing Employment Status:	
No Diagnosis:	<u>0</u>	Employed:	<u>98</u>
State of Residency:		Unemployed:	<u>8</u>
MO	<u>10</u>	Outside Profession:	<u>2</u>
KS	<u>117</u>	Nursing Employment Settings:	
CO	<u>1</u>	Hospital:	<u>42</u>
Contract Length:		Nursing Home:	<u>75</u>
7 Year's	<u>2</u>	Home Health:	<u>5</u>
6 Year's	<u>1</u>	Other Agency:	<u>48</u>
5 Year's	<u>3</u>	Public Health	<u>7</u>
4 Year's	<u>12</u>		
3 Year's	<u>73</u>		
2 Year's	<u>4</u>		
1 Year	<u>12</u>		