

**Practice Specialist Report**  
Linda Davies, BSN, RN  
June 14<sup>th</sup>, 2023

**Case Status**

Year	Cases Currently Open	Applications	Complaints	Total Applications and Complaints
2015	7			
2016	12			
2017	49			
2018	106			
2019	81			
2020	157	1776	575	2351
2021	209	1969	484	2453
2022	343	1565	570	2135
2023	155	637 (5/12/23)	269 (5/12/23)	906
<b>Total</b>	<b>1119</b>	<b>5947</b>	<b>1898</b>	<b>7845</b>

**Total Cases Assigned to Investigators: 1119**

**Complaint Statistics for 3<sup>rd</sup> Quarter FY 23 (01/01/2023 – 03/31/2023)**

Sworn Complaints	28	15.82%
Unsworn Complaints	149	84.18%
<b>Total</b>	<b>177</b>	<b>100%</b>
Days Between Incident Date to KSBN Receiving the Complaint	166.63 Days (Average)	23 Days (Median)

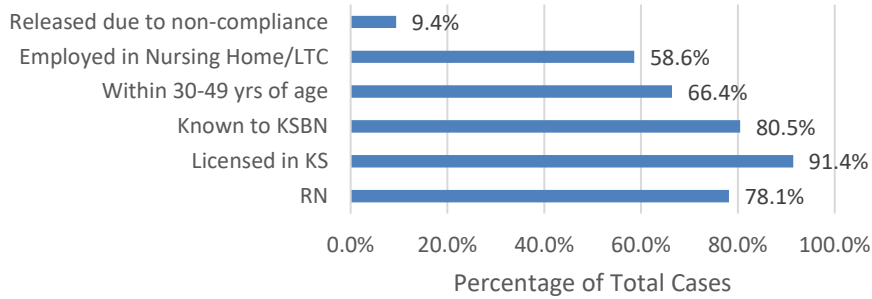
**Cases in FY 2023**

	Impairment	Abuse
07/01/2022 to 09/30/2022	33	8
10/1/2022 to 12/31/2022	35	7
01/01/2023 to 03/31/2023	40	10

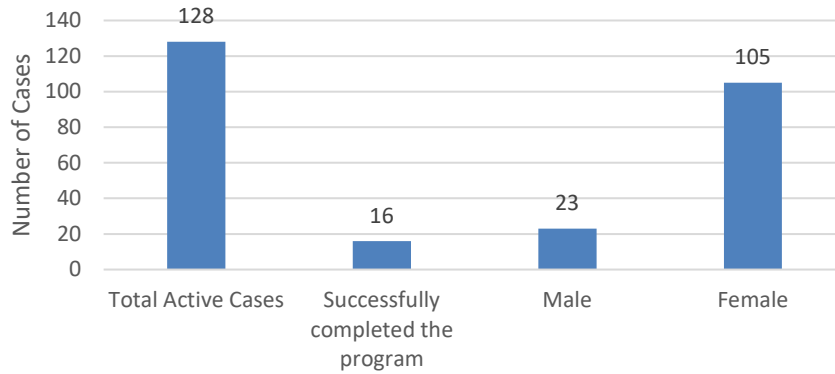
**KNAP Statistical Summary, Quarterly Report**  
01/01/2023 to 03/31/2023

1. 128 Active Cases
2. 78.1% RN
3. 91.4% Licensed in Kansas
4. 80.5% are known to the KSBN
5. 66.4% are within 30-49 yrs of age
6. 58.6% employed in nursing home/LTC
7. 16 Successfully completed the program
8. 9.4% released due to Non-Compliance

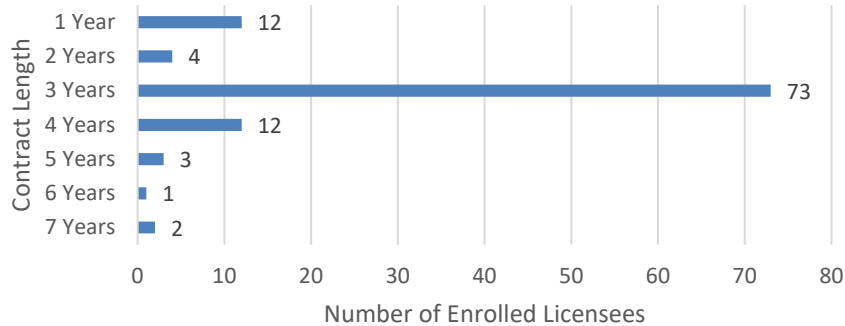
### KNAP Statistical Summary, Quarterly Report 01/01/2023 to 03/31/2023



### KNAP Statistical Summary, Quarterly Report 01/01/2023 to 03/31/2023



### KNAP Statistical Summary, Quarterly Report 01/01/2023 to 03/31/2023 Contract Lengths of Licensees



Processing Standards for 3<sup>rd</sup> Quarter FY 23  
(01/01/2023 – 03/31/2023)

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 = 95.48%
  - a. (average # days for review 3<sup>rd</sup> Quarter FY 23: 4.47 days)
2. Percentage of investigations completed within 9 months of opening that went to the Board in March 2023 = 50.00%
3. Number of nurses practicing without a current nursing license = 11  
Unlicensed Practice Cases
4. Number of individuals presenting themselves as a nurse but no nursing license (imposter) = 0

KORA open records requests, FY 2023

FY 2023	# Requests	# In Process/Pending	# Completed	# Pending Payment	# Requests Referred to Another Agency	# Cancelled
1 <sup>st</sup> Quarter (07/01/2022-09/30/2022)	24	0	23	0	1	0
2 <sup>nd</sup> Quarter (10/01/2022-12/31/2022)	33	1	27	0	3	2
3 <sup>rd</sup> Quarter (01/01/2023-03/31/2023)	54	0	52	0	1	1

FY 2023	1 <sup>st</sup> Quarter (07/01/2022-09/30/2022)	2 <sup>nd</sup> Quarter (10/01/2022-12/31/2022)	3 <sup>rd</sup> Quarter (01/01/2023-03/31/2023)
Average Days to Produce Requests	6.48 Days	5.72 Days	7.23 Days
Median Days to Produce Requests	2 Days	2 Days	3 Days

**Supervisory:**

- Practice Calls
- Overview of Investigative Process Changes and Proposal 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)**

KSBN Meeting re LLC, 03/30/2023

KSBN CE Broker Demo for Investigative staff, 04/17/2023

Peer Review Meeting, C. Cyzman. 04/21/2023

NURSYS US Canada Meeting, 05/01/2023

NCSBN NRB Review, Topeka, 05/03/2023

SUD 2023 ECHO: Overdose Prevention and Harm Reduction in KS, 05/04/2023

\* KS Association Risk & Quality Managers, Lindsborg, KS, 05/05/2023

NCSBN Operation Nightingale Monthly Discussion, 05/08/2023

\* NCSBN Discipline Case Management Conference, Greenville, SC, 05/22-05/25/2023

KSBN Board Orientation, new member, 05/30/2023

NCSBN APRN Knowledge Network Call, 06/08/2023

## 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. License 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