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Volume 36, No. 2 | June, July, August 2023



1913-2013

#### **INDEX**

Thoughts from the Executive Administrator	2
Nurse Statistics	2
Change of Name	2
Board Members	2
Advanced Practice FAQs	3
Nursing Scholarship Opportunities	3
Discipline Cases	5
How to Contact Us	6
Scope of Practice	7
Education Scholarship Essay Winners	8-9
Practice Call Inquiries	
NLC Update	10
What is the difference between	
KSBN and KSNA?	13
Telemedicine and Prescribing Changes	14
Phishing Scam PSA	14
NURSYS E-Notify	15
Did You Know?	15

#### **DISCLAIMER CLAUSE**

The Nursing Newsletter is published quarterly by the Kansas Board of Nursing. The providers are responsible for offering quality programs under the criteria as established by the Board. Complaints regarding continuing education programs may be reported directly to the Kansas Board of Nursing. For information on these educational offerings, contact the sponsor, not the Board.

## Meet the Kansas State Board of Nursing Board Members

Quarterly circulation approximately 72,000 to all APRNs, RNs, LPNs and Licensed Mental Health Technicians in Kansas.

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**The Official Publication of the** 

Kansas State Board of Nursing



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## **Board Member Update**

The mission of the Board of Nursing is to assure the citizens of Kansas safe and competent practice by nurses and mental health technicians. The Board is composed of eleven members appointed by the Governor and meets quarterly in Topeka. There are quarterly committee meetings that occur during the same week as the Board meeting. Six members shall be registered nurses, two shall be licensed practical nurses and three shall be members of the general public. Each appointment as a Board member is a four-year term.

Each member shall be a citizen of the United States and a resident of the state of Kansas. The RN Board members shall be licensed to practice as a registered nurse in Kansas with at least five years' experience in nursing and shall be actively engaged in nursing in Kansas at the time of appointment.

Currently we have one opening on the Board for an RN Board member who is engaged in nursing education. If you meet the qualifications listed above and are interested in serving as a Board member, you will find more information and the application at: <u>https://governor.kansas.gov/serving-kansans/office-of-appointments/</u>

## Thoughts from the Executive Administrator ...

Hello everyone,

Spring has finally arrived! Spring is always a busy and exciting time for nursing as we experience the May graduates seeking licensure and anxious to start their nursing careers. Congratulations to all these graduates on all their hard work to become a nurse. My best wishes for a long and fulfilling nursing career.



We continue to have one opening as a Board member.

**Carol Moreland** 

We are hopeful anyone with the qualifications and interest will apply to the Governor's Office. It is a wonderful opportunity to share your knowledge and expertise in regulating nursing in Kansas. There is more information about how to apply in this newsletter.

Everyone is experiencing more fraud and scam activity in our lives and the Kansas State Board of Nursing is no different. We are remaining vigilant to possible fraud that may occur during the licensure process and nursing practice. I encourage you to read the information in this newsletter about scams. If you have questions whether some communication from the Kansas State Board of Nursing is legitimate, please call us to check with us. Information about the difference between KSBN and the Kansas State Nurses Association (KSNA) is included again in this newsletter. There continues to be confusion among nurses and the public about the differences.

As a reminder, starting July 1, 2023, we will be requiring national certification for **initial** APRN licensure in Kansas. APRNs licensed **before** this date **may** provide information about their national certification at the time of licensure renewal. Please do not send us your national certification information before your renewal, as we do not need it before your renewal. APRNs can obtain CNE through a free CNE offering by KTRACS. The DEA issued two proposed rules that would permanently extend many telemedicine flexibilities adopted during the COVID-19 public health emergency. There is more information included in this newsletter.

We continue to realize we cannot say "**Thank You**" enough to all the licensees who protect and provide care for the citizens of Kansas. 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.

Carol Moreland, MSN, RN



Julianna Rieschick, RN, MSN, NEA-BC, President 07/01/2017 – 06/30/2015 Julianna.rieschick@ks.gov

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

Andrea Watson, RN, BSN, OCN, CCRP, Secretary 07/01/2020 – 06/30/2024

> Michaela Hysten, MSN, BSN, RN 07/01/2019 – 6/30/2023

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

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

Melissa Oropeza, DNP, APRN-BC, CGRN 07/01/2021 – 06/30/2025

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

Brenda R. Sharpe, MS, Public Member 07/01/2019 – 06/30/2023

Michelle Terry, RD, CPHQ, Public Member 07/01/2022 – 06/30/2026

# KNAP has an operational website:

www.ksnurseassistance.org

## NURSE STATISTICS

License Type	Total
Clinical Nurse Specialist	366
Licensed Mental Health Technician	37
Licensed Practical Nurse - Multi-State	1848
Licensed Practical Nurse - Single-State	7281
Nurse Midwife	98
Nurse Practitioner	6960
Registered Nurse - Multi-State	15010
Registered Nurse - Single-State	37269
Registered Nurse Anesthetist	1255
Total	70124

## Change of Name

My name is different from the name on my nursing license. What do I need to do to get it changed on my nursing license?

K.A.R. 60-3-103 states "if an applicant for licensure or a licensee changes that individual's name after submitting an application or obtaining a license, the applicant or licensee shall submit legal documentation or an affidavit indicating the change of name upon a form approved by the board. The applicant or licensee shall submit the document to the board within 30 days of the change."

The form and directions for changing your name is located on our website: <u>www.ksbn.kansas.gov</u>. On our home page scroll down until the see the icon titled **Name Change**. Click on it and the form and directions will be displayed. Follow the directions and **mail the notarized form** to the address listed on the form.

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## **Advanced Practice FAQs**

These are common questions asked regarding advanced practice licensure and practice:

- I am applying for an APRN license and have a multistate license in the state in which I reside, do I need to get a single state RN license? No, you do NOT need to apply for a Kansas single state RN license, just the APRN license. Kansas is a member state of the NLC, so a multistate RN license from the state in which you reside is accepted in Kansas.
- 2. I submitted fingerprints when I obtained my RN license from Kansas, do I need to submit fingerprints when I apply for an APRN license? Fingerprints ARE required for an APRN license, even if you have prints on record for your RN license. The APRN license is a new license.
- 3. I am already licensed as an APRN in Kansas, and I have obtained a new specialty. What do I need to do to get the new specialty added to my APRN license? If you have obtained a new specialty and are already licensed as an APRN in Kansas, you do NOT need to apply for a new license. Please contact your school of nursing and request that official transcripts, that reflect the education for the new specialty, be sent to KSBN and we can add that new specialty to your existing license.
- 4. I am applying for an APRN license; however, I do not have malpractice insurance. What should I do? Malpractice insurance is required at the time of licensure not at submission of application. If you do not have it and are actively looking for employment, the best option is to apply for the temporary permit that will give you 180 days to start work to obtain the malpractice insurance, which is needed for your permanent APRN licensure.
- 5. How do I provide information about the required malpractice insurance when applying for an initial APRN license or renewing my APRN license? The information you need to provide on the application is the company name and policy number. If you have provided this information with your application, you do not need to send anything further to KSBN.
- 6. I have an APRN license, but I am not presently practicing as an APRN; do I need to have malpractice insurance? When renewing an APRN license, malpractice insurance is NOT required if you are not rendering clinical services as an APRN. You are free to skip the question about malpractice insurance and continue to renew if you want your license to be active. When you start rendering clinical services as an APRN, you can send us your malpractice information when it becomes available, and we can put it in your licensure file.
- 7. Can KSBN tell me where I can get malpractice insurance? KSBN does not have anything to do with where you should get malpractice insurance. You might check with your employer to see if they can guide you.

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8. I want to do something in my practice that is not addressed in the Nurse Practice Act under my scope of practice. Can KSBN tell me if it is acceptable if I include this in my practice? KSBN staff can tell you what the Nurse Practice Act states. KSBN staff are not permitted to do a legal interpretation for you about some practice that is not addressed in the Nurse Practice Act. If you are wanting to include something in your practice that is not addressed in the Nurse Practice Act, you need to consult with a private attorney, at your cost, to interpret the law for you based on what you are wanting to include in your practice. Do not expect the KSBN staff to give legal advice. That is not our role, and we are not attorneys.

## Nursing Scholarship Opportunities Through Kansas Board of Regents

**Nursing Service Scholarship Program**. The Nursing Service Scholarship is funded jointly by the state and a medical provider or sponsoring facility. The maximum scholarship stipend is not to exceed 70.0 percent of the cost of attendance in a school of nursing and the cost is split between the state and the sponsor. The maximum annual scholarship is \$2,500 for a Licensed Practical Nurse and \$3,500 for a Registered Nurse, with the sponsoring facility's obligation being based on their location. The student is required to work one year at the sponsor's facility for each year of scholarship support. The Governor recommends \$621,010 for FY 2023 and \$417,255 for FY 2024 from the State General Fund.

**Nurse Educator Scholarship.** The Governor's recommendation includes \$436,099 for FY 2023 and \$188,126 for FY 2024 for this State General Fund scholarship. The funding will be distributed to registered nurses who are enrolled in a masters or doctorate program of nursing. The grant requires a two to one match by the universities. The grant cannot exceed 70.0 percent of the cost of attendance. This is a service obligation scholarship that requires recipients to teach in a nursing program, for a postsecondary education institution in Kansas, one year for each year the scholarship is accepted.



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# **DISCIPLINE CASES**

#### **Carla Ireland**

Holton, KS 66436 13-112150-021 2022-311-0 Revoked 1/18/23

#### Allison Williams

Overland Park, KS 66212 13-112133-071 2022-525-0 Revoked 1/18/23

#### Kenneth Kimani

Wichita, KS 67202 13-146085-091 2020-601-5 Fine 2/1/23

#### **Kreshauna Joyner**

Topeka, KS 66605 23-51228-072 2022-392-0, 19-583-8 Suspended 2/3/23

#### Benetta Osei-

**Bonsu** Olathe, KS 66061 13-117876-092 2020-497-2 Fine 2/14/23

#### Alejandra Perez

Dodge City, KS 67801 2022-705-0 Suspended 2/13/23

#### Christina Ojeda

Kansas City, MO 64133 2014033852 (MO MS) 2021-515-0 PTP Suspended 3/2/23

## **Kristi Scofield** Wichita, KS 67203 23-36734-081

19-1522-5 Revoked 3/14/23

## Lisa Hatter

Lawrence, KS 66047 13-67366-101 2020-255-8 Suspended 3/21/23

## Katrina Paulino

Wichita, KS 67217 14-159850-032 2021-384-0 Suspended 3/24/23

## **Tracy Robson** Tonganoxie, KS 66086 23-41872-122 2023-44-0, 17-1653-7 Suspended 3/24/23

Kearsti Conner Eudora, KS 66025 23-49962-012 18-1223-8 Suspended 3/24/23

## Mohammed Onyancha Wichita, KS 67207 13-120031-011

14-2244-5 Suspended 3/27/23

## Louise Charles Olathe, KS 66062 14-74277-042 2022-234-7

Fine 3/29/23

## Sophia Williams

Colby, KS 67701 13-153285-072 2020-629-2 Fine 4/3/23

## Robin Hull

Hugoton, KS 67951 13-132741-102 2020-491-1 Public Censure 4/3/23

## Ashley Hano

Salina, KS 67401 13-112544-081 18-1748-3, 19-1118-3 Suspended 4/4/23

**Shannon Stigall** Mission, KS 66202 14-128938-072 2022-277-7 Fine 4/4/23

## **Christy Shirack** Abilene, KS 67410 23-47088-062 2023-130-0 Suspended 4/4/23

## Jamie Smith

Hutchinson, KS 67501 23-33340-042 2020-541-4 Fine 4/6/23

## Mary Kohler Olathe, KS 66061

14-154268-062 2022-278-7 Fine 4/6/23

## Karen Werner Plainville, KS 67663 13-64052-022 2022-554-3 Suspended 4/6/23

**Chiedza Nwakudu** Oak Brook, IL 60523 14-113048-062 2022-360-0 Fine 4/6/23

## Monica Sharkey Hutchinson, KS 67502 13-108614-012 2022-500-4 Revoked 4/7/23

Michael Harris, Jr Ottawa, KS 66067 13-114766-042 2022-729-8 Revoked 4/7/23

## Mustapha Javeed

Peabody, KS 66866 14-150433-031 2020-46-5 Revoked 4/10/23

#### Veronica Daniels

Rowlett, TX 75088 53-80343-092 2022-559-0 Fine 4/10/23

## Cassandra

Hernandez Valley Center, KS 67147 13-129359-121 2022-648-5 Revoked 4/10/23

#### Heidi McGuire

Ellis, KS 67637 23-43403-102 2022-688-3 Revoked 4/10/23

#### **Amy Worley**

Atchison, KS 66002 23-35217-121 2022-594-9 Revoked 4/10/23

#### **Melissa Wright**

Fort Scott, KS 66701 13-104790-071 2022-316-0 Revoked 4/10/23



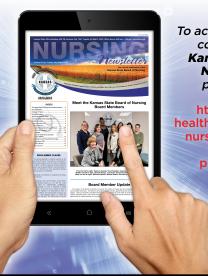
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## How to Contact Us: 785-296-4929



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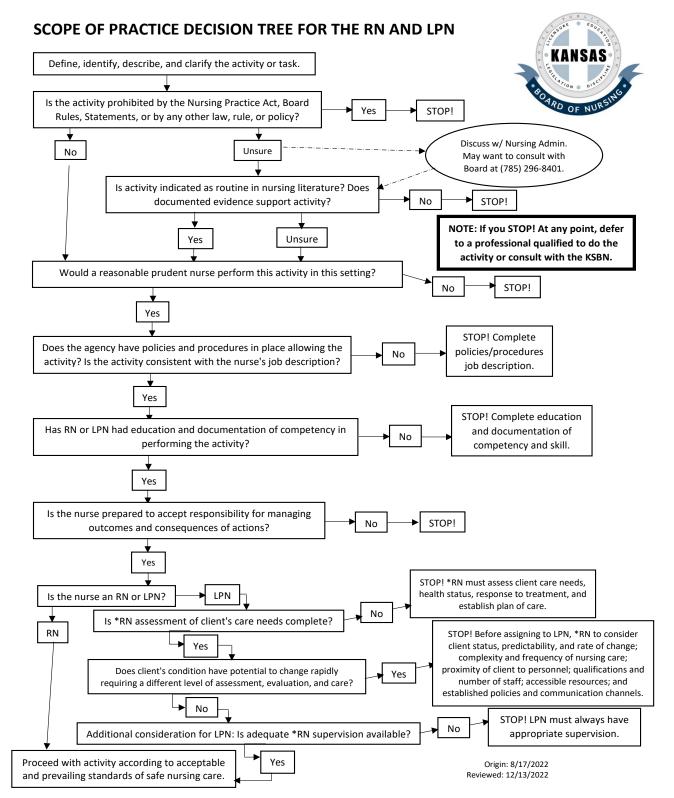
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## **Scope of Practice:**

KSBN staff receive inquiries regarding "scope of practice". When determining if a task is something that would fall in a licensee's scope or practice, the Scope of Practice Decision Tree for the RN and LPN may help guide your decision. This is not to be perceived as legal advice. The licensee is responsible for knowing the Kansas Nurse Practice Act, your education level, training, competency, certifications, facility policy and procedures, and any other evidence-based nursing practice.



## License Reinstatement

When you have had your license **REVOKED** in Kansas and want to **REINSTATE** - you **MUST** ensure that you understand and comply with K.S.A. 65-1120(a):

Reinstatement of revoked licenses; burden of proof; board of nursing report to legislature. (a) A person whose license has been revoked may apply for reinstatement of the license after the expiration of three years from the effective date of the revocation.

Application for reinstatement shall be on a form approved by the board and shall be accompanied by a reinstatement fee established by the board under K.S.A. 65-1118, and amendments thereto. The burden of proof by clear and convincing evidence shall be on the applicant to show sufficient rehabilitation to justify reinstatement of the license. If the board determines a license should not be reinstated, the person shall not be eligible to reapply for reinstatement for three years from the effective date of the denial. All proceedings conducted on an application for reinstatement shall be in accordance with the provisions of the Kansas administrative procedure act and shall be reviewable in accordance with the Kansas judicial review act. The board, on its own motion, may stay the effectiveness of an order of revocation of license.

## Attention K-12 **School Nurses:**

The KSBN Board's Practice Committee reviewed and approved changes to the Delegation of Specific Nursing Tasks in the School Setting for Kansas. This document can be found https://ksbn.kansas.gov/wp-content/uploads/2020/07/ Delegation.pdf.



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## **Education Scholarship Essay Winners**

## How has the Nursing Shortage Impacted Models of Nursing Care?

Nicole Irwin, Colby Community College, PN Nursing Program

Four Basic Models: Functional nursing, total patient care, team nursing, and primary nursing.

Nursing shortages have been a major issue in health care. There are many reasons why great nursing staff is so hard to find and keep. In my opinion the spread of Covid-19 has played a big part in the current nursing shortage but is not the biggest or only problem in health care. I have been in health care off and on since I was 15 years old. I would like to use my experiences to complete this essay.



As a Certified Nursing Assistant in Long term care facilities for the last 6 years and an employee at a drug and alcohol rehab facility I have witnessed some issues in our facilities pertaining to nursing shortage. Respect and appreciativeness from upper management, other employees, and business owners or CEOs has been an issue in the facilities I have worked in. We have lost a lot of nursing staff due to being over worked and underappreciated. In my opinion the nursing staff to patient/resident ratio should be reevaluated. Even with-out the nursing shortage the ratio needs to be adjusted. It is not safe for the nursing staff or patients/residents which could lead to more falls, medication errors, higher mortality rates, and major behavioral issues. This many times will play into a great nurse losing interest due to becoming overwhelmed and not being able to give the proper time and care to patients/ residents which makes them feel like a bad nurse. This leads to them quitting and search for a new career or getting fired for errors, attitude, tardiness, call ins etc. Feeling defeated the nursing staff walks away from a career they once loved.

Covid played a large part in the nursing shortage currently. The protocol changed several times and nursing staff had a difficult time keeping up with all the regulations. Also, patients and residents not being able to see their family increased behaviors and depression. This makes the workload severely heavier. The nursing staff that was already working at some facilities did not get a raise or hazard pay even though nursing staff were on the front lines trying to protect our residents from Covid. New employees were offered a very large sign on bonus which upset existing employees. This adds to dissatisfaction and stress in the job, which could lead to medication errors, higher mortality rate and failure to rescue rate increasing among other things. Nursing staff have gone to other jobs and not all are higher paying but maybe less stressful.

This essay was based off my experiences and not facts about all nursing experiences. There is so much that plays into nursing shortage and how it impacts models of nursing care. As a certified nursing assistant, I have seen and lived through many of these issues. I have realized becoming a nurse and sharing my love for nursing, showing appreciation to those in nursing, assist with mental health for nursing staff may be some of the only things I can do to keep the nursing staff we have and encourage more people to become nurses.



## How has the Nursing Shortage Impacted Models of Nursing Care?

#### Ravyn Martin, Manhattan Area Technical College, PN Nursing Program

The model of health care I feel has been impacted the most by nursing shortages is Maslow's hierarchy of needs. According to this hierarchy, the bottomlevel physiological basic needs like food, water, and shelter are being met. However, the second level basic needs of safety are severely lacking, especially when it comes to the safety procedures of patients. Things like side rails, fall prevention, creating a safe environment built on trust between patients and nurses,



and patient education are not being given the time they require due to widespread staff shortages.

At the height of the pandemic, I ended up in the emergency room for the most unexpected of circumstances. I sustained a laceration from a decorative sword that flew through its sheath as I opened my closet door. The nurse asked me "Are you okay with having a trainee stitching you up?" Being in a panic state and wanting to be helpful, I said yes. I think the nurse watched one stitch and then left because the floor was busy and she was needed elsewhere. I was not in a good mental state due to pain, panic, and just the whole horrible situation. When the trainee was done my leg looked like something from a horror movie. The nurse came back and immediately said words to the effect of "Oh honey, doesn't he know this will be permanent? I have got to fix this for you." She gave me more medication, pulled out the stitches, and tried again. She also told me it was a good thing I came in otherwise I could have permanently lost a large portion of my skin. In this ER visit I did not know my right to refuse, I was not informed on what pain medication was given for the second dose, and I did not feel safe having a trainee stitch my leg. My safety needs under the second tier of Maslow's hierarchy were not being met.

Another trip to the ER brings me to my next point. In this situation, I was having severe pain from an ovarian cyst. My OB nurse advised me to go to the ER immediately since the cyst may have complications or erupt. I got to the ER at the same time as a woman who is my height, hair color, physical weight, and race was also admitted. This woman was in severe chest pain and could not speak; her son drove her and explained her situation to admissions. We both went back to our rooms, which were beside each other, about five minutes apart. Seconds later I was swarmed by a team of six people including a doctor directing this team, telling one to do telemetry, another to do labs, and someone to get a chest scan. I, the patient, said, "I don't need a chest scan!" The doctor said, "Ha, yes you do." I continued to refuse chest x-ray and kept repeating I am here for an ovarian cyst. Regardless, a chest x-ray was done, and blood was taken for testing. Finally, they check my wristband before placing the telemetry. Then the doctor looked at me and said, "Wait, what are you here for?" He finally listened and realized he had the wrong person, the wrong situation, the wrong procedures, no patient information was read, and no consent given. Not only were they not listening to my right to refuse treatment, but they were putting the other patient at risk. The other patient who did have some sort of heart disorder or respiratory issue was not safe and was not given help promptly. I don't know what happened to her, but I do know her safety needs were certainly not being met.

According to Maslow, safety is one of the basic needs for humans. Unless it is met, it is impossible to meet higher needs like belonging and esteem. The nursing shortage affects patients' safety every day by causing large wait times for potentially severe injuries and illnesses. Nurses feel rushed and forget even such basics as having the correct patient. This is why I believe that safety is the area with the greatest impact due to the nurse shortages.





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## **Education Scholarship Essay Winners**

## How Has the Nursing Shortage Impacted Models of Nursing Care?

#### Addison Sterba, Neosho County Community College, Mary Grimes School of Nursing

The nursing shortage has greatly impacted our nation throughout the past two years of this ongoing pandemic. Many will credit COVID-19 as being the prime suspect of so many nurses becoming burnt out and walking away from their passion of being a nurse. The nursing profession comes with many challenges and responsibilities of its own, however, when you add a shortage of team members who could assist you along the way, you end up running into the models of nursing care being affected in a way they may never have before.



When I think of nursing as a whole and what it means to be a nurse, it embodies teamwork, critical thinking, time management, and high-quality care that must be delivered along with a multitude of other tasks and challenges. Without staff to support these areas of functionality such as patient care, team nursing, functional and primary nursing it can create a huge impact and shift in the work area. For example, with the COVID-19 pandemic, we were seeing that the hospitals were taking a huge influx of sick patients that were high acuity and needed around the clock supervision and care, and the patient to staff ratio during this time was less than ideal which caused emotional nursing model takes a hit with this because nurses are trying to do so many tasks in such a short amount of time while also trying to focus on staying efficient and consistent which can be difficult because when you add in tasks such as medication passing that have scheduled times that need to be met it becomes increasingly stressful to get it all done in a timely manner.

With primary nursing, we see that registered nurses are the point of contact for many things that are needed clinically and so many people rely on their expertise to help see them through a shift. With a nursing shortage, this has greatly affected these registered nurses who are now taking on larger patient loads and having more responsibility added to their workload which can result in more cause for error and ineffective outcomes for patients as their needs may not be met to the fullest extent as they could. Nurses are trying to juggle an additional set of tasks that may have been the previous responsibility of another nurse, or tasks that get added on and piled up throughout the shift, which only adds to the amount of room for error. Additionally, these RNs are also trying to lead and help oversee other healthcare professionals.

Lastly, patient care and team nursing are impacted negatively by the amount of staffing available due to the shortages. These nurses are of course making sure that the critical care needs of patients are being met, but they may be falling behind in other areas because again there is not enough time in a shift to be able to adequately complete all the tasks at hand when there's not enough staff and help to aid in these tasks. All healthcare professionals recognize that to get through a tough shift it takes hard work and teamwork, and we rely on one another to get through a day. When a nurse has to face a reality that he or she may be walking into a shift where they and one other person are the only ones on the floor to make sure all these needs are met by the end of it, that is a huge negative impact for them but also nursing in general.

The models of nursing care have been tested and challenged greatly in the past three years. The mental and physical health of so many nurses has been pushed to its highest limit in the past three years as well. Some may say that this nursing shortage has only strengthened those who stuck through it all and some may say that this nursing shortage has only destroyed the passion of those who chose to walk away. Either way that it is perceived, it should be understood that the shortage is one of the largest impacts on nursing care that we have ever seen and we can only hope that it gets better with time, and that nurses will continue healing others as well as themselves and or find the passion that led them to this career in the first place.

## WANT TO MAKE A DIFFERENCE IN NURSING?

## **Different Faces**

#### Holland Harvart, Washburn University School of Nursing

It was never the same face. The first face threw open the door and handed me a drink so foul I held my nose to take it in. Someone new walked me to the room where we would do the procedure. Her hair was braided, and she seemed to be in a hurry. "It is routine, don't worry. Everyone does this when they're 50." The room was cold and smelt like every inch had been scrubbed with cleaner. A tall man with golden skin put me to sleep. A short lady with red hair woke me up. The next stranger sat us in a warmer room and told us



what they had found. My friend advised us to fly to MD Anderson, so we did. This building was cold too. The elderly woman at the new front desk took our insurance information and the overwhelmed, youthful girl put me in a large machine and told me not to move. The next new stranger wore a lengthy white coat and talked to us for a long time before asking if we also wanted to speak to the doctor. "Aren't you a doctor?" I asked. "No, I am a PA" he replied. I didn't know what that meant but I was tired of asking questions, so we flew home.

That story is what I imagine my Dad felt 10 months ago when he was diagnosed with stage 4 colon cancer. He felt like another number to the staff that was in full control of his care. With the shortage of nurses and other resources over the last several decades, healthcare facilities have shifted from a primary nursing care model to the team care model. Primary nursing care is rooted in the idea of one singular nurse providing total care for a patient. Team nursing care is accomplished through several individuals, often with different licensures, (CNAs, LPNs, BSNs, etc.) caring for patients cohesively.

The primary care model is beneficial to both patients and nurses. The primary model requires the nurse to take full responsibility for the care plan of the patient-which then builds a trusting relationship between the patient and nurse.

When nurses are given responsibility, they are given purpose. The connection that is built between a nurse and his or her patients sparks a passion for the career that will translate into a greater longevity in the nurses' careers. This will contribute to the reimbursement of the 30% of health care workers that ceased their positions during the pandemic (Galvin, 2021)

In addition to the benefits that the primary care model has on a healthcare staff, it is also beneficial to the patients. My dad receives his chemotherapy treatments at our local hospital. He now sees the same nurse every time he goes into the center. In the midst of unpredictability, she is dependable. Though this model of care is not fully primary by definition, it is a glimpse of it. He can rest in the knowledge that to Jessa, he is not just another nameless patient that will be passed around the staff. He is her patient. She cares for him, and though in a different way, he cares for her too.

In conclusion, limited resources have shifted our healthcare system from a primary model to a team care model. If a primary model were able to be reinstated, it would elongate nurses' careers and improve the quality of care we give to our patients.

#### Works Cited

Galvin, Gaby. "Nearly 1 in 5 Health Care Workers Have Quit Their Jobs during the Pandemic." *Primary Care Collaborative*, Morning Consult, 15 Nov. 2022, <u>https://www.pcpcc.org/2022/01/07/</u> <u>nearly-1-5-health-care-workers-h ave-quit-their-jobs-during-pandemic</u>.

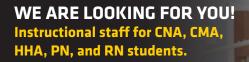


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## **Practice Call Inquiries**

"May I have permission to....

KSBN staff receive on average 75+ calls and emails monthly from employers, licensees, and attorneys asking for guidance on scope of practice. KSBN staff are not licensed attorneys and cannot provide legal advice. Nor can KSBN staff pre-determine licensure of a student, nursing student, or applicant, nor pre-determine if the board will assign discipline in a situation. Many of the inquiries believe they are not asking for legal interpretation of the Kansas Nurse Practice Act (KNPA). KSBN has no legal authority to provide guidance, position statements, or advisory opinions. KSBN is aware that other states may do this, but the difference rests in the state law and what authority is granted to the regulatory agency.

What KSBN staff can assist you with:

- 1. Location of the Kansas Nurse Practice Act https:// ksbn.kansas.gov/npa/
- 2. Resources include but is not limited to for consideration of an answer to the question
  - a. American Nurses Association
  - b. Kansas Nurses Association
  - c. Individual Affiliations with Organizations
    - i. KSNO Kansas School Nurse Organization
  - ii. KAPN Kansas Advance Practice Nurse
- 3. Explain the Investigative Process https://ksbn.kansas.gov/investigative-process/

Determinations as to whether a nurse has violated the KNPA and whether disciplinary action is taken against a licensee, is a power granted to the Board. The Board does not make any determinations until after an investigation has been completed and evidence gathered has been presented to the Board. Therefore, agency staff are unable to provide an opinion as to whether there is a violation of the KNPA (see K.S.A. 65-1120, K.A.R. 60-3-110, and K.S.A. 65-1166 art. III(c) (1)-(11)).



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**NLC Update** 



NLC States

GUAM

AMERICAN

SAMOA (AS)

HAWAII

MARIANA

ISLANDS (MP)

Guam: Pending implementation in 2022, tentatively. Nurses holding a multistate license in other NLC states may practice in Guam. Guam residents cannot obtain a multistate license until implementation is complete.

Partial Implementation Currently No Action

ΑZ

NM

Pennsylvania: NLC enacted July 1, 2021. Implementation date is TBD. Criminal background checks must also be implemented. PA residents cannot obtain a multistate license until implementation is completed. Nurses in other NLC states with a multistate license may not practice in PA until implementation is complete.

Virgin Islands: NLC enacted Dec. 6, 2021. Implementation date is TBD. Criminal background checks must also be implemented. VI residents cannot obtain a multistate license until implementation is completed. Nurses in other NLC states with a multistate license may not practice in VI until implementation is complete.



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- 2. Belleville Healthcare & Rehab Center 2626 Wesleyan Drive, Belleville, KS 66935 (785) 527-5636 | BellevilleHRC.com
- **3.** Blue Valley Health and Rehabilitaion Center 710 Western Ave, Blue Rapids, KS 66411 (785) 527-5636 | BellevilleHRC.com
- 4. Brighton Place West Health Center
- 9. Hilltop Lodge Health & Rehab Center 815 N Independence Ave, Beloit, KS 67420 (785) 738-3516 | HilltopLodgeHRC.com
- Kenwood View Health & Rehab Center 900 Elmhurst Blvd., Salina, KS 67401 (785) 825-5471
- 11. Louisburg Healthcare & Rehab Center 1200 S Broadway Street, Louisburg, KS 66053 (913) 837-2916 | LouisburgHRC.com
- 12. Meadowbrook Rehabilitation Hospital &
- 16. Pinnacle Park Nursing & Rehab Center 2936 Georgia Ave, Salina, KS 67401 (785) 825-6954 | PinnacleParkHRC.com
- 17. Plaza West Healthcare & Rehab Center 1570 SW Westport Drive, Topeka, KS 66604 (785) 271-6700 | PlazaWestHRC.com
- Richmond Healthcare & Rehab Center 340 E South Street, Richmond, KS 66080 (785) 835-6135 | RichmondHRC.com
- 19. Rossville Healthcare & Rehab Center

331 SW Oakley Ave, Topeka, KS 66606 (785) 232-1212 | BrightonPlaceHRC.com

#### 5. Cambridge Place Senior Village

1100 N 16th St, Marysville, KS 66508 (785) 562-5321 | CambridgePlaceSV.com

#### 6. Flint Hills Care & Rehab Center

1620 Wheeler Street, Emporia, KS 66801 (620) 342-3280 | FlintHillsCRC.com

#### 7. The Gardens at Aldersgate

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#### 8. Heritage Gardens

700 Cherokee St, Oskaloosa, KS 66066 (785) 863-2108 | HeritageGardens.com

#### Meadowbrook Rehabilitation Hospital South

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Merriam Gardens Healthcare & Rehab Center
 9700 W 62nd ST, Merriam, KS 66203
 (913) 384-0800 | MerriamGardensHRC.com

#### Minneapolis Healthcare & Rehab Center 815 N Rothsay Ave, Minneapolis, KS 67467 (785) 392-2162 | MinneapolisHRC.com

 Parkview Health & Rehabilitation Center 811 N 1st Street, Osborne, KS 67473 (785) 346-2114 | ParkviewHRC.com 600 E Perry Street, Rossville, KS 66533 (785) 584-6104 | RossvilleHRC.com

- 20. Sandpiper Healthcare & Rehabilitation Center 5808 W 8th Street N, Wichita, KS 67212 (316) 945-3606 | SandpiperHRC.com
- **21.** Shawnee Gardens Healthcare & Rehab Center 6416 Long Street, Shawnee, KS 66216 (913) 631-2146 | ShawneeGardensHRC.com
- 22. Springview Manor Healthcare & Rehab Center 412 South 8th Street, Conway Springs, KS 67031 (620) 456-2285 | SpringviewManorHRC.com
- 23. Wathena Healthcare & Rehabilitation Center 2112 U.S. 36, Wathena, KS 66090 (785) 989-3141 | WathenaHRC.com

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## Where on the KSBN Website Do I:

Request records that the KSBN may have in its possession https://ksbn.kansas.gov/kora-request/

> Determine which application to complete https://ksbn.kansas.gov/getting-started/

Request List of licensees in the state of Kansas https://ksbn.kansas.gov/mailing-data-list-request-form/

> Find the Kansas Nurse Practice Act https://ksbn.kansas.gov/npa/

File a Complaint regarding a licensee's practice https://ksbn.kansas.gov/how-to-file-a-complaint/

Understand my rights if I am investigated https://ksbn.kansas.gov/your-rights-before-the-board/

> Learn about the Nurse Licensure Compact https://ksbn.kansas.gov/nlc/

Submit Continuing Nurse Education for approval (IOA form) https://ksbn.kansas.gov/continuing-nursing-education/

> Learn about Educational Programs https://ksbn.kansas.gov/programs/



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## What is the difference between KSBN and KSNA?

There is a lack of knowledge about the difference between the Kansas State Board of Nursing (KSBN) and the Kansas State Nurses Association (KSNA). Often, they get interchanged and are not the same entity.

	Kansas State Board of Nursing (KSBN)	Kansas State Nurses Association
Overview	<ul> <li>KSBN is a regulatory agency created by legislative action in 1913. The authority granted to the KSBN in the Kansas Nurse Practice Act includes:</li> <li>1) licensure of qualified applicants as LMHTs, LPNs, RNs, and APRNs</li> <li>2) Protect the public from (a) persons who are not competent to practice nursing or mental health technology and (b) who seek to operate a non-approved school of nursing or mental health technician program.</li> <li>3) Require evidence of continuing education for relicensure of all RNs, LPNs, APRNs and LMHTs</li> <li>4) Approve nursing education programs and approve mental health technician programs which have achieved, and are maintaining, minimum standards and approve providers of continuing education for nurses.</li> <li>5) Investigate complaints received by KSBN, present findings to the Board and provide discipline to any licensees who are determined by the Board to be in violation of the provisions of the Kansas Nurse Practice Act.</li> </ul>	KSNA has been in existence for over one hundred years. It is the only full-service professional organization representing Kansas' 50,000 plus registered nurses. Key program areas of the association include legislation and governmental affairs, accreditation and provision of continuing nursing education, professional development and supporting nursing practice and research
Mission	To assure the Citizens of Kansas safe and competent practice by nurses and mental health technicians.	To protect and enhance registered professional nursing practice in all environments to assure quality, affordable and accessible health care for people in Kansas.
Philosophy/ Vision	Philosophy: The Board of Nursing will act in accordance with the highest standards of ethics, accountability, efficiency and openness. The Board subscribes to the idea that safe nursing care is a public trust. We approach our activities with a deep sense of purpose and responsibility. The public and regulated community alike can be assured of a balanced and sensible approach to regulation.	Vision: To provide a unified voice for nursing in Kansas
Core Values/ Purpose	Core Values: We value trustworthiness in each individual, believe we can be depended upon to act with integrity, honesty, sincerity and fairness. We value respect for each person recognizing that we all have an important role to play in achieving our organizational goals. We value continuous learning which enhances individual and organizational growth. We value competence in all staff knowing that quality leadership, support and service require knowledge, skills, and accountability. We value open and effective communication through the ongoing interchange of ideas and information. We value collaboration in our work processes and decision making, recognizing when we involve others affected by decisions, we strengthen the decisions.	<ul> <li>Purpose:</li> <li>1. To advocate for the quality and safe health standards in the work environment and the availability of health care services for all people</li> <li>2. Maintain a Code of Ethics among nurses</li> <li>3. Elevate high standards of nursing practice and education that fosters safe care</li> <li>4. Advocate for safe workplace standards</li> <li>5. Promote the professional development, educational and economic advancement of nurses and their professional economic welfare</li> <li>6. These purposes shall be unrestricted by age, color, creed, disability, gender, health status, lifestyle, nationality, race, religion, or sexual orientation.</li> </ul>
Website (for more information)	https://ksbn.kansas.gov/	https://ksnurses.com/

## K-TRACS Offers Free CE Course for Prescribers

K-TRACS, the Kansas prescription drug monitoring program, is offering a continuing education course for nurse practitioners to learn more about using the program in their clinical decision-making.

The course, approved by the Kansas State Board of Nursing, intends to help prescribers:

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- Analyze the K-TRACS patient report and how information can be used in clinical decision-making;
- Discuss opportunities to maximize patient care coordination, including patient education and naloxone co-prescribing; and
- Identify and mitigate high-risk and potentially harmful prescribing scenarios.

The course also includes practical applications of the Centers for Disease Control and Prevention's (CDC) 2022 Clinical Practice Guidelines for Prescribing Opioids for Pain. The course is self-paced and available online. Learn more on the K-TRACS website: <u>https://pharmacy.ks.gov/k-tracs/</u> <u>using-k-tracs/continuing-education</u>

The Kansas Board of Pharmacy is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for 1.1 contact hours applicable for APRN, RN or LPN relicensure. Kansas State Board of Nursing Number: SP1539-0225.



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## **Telemedicine and Prescribing Changes**

As a reminder the temporary COVID rules for telemedicine and prescribing will end on 5/11/23. The original telemedicine rules will be going back into effect 5/11/23. They were originally instituted in 2018. They state a person must be seen in person for the prescribing of any level of controlled substance. The only exception has been for rural clinics where the patient has to be seen the first visit in person and subsequent visits for controlled substances can be telemedicine if 1) they are physically in a DEA approved clinic at the time of that appt. and 2) there is another medical professional present with a DEA license at that time.

The DEA on March 20, 2023, issued two proposed rules that would permanently extend many telemedicine flexibilities adopted during the COVID-19 public health emergency. These proposed rules would allow continued use of telehealth to prescribe controlled substances in cases where patients have never been treated in-person by the prescriber before, with safeguards. These proposed rules are in a 30-day public comment period and the DEA will consider the comments before drafting final regulations.

Full text of these proposed rules can be found on the DEA website: https://www.dea.gov/ press-releases/2023/02/24/dea-announces-proposed-rules-permanent-telemedicine-flexibilities



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## **Phishing Scam PSA**

The professional nursing community as of late, has been getting targeted in phishing campaigns at an increased rate. KSBN recommends that you treat unsolicited communications with caution. All KSBN fees are paid online through the portal, at the office, or via mailed check. We do not take payment over the phone. You can always follow up by calling us directly at 785-296-4929.



Kansas State Board of Nursing June 4, 2022 - 🔇

## 🜔 NCSBN

## **Be Alert for** Scams

NCSBN employees or boards of nursing will NEVER:

- Offer to provide "inside" knowledge on the NCLEX
- Offer to provide "leaked answers" to the NCLEX
- Offer to provide nursing licensure without taking the NCLEX exam

#### National Council of State Boards of Nursing NCSBN 📝 May 25, 2022 - 🕥

NCSBN wants you to be aware of social media scams originating from individuals who claim to be NCSBN or board of nursing employees. If you have a question about the NCLEX, please contact the board of nursing in your jurisdiction or visit nclex.com.







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Look up, verify and monitor your nurse licenses anytime, anywhere... for FREE.



In just a few minutes, you can self-enroll into Nursys e-Notify® and receive licensure status updates, track license verifications for endorsement and create and manage multiple license expiration reminders. Keeping on top of your license status can help you prevent fraudulent licenses or certificates being issued in your name. An added bonus is you can now obtain your NCSBN ID, which may allow you to easily identify yourself to applications and processes without providing detailed information.

**Powered by the U.S. boards of nursing**, Nursys e-Notify is the NCSBN database. It is the only national database for licensure verification of registered nurses (RNs), licensed practical/vocational nurses (LPN/VNs) and advanced practice registered nurses (APRNs).

**Nursys is live and dynamic,** and all updates to the system are pushed directly from participating boards of nursing (BON)\* databases through frequent, secured data updates.

This innovative nurse licensure notification system was previously only available to institutions that employ nurses but is now available free of charge to you.

#### Creating an account is quick and easy.

Enroll at **www.nursys.com/e-notify** and select "As a Nurse" to complete the registration process.

Learn more about Nursys e-Notify by viewing an introductory video at www.nursys.com/enotify-video. For questions, contact nursysenotify@ncsbn.org.



\* See www.nursys.com for participating BONs.



## The Meaning of a License Number

K.A.R. 60-3-108 details the expiration of a license number. But what do the numbers mean?

The first 2 digits reference license type: LPN, RN, APRN, RNA. These are the most common:

- 23 = LPN by exam in KS
- 24 = LPN by endorsement in KS
- 13 = RN by exam in KS
- 14 = RN by endorsement in KS
- 53 = APRN by exam in KS
- 43 = RNA by exam in KS

The last 3 digits reference the licensee's birth month (01-12) and year of birth; odd (1) or even (2).

For example: license number is 13-111111-042.

- This is an RN licensed by exam in KS, that expires in April of every even year.

For example: license number is 53-111111-121

- This is an APRN licensed in KS that expires in December of every odd year.

For example: license number is 24-111111-112

- This is an LPN licensed in KS by endorsement that expires in November of every even year.

Employers have options to check the license number of the nurse they employ.

- The KSBN website has a link to the License Verification page, which searches by the middle numbers (111111 from above examples).
- Employers can also use e-Notify to receive notifications about the license numbers of any licensed nurse in their employ. The KSBN website has a link for this service.
- Finally, the Employer can compare the last three digits of the license number to the nurse's date of birth.



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CALL, EMAIL OR VISIT US ON OUR WEBSITE! Contact vickie gibbs, cno for additional information at: Phone: 785 540-4957 Email: vgibbs@phillipshospital.org Website: www.phillipshospital.org/careers

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## nursing.kumc.edu