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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.

Thoughts from the Executive Administrator...

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

Hello everyone,

All the Board member openings have been filled. The following Board members were reappointed for a second term: Brenda Sharpe, Public Member; Michaela Hysten, MSN, BSN, RN; and Adri Gouldsmith, LPN. We have one new Board member, Ruth Burkhart, DNP, MSN, MA, RN-BC, LPCC. Board member terms are for four years. There are several openings on the



Carol Moreland

committees that assist the Board. New committee member assignments will be made after the September 2023 meeting and the new committee members will be notified and start their two-year term in December 2023.

Information about the difference between KSBN and the Kansas State Nurses Association (KSNA) is included again in this newsletter. There continues to be some confusion among nurses and the public about the differences.

The member states in the Nurse Licensure Compact continue to grow across the U.S. The two most recent states to enact the NLC are Washington and Rhode Island. An updated NLC map is included in this newsletter. As a reminder you must have a multistate license from your primary state of residence to practice in the other states that are members of the NLC. There is information on our website if you want to obtain a multistate license through Kansas and Kansas is your primary state of residence. As a reminder, starting July 1, 2023, we require 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. There is an update about the two proposed rules issued by the DEA and HHS that would permanently extend many telemedicine flexibilities adopted during the COVID-19 public health emergency. There is more information included in this newsletter.

The CNE regulations have been revised and they are included in this newsletter. I encourage you to review the revised regulations. The Next Generation NCLEX was implemented on April 1, 2023. There is information in this newsletter about the development of this revised NCLEX along with initial statistics from Kansas for graduates who have taken the Next Generation NCLEX.

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

K-TRACS Offers Free CE Course for Prescribers

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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:
- Apply best practices for consulting K-TRACS to improve team-based patient care coordination;
- 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 coprescribing; 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/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.

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.

NOW HIRING!

- 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.
- 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.
- 9. What National Certifications are accepted by KSBN for APRN licensure? Your certification must be a KSBN Approved National Certification Organization. The approved KSBN National Certification Organizations are as follows: American Academy of Nurse Practitioners Certification Board (AANPCB), American Association of Critical-Care Nurses (AACN), American Midwifery Certification Board (AMCB), American Nurses Credentialing Center (ANCC), National Board of Certification & Recertification for Nurse Anesthetists (NBCRNA), National Certification Corporation (NCC), Pediatric Nursing Certification Board (PNCB)

NURSE STATISTICS

License Type	Total
Clinical Nurse Specialist	363
Licensed Mental Health Technician	37
Licensed Practical Nurse - Multi-State	2027
Licensed Practical Nurse - Single-State	7239
Nurse Midwife	102
Nurse Practitioner	7131
Registered Nurse - Multi-State	16192
Registered Nurse - Single-State	36747
Registered Nurse Anesthetist	1282
Total	71120

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www.ksnurseassistance.org



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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.

The Next Generation NCLEX Has Arrived

An important component of NCSBN's role in supporting the work of nurse regulatory bodies like KSBN in ensuring public protection is the development of a valid and reliable measure of entry-level nurse competence. A key element of this activity is ensuring the NCLEX (national nurse licensure exam) is comprehensive and reflects current nursing practice. (NCSBN website)

The Beginning

The NGN (Next Generation NCLEX) Project was started by NCSBN after information gathered during the 2013-14 NCSBN Strategic Practice Analysis showed that newly licensed nurses are increasingly expected to make complex decisions while caring for patients. To aid in the identification of a comprehensive list of current aspects of nursing practice, NCSBN conducted the strategic practice analysis of entry-level registered nurses (RNs). The purpose of the study was to support the development and validation of the knowledge, skills and abilities required of entry-level RNs. Research findings corroborated the need for inclusion of critical thinking and decision-making skills as an essential part of entrylevel education. Sound clinical judgment can potentially prevent many of the adverse events that happen every day in healthcare. This study was repeated for the PN level in 2019-2020.

The NGN project included several steps/phases which included research, literature reviews and pilot studies. These steps in turn led to the development of the NCSBN Clinical Judgment Measurement Model (NCJMM) in 2017 which included important elements of nursing clinical judgment such as cue recognition, hypotheses generation, hypotheses evaluation, taking actions and evaluating outcomes. The idea behind the CJMM was that it would be used to build different types of questions for the NCLEX that would better measure the needed knowledge of the entry level nurse in practice.

The Middle

New item prototypes were developed to better measure nursing candidates' clinical judgment and decision-making abilities. After prototypes were developed, they were put through usability testing and data collection about each type. In July 2017, NCSBN added a Special Research Section to the NCLEX-RN. RN candidates taking the NCLEX could voluntarily participate and none of the questions would count towards the candidate's score. Almost 80% of NCLEX candidates who received the special section participated at some level with an average of 17/20 items completed. Analyses focused on key variables including ethnicity, gender, education program type, and NCLEX repeater status. This special research section was added to the NCLEAX-PN starting in October 2020 and followed the same process as the NCLEX-RN.

In 2019, NCSBN approved five new item types that measure clinical judgment:

- Extended Multiple Response like current multiple response items but with more options and uses partial credit scoring
- Extended Drag and Drop move or place response options into answer spaces. This is like current

ordered response but not all response options may be required.

- Cloze (Drop-Down) allows selection of one option from a drop-down list. There can be more than one drop-down list in a Cloze item. Dropdown lists can used within a sentence or within tables and charts.
- Enhanced Hot Spot (highlighting) select answer by highlighting pre-defined words or phrases.
- Matrix/Grid select one or more answer options for each row and/or column. Useful in measuring multiple aspects of the clinical scenario with a single question.

The hallmark of the new NGN exam is the case studies. The case studies pull the candidate through the NCJMM skills which were discussed previously. A case study includes six questions with each question addressing Layer 3 of the NCJMM. The first question measures whether the candidate can identify what client information is most pertinent (Recognize Cues). The second question asks candidates to interpret the information (Analyze Cues). The third question asks candidates to develop a nursing hypothesis which can include prioritization of care (Prioritize Hypotheses). The fourth question asks candidates to connect updated understanding of client needs to possible courses of action or a plan of care (Generate Solutions). The fifth question addresses the skill of Take Action. In this question candidates are asked to identify the most appropriate action(s) with some that emphasize the action and others that emphasize how the action should be performed. The final question in the case study answers the question "did it help?". With any nursing intervention, the nurse must determine if the actions have been effective (Evaluate Outcomes).

The (Almost) End

As the release of the NGN exam approached, NCSBN began finalizing and validating the testing of all systems to ensure that the transition would be seamless. To this end, two important projects were undertaken in 2022: 1) the first viewing of an exemplar maximum-length examination by nursing regulatory body (NRB) members and 2) a beta test of the complete testing system with students. NRBs that regulate RN and PN licensure had the opportunity to review both RN and PN NGN exams. Representatives from all U.S regions were included in this review.

Overall, both endeavors were successful and provided crucial review and testing needed to feel confident with the April 2023 release of the NGN.

The End

After more than a decade of research, investigation and analysis by nursing experts who built the NCJMM and the NGN, countless contributions of nurses and nursing educators who participated in research studies, and over 250,000 aspiring nurses who volunteered to take sample questions on the special NGN research section of the NCLEX, the Next Generation NCLEX launched for all NCLEX test takers on April 1, 2023!

The introduction was smooth and there have been no reports of issues or difficulties. To try and bring things to a more personal and local level, KSBN was able to obtain some initial data and response from Kansas nursing graduates.

Recently, the second quarter NCLEX results were reviewed for all Kansas programs. In the first 90 days of the NGN launch, over 1300 nursing graduates have taken the NCLEX exam with an amazing 98.57% pass rate for first time PN testers (280) and 95.71% for first time RN testers (933). First time pass rate minimum standard for Kansas is 80%. Repeat tester pass rates were 64% for PN and 75% for RN. National averages for repeat testers prior to NGN launch were generally below 50%. In addition, a record 31 (of 52) programs had a 100% pass rate for the time period. Seventeen were PN programs and fourteen were RN programs (8 ADN, 6 BSN)

> The Next Generation NCLEX Has Arrived continued on page 4

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The Next Generation NCLEX Has Arrived continued from page 3

To look at a brief comparison to 2022 rates during the same time period, see the following chart:

	2023			2022		
RN	# Tested	# Passed	% Pass	# Tested	# Passed	% Pass
First timers	933	893	95.71%	954	794	83.23%
Repeaters	72	54	75.00%	111	50	45.05%
Total	1005	947	94.23%	1065	844	79.25%
PN	280					
First timers	280	276	98.57%	307	278	90.55%
Repeaters	14	9	64.29%	23	11	47.83%
Total	294	285	96.94%	294	285	87.58%

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"The students felt the NextGen questions were better and gave more information to make informed decisions / judgments. I think the new scoring with partial credit for select all that apply questions is helpful."

"The old single item questions with no case information or charts weren't as straightforward and they read more into the question."

"Students felt they were so well prepared for the new question types and they were able to answer the questions easier because the information is given to them just like in client care situations."

"So far, I am getting very positive feedback! I still get the usual "it was really hard' but most are passing. One said she felt like the exam tested they way she learned in school."

One student said, "The questions were very easy to understand and to know what they were asking. The answer options seemed more high level and difficult so you really had to know higher level teaching and interventions not just basic knowledge."

"Students said the felt the NGN tested their clinical judgment skills an decision-making rather than just testing content knowledge. Overall, it was complex and utilized critical thinking and nursing judgment."

"Our student response has been very positive. They felt prepared for the different question types, and many appreciated the case study format because they felt it provided more information and more context to answer the questions.

While we are just beginning the NGN experience, it seems that the outlook for success on the exam and preparation for new graduates is off to a good start in Kansas.



Telemedicine and Prescribing Update

On March 1, 2023, the DEA and HHS promulgated two notices of proposed rulemakings. These were asking for comments on proposals to allow for prescribing controlled medications pursuant to the practice of telemedicine in situations where the prescribing practitioner has never conducted an in-person medical evaluation of the patient. These notices resulted in 38,369 public comments, which are being closely reviewed. In the meantime, the DEA with the Substance Abuse and Mental Health Services Administration (SAMHSA) is issuing this temporary rule to extend certain exceptions granted to existing DEA regulations in March 2020 because of the COVID-19 Public Health Emergency to avoid lapses in care for patients. This rule is effective May 11, 2023, through November 11, 2024.



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Inpatient Unit — Registered Nurse: Full-time position, Night Shift available 7pm-7am, Three 12-hour shifts per week; 2-3 weekend shifts per month. Applicants must have a minimum of one-year hospital critical care experience, BLS certification required and ACLS certification preferred.

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https://kansas.surgery/employment

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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K.A.R. 60-9-105

60-9-105. Definitions. Each of the following terms, as used in this article of the board's regulations, shall have the meaning specified in this regulation:

- (a) "Approval" means the act of determining that a providership application or course offering meets applicable standards based on review of either the total program or the individual offering.
- (b) "Approved provider" means a person, organization, or institution that is approved by the board and is responsible for the development, administration, and evaluation of the continuing nursing education (CNE) program or offering.
- (c) "Authorship" means a person's development of a manuscript for print or a professional paper for presentation. Each page of text that meets the definition of continuing nursing education (CNE), as defined in K.S.A. 65-1117 and amendments thereto, and is formatted according to the American psychological association's guidelines shall equal three contact hours.
 - (1) Authorship of a manuscript means a person's development of an original manuscript for a journal article or text accepted by a publisher for statewide or national distribution on a subject related to nursing or health care. Proof of acceptance from the editor or the published work shall be deemed verification of this type of credit. Credit shall be awarded only once per topic per renewal period.
 - (2) Authorship of a professional research paper means a person's completion of a nursing research project as principal investigator, co-investigator, or project director and presentation to other health professionals. A program brochure, course syllabus, or letter from the offering provider identifying the person as a presenter shall be deemed verification of this type of credit. Credit shall be awarded only once each renewal period.
- (d) "Behavioral objectives" means the intended outcome of instruction stated as measurable learning behaviors.
- (e) "Certificate" means a document that is proof of completion of an offering consisting of one or more contact hours.
- (f) "CE transcript" means a document that is proof of completion of one or more CNE offerings. Each CE transcript shall be maintained by a CNE provider.
- (g) "Classic reference" means a book published more than 10 years ago or a periodical published more than five years ago, either of which is the most current available source with a recognized value pertinent to the content of an offering.
- (h) "Clinical hours" means planned learning experiences in a clinical setting. Three clinical hours equal one contact hour.
- (i) "College course" means a class taken through a college or university, as described in K.S.A. 65-1119 and amendments thereto, and meeting the definition of CNE in K.S.A. 65-1117, and amendments thereto. One college credit hour equals 15 contact hours.

- (j) "Computer-based instruction" means a learning application that provides computer control to solve an instructional problem or to facilitate an instructional opportunity.
- (k) "Contact hour" means 50 total minutes of participation in a learning experience that meets the definition of CNE in K.S.A. 65-1117, and amendments thereto. Fractions of hours 30 minutes or greater to be computed towards a contact hour shall be accepted.
- (I) "Distance learning" means the acquisition of knowledge and skills through information and instruction delivered by means of a variety of technologies.
- (m) "Independent study" means a self-paced learning activity undertaken by the participant in an unstructured setting under the guidance of and monitored by an approved provider. This term shall include self-study programs, distance learning, and authorship.
- (n) "Individual offering approval" and "IOA" mean a request for approval of an education offering meeting the definition of CNE, pursuant to K.S.A. 65-1117 and amendments thereto, but not presented by an approved provider or other acceptable approving body, as described in K.S.A. 65-1119 and amendments thereto.
- (o) "In-service education" and "on-the-job training" mean learning activities in the work setting designed to assist the individual in fulfilling job responsibilities. In-service education and on-the-job-training shall not be eligible for CNE credit.
- (p) "Mergener formula" means a formula utilized to recognize the amount of continuing education credit provided by a program based upon the material utilized when measured against complexity, time, questions, and participant feedback.
- (q) "Offering" means a single CNE learning experience designed to enhance knowledge, skills, and professionalism related to nursing. Each offering shall consist of at least 30 minutes to be computed towards a contact hour.
- (r) "Orientation" means formal or informal instruction designed to acquaint employees with the institution and the position. Orientation shall not be considered CNE.
- (s) "Refresher course" means a course of study providing review of basic preparation and current developments in nursing practice.
- (t) "Total program evaluation" means a systematic process by which an approved provider analyzes outcomes of the overall CNE program in order to make subsequent decisions. (Authorized by and implementing K.S.A. 2021 Supp. 65-1117 and K.S.A. 65-1119; effective Sept. 2, 1991; amended March 9, 1992; amended April 26, 1993; amended April 3, 1998; amended April 20, 2001; amended Oct. 25, 2002; amended March 6, 2009; amended May 10, 2013; amended April 29, 2016; amended July 14, 2023.)

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- (1) For each approved CNE offering, a certificate or a transcript that clearly designates the number of hours of approved CNE that have been successfully completed, showing the following:
 - (A) Name of CNE offering;
 - (B) provider name or name of the accrediting organization;
 - (C) provider number or number of the accrediting organization, if applicable;
 - (D) offering date;
 - (E) number of contact hours awarded; and
 - (F) the licensee's name and license number as shown on the course roster; or
- (2) an approved Kansas state board of nursing IOA, which shall include approval of college courses that meet the definition of continuing education in K.S.A. 65-1117, and amendments thereto.
- (b) The required 30 contact hours of approved CNE shall have been completed during the most recent prior licensing period between the first date of the licensing period and the date that the licensee submits the renewal application as required in K.S.A. 65-1117, and amendments thereto, and K.A.R. 60-3-108. Contact hours accumulated in excess of the 30-hour requirement shall not be carried over to the next renewal period.
- (c) Acceptable CNE may include any of the following:
 - (1) An offering presented by an approved provider or national organization whose focus is patient safety and improving nursing practice, including the following: American academy of nurse practitioners, American association of critical-care nurses, American midwifery certification board, American nurses association, American nurses credentialing center, emergency nurses association, national board of certification and

K.A.R. 60-9-106

recertification for nurse anesthetists, and pediatric nursing certification board;

- (2) an offering as designated in K.S.A. 65-1119, and amendments thereto;
- (3) an offering for which a licensee has submitted an IOA, which may include credit requested for a college course that meets the definition of continuing education in K.S.A. 65-1117, and amendments thereto. Before licensure renewal, the licensee may submit an application for an IOA to the board, accompanied by the following:
 (2) A prime the licensee and the term of the term of the submit and the submit a
 - (A) A rationale statement that applies the meaning of continuing nursing education, as defined in K.S.A. 65-1113 (h) or continuing education, as specified in K.S.A. 65-1132 (a)(2) and amendments thereto;
- (B) an agenda representing exact learning time in minutes;
- (C) official documentation of successfully completed hours, which may include a certificate of completion or an official college transcript; and
- (D) learning or behavior objectives describing learning outcomes;
- (4) a maximum of 15 contact hours for the first-time preparation and presentation as an instructor of an approved offering to licensed nurses. Two contact hours of instructor credit shall be granted for each hour of presentation;
- (5) an offering utilizing a board-approved curriculum developed by the American heart association, emergency nurses association, or Mandt, which may include the following:
 - (A) Advanced cardiac life support;
 - (B) emergency nursing pediatric course;
 - (C) pediatric advanced life support;
 - (D) trauma nurse core course;
 - (E) neonatal resuscitation program; or
- (F) Mandt program;
- (6) independent study;
- (7) distance learning offerings;
- a board-approved refresher course if required for licensure reinstatement as specified in K.A.R. 60-3-105 and K.A.R. 60-11-116;

- (9) participation as a member of a nursing organization board of directors or the state board of nursing, including participation as a member of a committee reporting to the board. The maximum number of allowable contact hours shall be six and shall not exceed three contact hours each year. A letter from an officer of the board confirming the dates of participation shall be accepted as documentation of this type of CNE; or
- (10) any college courses in science, psychology, sociology, or statistics that are prerequisites for a nursing degree.
- (d) Fractions of hours 30 minutes or greater to be computed towards a contact hour shall be accepted.
- (e) A maximum of 15 contact hours shall be accepted for renewal of certification in advanced cardiac life support (ACLS), pediatric advanced life support (PALS), or similar standardized recertification courses developed by the American heart association, emergency nurses association, or Mandt each licensing period.
- (f) Contact hours shall not be recognized by the board for any of the following:
 - (1) Identical offerings completed within a renewal period;
 - (2) offerings containing the same content as that of courses that are part of basic preparation at the level of current licensure;
 - (3) in-service education, on-the-job training, orientation, and institution-specific courses;
 - (4) an incomplete or failed college course or any college course in literature and composition, public speaking, basic math, algebra, humanities, or other general education requirements unless the course meets the definition of CNE;
 - (5) offerings less than 30 minutes in length; or
 - (6) a board-approved refresher course for license renewal.
 (Authorized by and implementing K.S.A. 2021 Supp. 65-1117; effective Sept. 2, 1991; amended April 3, 1998; amended April 20, 2001; amended July 20, 2007; amended May 10, 2013; amended April 29, 2016; amended July 14, 2023.)

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60-9-107. Approval of continuing nursing education. (a) Each person, organization, or institution wanting to become an approved provider shall meet the following requirements:

- (1) Long-term provider. A completed application for initial approval or five-year renewal for a long-term continuing nursing education (CNE) providership shall be submitted to the board at least 60 days before a scheduled board meeting.
- (2) Single offering provider. The application for a single CNE offering shall be submitted to the board at least 30 days before the anticipated date of the first offering.
- (b) Each applicant shall include the following information on the application:
 - (1)(A) The name and address of the organization; and
 - (B) the name and address of the department or unit within the organization responsible for approving CNE, if different from the name and address of the organization;
 - (2) the name, education, and experience of the program coordinator responsible for CNE, as specified in subsection (c);
 - (3) written policies and procedures, including at least the following areas:

(A)Assessing the need and planning for CNE activities;

- (B) fee assessment;
- (C) advertisements, offering announcements, and certificates of completion. Published information and each certificate of completion shall contain the following statement: "[Name of provider] is approved as a provider of CNE by the Kansas State Board of Nursing. This course offering is approved for contact hours for [specify each applicable license type: APRN, RN, LPN, or LMHT] relicensure. Kansas State Board of Nursing provider number:
- (D) for long-term providers, the offering approval process as specified in subsection (d);
- (E) awarding contact hours, as specified in subsection (e);
- (F) verifying participation and successful completion of the offering, as specified in subsections (f) and (g);
- (G)recordkeeping and record storage, as specified in subsection (h);
- (H)notice of change of coordinator or required policies and procedures. The program coordinator shall notify the board in writing of any change of the individual responsible for the providership or required policies and procedures within 30 days; and
- (I) for long-term providers, a copy of the total program evaluation plan; and
- (4) the proposed CNE offering, as specified in subsection (i).
- (c) (1) Long-term provider. The program coordinator for CNE shall meet the following requirements:
 - (A)Be a licensed professional nurse;
 - (B) have three years of clinical experience;(C) have one year of experience in developing and
 - implementing nursing education; and (D)have a baccalaureate degree in nursing, except those individuals exempted under K.S.A. 65-
 - 1119 and amendments thereto.(2) Single offering provider. If the program coordinator is not a pursue the applicant shall also

K.A.R. 60-9-107

- (5) a current bibliography that is reflective of the offering content. The bibliography shall include books published within the past 10 years, periodicals published within the past five years, or both. Classic references, if included, shall be limited to less than 25 percent of the bibliography; and
- (6) an offering evaluation that includes each participant's assessment of the following:(A) The achievement of each objective; and(B) the expertise of each individual presenter.
- (e) An approved provider may award any of the following:
 - (1) Contact hours as documented on an offering agenda for the actual time attended, including partial credit for fractions of hours 30 minutes or greater to be computed towards a contact hour;
 - (2) instructor credit, which shall be twice the length of the first-time presentation of an approved offering, excluding any standardized, prepared curriculum;
 - (3) independent study credit that is based on the time required to complete the offering, as documented by the provider's pilot test results or determined by the Mergener formula; or
 - (4) clinical hours.
- (f)(1) Each provider shall maintain a daily roster to verify that each participant attended the offering. The roster shall contain the following information:
 - (A) The provider's name, address, provider number, and coordinator;
 - (B) the date and title of the offering, and the presenter or presenters; and
 - (C) the participant's name and license number, and the number of contact hours awarded.
 - (2) Each provider shall maintain documentation to verify completion of each independent study offering, if applicable. To verify completion of an independent study offering, the provider shall maintain documentation that includes the following:
 - (A) The provider's name, address, provider number, and coordinator;
 - (B) the participant's name and license number, and the number of contact hours awarded;(C) the title of the off size.
 - (C) the title of the offering;
 - (D) the date on which the offering was completed; and
 - (E) either the completion of a posttest or a return demonstration.
- (g)(1) A certificate of attendance shall be awarded to each participant after completion of an offering, or a CE transcript shall be provided according to the policies and procedures of the approved provider.
 - (2) Each certificate and each CE transcript shall be complete before distribution to the participant.
 - (3) Each certificate and each CE transcript shall contain the following information:

(A) The provider's name, address, and provider number;(B) the title of the offering;

- (C) the date or dates of attendance or completion;
- (D) the number of contact hours awarded and, if applicable, the designation of any independent study or instructor contact hours awarded;
- (E) the handwritten or electronic signature of the individual responsible for the providership;
- (F) the name and license number of the participant; and
- (G) the following statement: "[Name of provider] is approved as a provider of CNE by the Kansas State Board of Nursing. This course offering is approved for contact hours for [specify each applicable license type: APBN_RN_LPN or LMHT]

- (2) The record storage system used shall ensure confidentiality and easy retrieval of records by authorized individuals.
- (3) Each approved single offering CNE provider shall submit to the board a roster of the individuals who have completed an offering, within 15 working days of course completion.
- (i)(1) Long-term provider application. The provider shall submit two proposed offerings, including the following: (A) A summary of planning;
 - (B) a copy of the offering announcement or brochure;
 (C) the title and behavioral objectives:
 - (C) the title and behavioral objectives; (D) the offering agenda or, for independent study,
 - pilot test results;
 - (E) each instructor's education and experience;
 - (F) a current bibliography, as specified in paragraph (d)(5); and

(G) the offering evaluation form.

- (2) Single offering provider application. The provider shall submit the proposed offering, which shall include the information specified in paragraphs (i)(1) (A) through (G).
- (j)(1) Long-term provider application. Each prospective coordinator who has submitted an application for a longterm CNE providership that has been reviewed once and found deficient, or has approval pending, shall submit all materials required by this regulation at least two weeks before the next board meeting. If the application does not meet all of the requirements or the prospective coordinator does not contact the board for an extension on or before this deadline, the application process shall be considered abandoned. A new application and fee shall be submitted if the prospective coordinator still wants a providership.
 - (2) Single offering approval application. If the application for a single offering has been reviewed and found deficient, or has approval pending, the CNE coordinator shall submit all materials required by this regulation before the date of offering. If the application does not meet the requirements before the offering deadline, the application shall be considered abandoned. There shall be no retroactive approval of single offerings.
- (k)(1) Each approved long-term provider shall pay a fee for the upcoming year and submit an annual report for the period of July 1 through June 30 of the previous year on or before the deadline designated by the board. The annual report shall contain the following:
 - (A) An evaluation of all the components of the providership based on the total program evaluation plan;
 - (B) a statistical summary report; and
 - (C) for each of the first two years of the providership, a copy of the records for one offering as specified in paragraphs (h)(1)(A) through (H).
 - (2) If approved for the first time after January 1, a new long-term provider shall submit only the statistical summary report and shall not be required to submit the annual fee or evaluation based on the total program evaluation plan.
- (I)(1) If the long-term provider does not renew the providership, the provider shall notify the board in writing of the location at which the offering records will be accessible to the board for two years.
 - (2) If a provider does not continue to meet the criteria for current approval established by regulation or if there is a material misrepresentation of any fact with the information submitted to the board by an

coordinator is not a nurse, the applicant shall also include the name, education, and experience of the nurse consultant. The individual responsible for CNE or the nurse consultant shall meet the following requirements:

(A) Be licensed to practice nursing; and (B) have three years of clinical experience.

(d) For long-term providers, the policies and procedures for the offering approval process shall include the

following:

(1) A summary of the planning;

(2) the behavioral objectives;

(3) the content;

 (4) the instructor's education and experience, documenting knowledge and expertise in the content area; applicable license type: APRN, RN, LPN or LMHT relicensure. Kansas State Board of Nursing provider number ______ :".

(h)(1) For each offering, the approved provider shall retain the following for two years:

(A) A summary of the planning;

(B) a copy of the offering announcement or brochure;

(C) the title and objectives;

(D) the offering agenda or, for independent study, pilot test results;

(E) a bibliography;

(F) a summary of the participants' evaluations;(G)each instructor's education and experience; and(H)documentation to verify completion of the offering, as specified in subsection (f).

approved provider, approval may be withdrawn or conditions relating to the providership may be applied by the board after giving the approved provider an opportunity to provide a written response.

(3) Any approved provider that has voluntarily relinquished the providership or has had the providership withdrawn by the board may reapply as a long-term provider. The application shall be submitted on forms supplied by the board and accompanied by the designated, nonrefundable fee as specified in K.A.R. 60-4-103(a)(3). (Authorized by and implementing K.S.A. 65-1119 and K.S.A. 65-1129; effective March 9, 1992; amended Sept. 27, 1993; amended April 3, 1998; amended Oct. 25, 2002; amended March 6, 2009; amended May 10, 2013; amended July 14, 2023.)



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- 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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NLC Update





Pending NLC States

Guam: Pending tentative implementation in 2023. Nurses holding a multistate license in other NLC states may now practice in Guam. Guam residents cannot obtain a multistate license until implementation is complete.

Pennsylvania: NLC enacted July 1, 2021. An NLC implementation date is unknown at this time. Criminal background checks must also be implemented. The state is awaiting approval of criminal background checks from the FBI. 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. Pending tentative implementation in 2023. 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 the Virgin Islands until implementation is complete.

Washington: Nurses holding a multistate license in other NLC states may practice in in the state of Washington as of July 24, 2023. Washington residents cannot obtain a multistate license until NLC implementation is complete. It is anticipated that Washington will decide on an implementation date later in 2023. Once a date is known, this information will be updated and the date will be publicized

Rhode Island: The NLC legislation became law on June 24, 2023.

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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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Where on the KSBN Website Do I:

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

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

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

> 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-acomplaint/

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

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

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

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

🔷 ce broker **Discover** approved courses on CE Broker Prevention of Medical Error CE Broker provides a course directory for the Kansas State Board of Nursing that you automatically have Subject areas access to with your account. Use this tool to find CE to Medical Errors General complete your license renewal requirements. Browse courses from Filter by your license thousands of education CE requirements providers Digital certificates Automatic reporting upon completion stored in your account

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DISCIPLINE

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	G A	
Overview	 KSBN is a regulatory agency created by legislative action in 1913. The authority granted to the KSBN in the Kansas Nurse Practice Act includes: 1) licensure of qualified applicants as LMHTs, LPNs, RNs, and APRNs 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. 3) Require evidence of continuing education for relicensure of all RNs, LPNs, APRNs and LMHTs 4) Approve nursing education programs which have achieved, and are maintaining, minimum standards and approve providers of continuing education for nurses. 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 	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	Sharon Kiplimo Wichita, KS 67207 13-150027-062 2022-359-5 Fine 4/21/23 Halie McNeace Lake Quivira, KS 66217 13-144995-102 2022-593-0 Fine 4/21/23 Carl Robinson	Lawrence Owino Overland Park, KS 662 13-114274-041 2023-313-0 Fine 5/31/23 Joshua Penabaz Manhattan, KS 6650 13-112569-061 2022-192-0 Revoked 6/14/23 Elizabeth MacKay Douglass, KS 67039
	Practice Act.		Lindsborg, KS 67456 24-52647-082	13-105001-081 2023-175-0
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.	24-52647-082 2022-560-3 Fine 4/26/23 Dana Smith	Denied 5/16/23 Thomas Franek, II Beloit, KS 67420
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	Wichita, KS 67226 13-111962-021 2022-309-0 Public Censure 4/27/23	23-41853-112, 13- 161224-112 2022-66-4, 2023-28 Fine 6/30/23
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.	 Purpose: 1. To advocate for the quality and safe health standards in the work environment and the availability of health care services for all people 2. Maintain a Code of Ethics among nurses 3. Elevate high standards of nursing practice and education that fosters safe care 4. Advocate for safe workplace standards 5. Promote the professional development, educational and economic advancement of nurses and their professional economic welfare 6. These purposes shall be unrestricted by age, color, creed, disability, gender, health status, lifestyle, nationality, race, religion, or sexual orientation. 	We C CNA's, CMA's, R and Contrac 24/7 on call st www.trinitynurs 785.268	N's, & LPN's, PRN ts available. affing contact. singstaffllc.com
Website (for more information)	https://ksbn.kansas.gov/	https://ksnurses.com/	Based in Salina, KS wit	





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RN and LPN scopes of practice are defined by the Nursing Practice Act (Law) and the Kansas Administrative Code (Rules). Because the roles and responsibilities of nurses are influenced by the healthcare system, which is ever-changing and increasing in complexity, it is important that the nurse makes valid, reliable decisions regarding his/her own scope of practice. This tool is intended to provide direction in that decision making process. These questions offer additional guidance for the nurse's consideration.

- I. Define the Activity/Task
 - a. Describe, clarify the problem/need.
 - b. Does it require a healthcare provider's order?
 - c. Is the activity an independent RN action?
 - d. Does the task require an RN or other practitioner's direction?
 - e. What is the clinical environment in which the task will be completed?
 - f. What will be needed to safely complete the activity?
 - g. Who should be involved in the decision?

II. Legality

- a. Could the nurse perform the activity or task and meet the standards of safe nursing practice as defined by KS nursing laws and rules?
- b. Is the task prohibited by nursing law or rules, or precluded by any other law or rule (e.g., Pharmacy Practice Act, Medical Practice Act, ADA, HIPAA, etc.?)
- c. Does the facility have a policy in place including the RN and/or LPN as appropriate to complete the activity?
- d. Is the activity consistent with pre-licensure, post basic or approved continuing education?
- e. Is there evidence to support that the activity is within acceptable and prevailing standards of safe nursing care (i.e., national nursing organization/association standards, nursing literature/research, agency accreditation standards, board position statement, and/or community standard)?

III. Competency

- a. Is there documentation the nurse has completed appropriate education to perform the activity?
- b. Is there documentation the nurse has demonstrated appropriate knowledge, skill and ability to complete the activity?

IV. Safety

- a. Is the activity safe and appropriate to perform with this patient/client at this time?
- b. Is the activity safe and appropriate to perform only in specific environment where necessary assistive equipment and personnel will be available in case of an unexpected response to assure patient safety and quality of care?
- c. What is the potential outcome for patient if you do or do not perform procedure?

V. Accountability

- a. Is the nurse willing to be accountable for the activity?
- b. Is the nurse prepared to accept the consequences of activity?
- c. Would a reasonable or prudent nurse complete







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the activity?

VI. Additional considerations for LPN

- a. Will adequate RN supervision be available?
- b. Does activity have potential to significantly change the medical status of patient/client, resulting in the need to provide assessment and care requiring a different level of professional licensure?

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• Over 4 years if you live in the dorm

References:

Kansas Nursing Practice Act <u>https://ksbn.kansas.gov/npa/</u> American Nurses Association (2017). *Code of Ethics for nurses.* American Nurses Publishing.

American Nurses Association (2021). *Nursing: Scope and Standards of Practice* (4th Ed.), Silver Spring, MD.





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* See www.nursys.com for participating BONs.

Did You Know?

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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