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NURSING

Newsletter

Volume 37, No. 2 | June, July, August 2024

The Official Publication of the
Kansas State Board of Nursing



1913-2013

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

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Thoughts from the Executive Administrator...

Hello everyone,

KSBN Board members and staff continue fulfilling our mission, which is public protection by ensuring the citizens of Kansas competent nurses and licensed mental health technicians. There are three Board member terms who expire on June 30, 2024. Included in this newsletter is the Board Member Code of Conduct and Board Member Position Description. The Board member positions are appointed by the Governor. If you have interest in serving as a Board member here is a link to the application through the Governor's office: <https://governor.kansas.gov/serving-kansans/office-of-appointments/>. Board member terms are four years with the expectation that Board members attend the quarterly Board meetings and committee meetings for the committees they serve on. There will be some committee vacancies. There is more information about these vacancies included. This newsletter contains information about Do Not Use Abbreviations, and common abbreviations. An example of agency efficiency and success regarding destruction of records that KSBN is no longer required to retain is included in this newsletter.



Carol Moreland

As we all know, fraud is happening more frequently.

Individual participation in e-Notify allows the nurse to keep on top of their license status to help prevent fraudulent licenses or certificates being issued in their names. Enrollment also reminds the nurse about their license expiration date. Enrollment is quick and easy. Institutions that employ nurses can register their nurses in the Nursys e-Notify system for institutions. Institutions will gain the ability to receive automatic licensure, publicly available discipline, and practice privilege notifications. There is more information included in this newsletter.

As a reminder, 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. Common FAQ's related to APRN practice in Kansas is included

If you have ideas about information you would like to see in the quarterly newsletter, email them to me at carol.moreland@ks.gov. Thank you for all your continued support.

Carol Moreland, MSN, RN

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.

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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:

- 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 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: <https://pharmacy.ks.gov/k-tracs/using-k-tracs/continuing-education>

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.

NURSE STATISTICS

License Type	Total
Clinical Nurse Specialist	342
Licensed Mental Health Technician	37
Licensed Practical Nurse - Multi-State	2,181
Licensed Practical Nurse - Single-State	6,852
Nurse Midwife	101
Nurse Practitioner	7,618
Registered Nurse - Multi-State	17,406
Registered Nurse - Single-State	34,846
Registered Nurse Anesthetist	1,286
Total	70,669

KNAP has an operational website:

www.ksnurseassistance.org



Board Members

Julianna Rieschick, RN, MSN, NEA-BC, President
 07/01/17 – 06/30/2025
Julianna.rieschick@ks.gov

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 07/01/2020 – 06/30/2024

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 07/01/2019 - 6/30/2027

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 07/01/2020 – 06/30/2024

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 07/01/2021 – 06/30/2025

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Adri Gouldsmith, LPN
 07/01/2019 – 06/30/2027

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 07/01/2019 – 06/30/2027

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

Ruth L.M. Burkhart, DNP, MSN, MA, RN-BC, LPCC
 07/01/2022 – 06/30/2026

Rebecca Sander, MSN, RN
 7/28/2016 – 6/30/2024

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: www.ksbn.kansas.gov. 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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Bothwell has RN openings available. For more information or to apply visit www.brhc.org



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KSBN Website

The Kansas State Board of Nursing hosts a website, located at <https://ksbn.kansas.gov/> This Home Page contains links to:

- License Verification
- The NLC – Nurse Licensure Compact
- Disaster Volunteer Registry
- Name Change How To
- Newsletters
- Discipline Case List
- Kansas Nurse Practice Act
- Kansas Nurse Assistance Program – KNAP
- Kansas Open Records – how to
- Administrators of Schools of Nursing
- How to Contact the KSBN

The tabs at the top of the main page provide additional information as it relates to:

- "MY PORTAL"
 - o Licensee's individual site to check status of licensure
- License
 - o Applications
 - o LicenseVerification
 - o KANN – Kansas Automated Nurse Notification - Services
 - KANN Alert – Free service that provides notice by text and email in the event of:
 - Emergencies
 - Expiration of license – notification sent 90, 30, and 10 days prior to license expiration date.
 - o NCLEX Accommodations
 - o Refresher Course
 - o Print Licenses
 - o Agency Fees
- Education
 - o NCLEX Candidate Bulletin
 - o Students
 - o Programs
 - o Administrator Resources
 - o CEBroker
 - o Continuing Nursing Education
 - o IVTherapy
- Legal
 - o Discipline Case List
 - o How to File a Complaint
 - o Investigative Process
 - o KNAP
 - o Scope of Practice
 - o Self Reporting Legal History
 - o Your Rights Before the Board
- Forms
 - o Licensing Forms
 - Initial Exam
 - Renewal of Active Kansas License
 - Endorsement From Another State

- Fingerprints & Background Check
- Reinstatement of Lapsed Kansas License
- Advanced Practice
- Internationally Educated
- Miscellaneous Licensing
 - o Other Forms
- Education
- Records Requests
- Legal
- Other
 - o Have Input? Take our survey
- Resources
 - o COVID-19
 - o Nurse Licensure Compact
 - o School Nursing
 - Delegation of Specific Nursing Tasks in the School Setting for Kansas
 - Form Created by Kansas School Nurse Organization
 - *Intended for use by K-12 School Nurses*
 - o Naloxone Dispensing
 - o Legal Resources
 - Scope of Practice Decision Tree for the RN and LPN
 - o Administrative Resources
 - o Newsletters
 - o KSERV Volunteer Registry
 - o Helpful Links
 - o Alexa
 - o ContactUs
- Board
 - o Meetings
 - o Board Packet
 - o Members

There is overlap of some website content to link you to the right answer to your inquiry.

I want a MSL and have a SLL – what do I need to understand:

1. **CONVERTING** the single state license is NOT considered "RENEWING" your license!
 - a. You must meet all 11 Uniform Licensing Requirements to be issued a Multi-State License (MSL).
2. License expiration dates coincide with your birth month and year.
 - a. K.A.R. 60-3-108 License expiration and renewal.
 - (a) Except as specified in subsection (b), all licenses for registered professional nurses and licensed practical nurses shall be renewed according to the following requirements:
 - (1) The expiration date of each license shall be the last day of the month in which the licensee's birthday occurs.

- (2) (A) The renewal date for each licensee whose year of birth is an odd-numbered year shall be in each odd-numbered year.
 (B) The renewal date for each licensee whose year of birth is an even-numbered year shall be in each even-numbered year.
- (b) If a licensee would otherwise be required to renew the license within six months from the date on which the licensee qualified for the license, the expiration and renewal date shall be the last day of the month following the licensee's third birthday from the date of licensure or reinstatement. (Authorized by K.S.A. 65-1117 and K.S.A. 74-1106; implementing K.S.A. 65-1117; effective, E-77-8, March 19, 1976; effective Feb. 15, 1977; amended, E-79-8, March 16, 1978; amended May 1, 1979; amended July 29, 2005.)
3. If your license expiration date is upcoming, ensure that you have adequate time (at least 6 months) to allow for the conversion to MSL application be processed.
 - a. Fingerprints are required for every MSL application, including CONVERSION.
 - b. KBI processes these, KSBN has no input into processing timeline. During peak season, when many professionals (teachers, bankers, lawyers, realtors, fire fighters, law enforcement, and nurses, doctors, PT, OT, SW, etc) are graduating and applying for licenses, the processing time by KBI can be extended. Please allow time for KBI to process your fingerprints.
 - c. If you have legal history – you MUST provide certified dated court documents for ALL legal history.
 - d. If you have legal history – you MUST provide a written statement as to each allegation/conviction.

Application for Licensure expires in 6 months.

- K.A.R. 60-3-107: Expiration dates of applications.
 Applications for initial licensure by examination or endorsement and for reinstatement while awaiting documentation of qualifications shall be active for six months.
- (a) The expiration date of each application shall be six months after the date of receipt at the board's office.
 - (b) If the application has expired, each individual seeking licensure shall submit a new application along with the appropriate fee as prescribed by K.A.R. 60-4-101 (Authorized by and implementing K.S.A. 65-1115, K.S.A. 65-1116, and K.S.A. 65-1117; effective, E-77-8, March 19, 1976; effective Feb. 15, 1977; amended April 3, 1998; amended July 29, 2005.)



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.
- 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.
- 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.
- 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.

- 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.
- 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.
- 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.
- 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.
- When is national certification required for licensure in Kansas as an APRN?** K.A.R. 60-11-103(a)(3) states "submit proof of APRN certification in the applicant's specific role and population focus granted by a national certifying organization that is recognized by the board and whose certification standards are approved by the board as equal to or greater than the corresponding standards established by the board for initial licensure applications submitted on and after July 1, 2023". So, any applicant for initial licensure as an APRN in Kansas on or after July 1, 2023, must submit proof of national certification in the applicant's specific role and population focus. Here is a link to the lists of national certification agencies approved by KSBN: <https://ksbn.kansas.gov/aprn-initial-application/>

K.A.R. 60-11-113(i) Any APRN whose initial licensure if before July 1, 2023, may submit evidence of APRN certification to the board upon license renewal." The language "may" makes it optional for those whose initial licensure was before July 1, 2023, not mandatory.



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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)).

Help! I Didn't Get my License Renewed Before The Expiration Date

Unfortunately, we hear this more than we would like. As a reminder, your license expires every two years. It is always the last day of your birthday month in an even or odd year based on if you were born in an even or odd year. This never changes. What happens if you do not get your license renewed before the expiration date??

First, you cannot work as your license is now lapsed (you no longer have an active nursing license). If you choose to continue to work you are practicing without a license and you will be fined for unlicensed practice. You need to notify your employer to tell them you no longer have an active nursing license and cannot work until you get your license reinstated. This is your responsibility to notify your employer.

Second, you need to get your license reinstated to an active status. You will do this by submitting a reinstatement application. You can submit this electronically in the license portal or print the reinstatement application and mail in the completed application with the fee. You will need to send proof of 30 hours of approved continuing education via mail, fax, or emailed to barbara.bigger@ks.gov.

If you have questions regarding the reinstatement process, please call Barb Bigger at 785-296-2926.

Just remember when you think about celebrating your birthday, stop and determine if this is the year your nursing license expires.

DEA and HHS Extend Telemedicine Flexibilities through 2024

The DEA announced on October 6, 2023, they received more than 38,000 comments on their proposed telemedicine rules and recently held two days of public listening sessions related to those rules. The continue to carefully consider the input received and are working to promulgate a final set of telemedicine regulations by the fall of 2024, giving patients and medical practitioners time to plan for, and adapt to, the new rules once issued. The DEA, jointly with the Department of Health and Human Services (HHS) has extended current telemedicine flexibilities through December 31, 2024.

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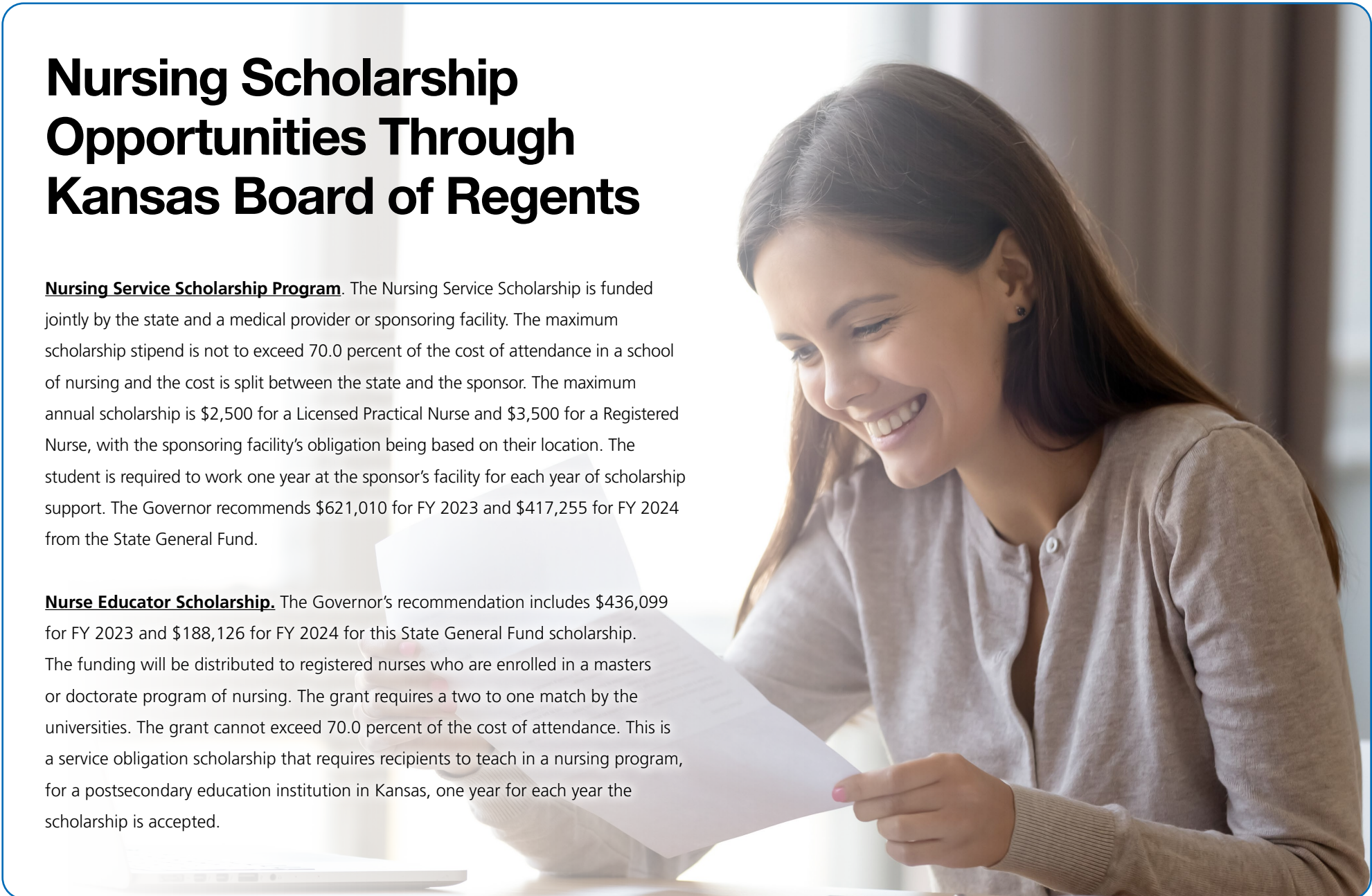
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- Rossville Healthcare & Rehab Center**
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(785) 584-6104 | RossvilleHRC.com
- Sandpiper Healthcare & Rehabilitation Center**
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(316) 945-3606 | SandpiperHRC.com
- Shawnee Gardens Healthcare & Rehab Center**
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(913) 631-2146 | ShawneeGardensHRC.com
- Springview Manor Healthcare & Rehab Center**
412 South 8th Street, Conway Springs, KS 67031
(620) 456-2285 | SpringviewManorHRC.com
- Wathena Healthcare & Rehabilitation Center**
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(785) 989-3141 | WathenaHRC.com

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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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How to Contact Us: 785-296-4929



ADMINISTRATION 785-296-5752

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We're Hiring Nurses!

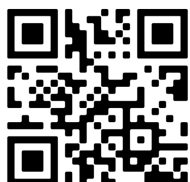
Our commitment to providing exceptional care starts with ensuring our employees have generous benefits, extensive resources, career growth options and a supportive environment of coworkers who share a passion for care excellence.

Current Opportunities in Kansas:

- Float Pool
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- ICU
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- Surgery
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- Leadership opportunities
- and more!

Explore a career with us!

mountain.commonspirit.org/careers



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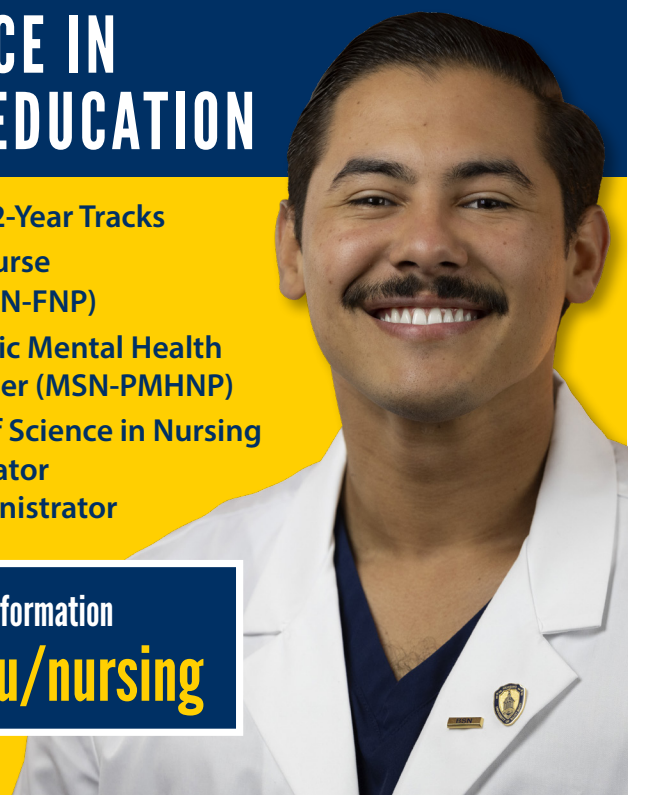
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Request Information

stmary.edu/nursing



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	<p>KSBN is a regulatory agency created by legislative action in 1913. The authority granted to the KSBN in the Kansas Nurse Practice Act includes:</p> <ol style="list-style-type: none"> 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 and approve mental health technician 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 Practice Act. 	<p>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</p>
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	<p>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.</p>	<p>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.</p>
Website (for more information)	https://ksbn.kansas.gov/	https://ksnurses.com/

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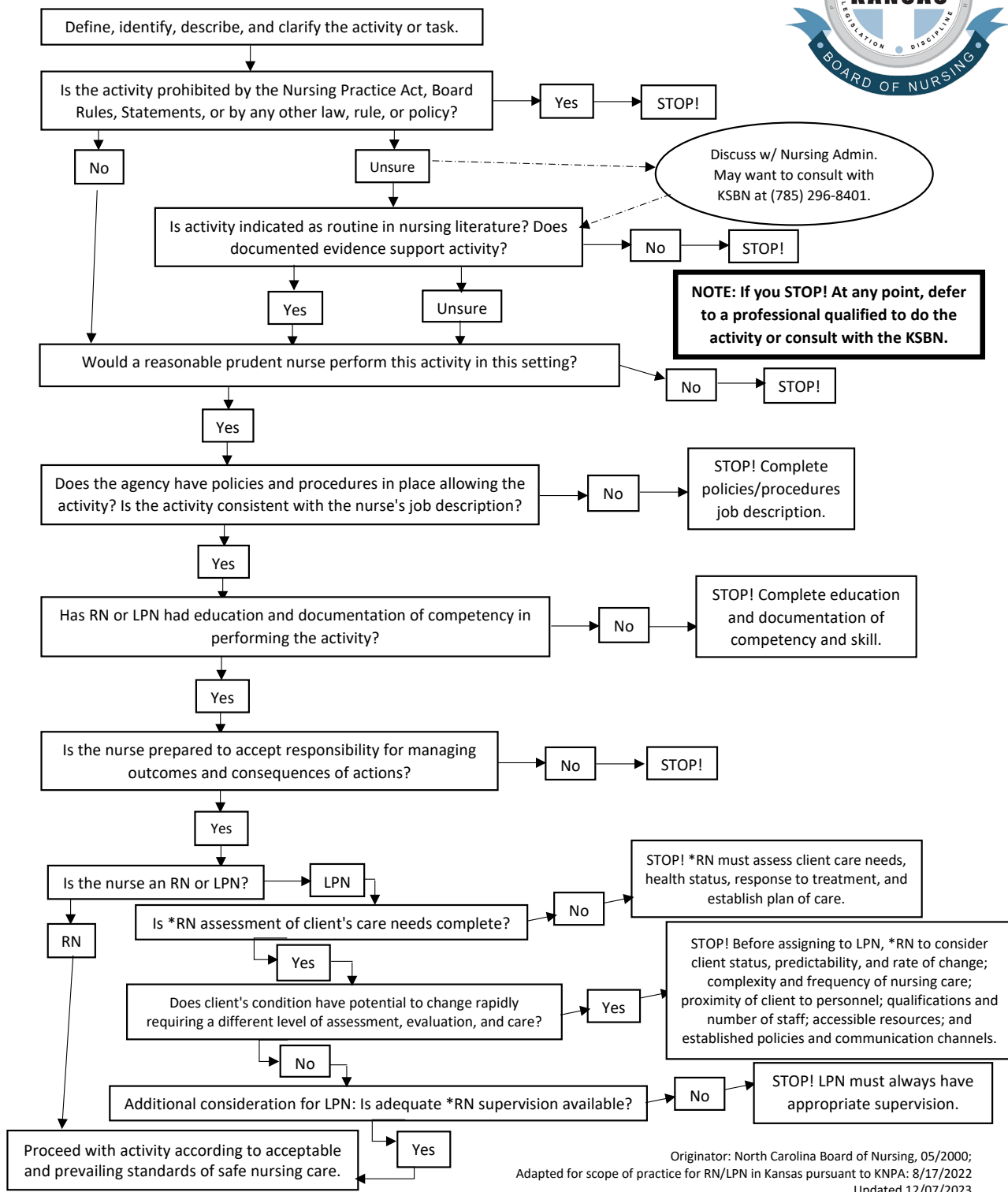
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SCOPE OF PRACTICE DECISION TREE FOR THE RN AND LPN

SCOPE OF PRACTICE DECISION TREE FOR THE RN AND LPN



Originator: North Carolina Board of Nursing, 05/2000;
Adapted for scope of practice for RN/LPN in Kansas pursuant to KNPA: 8/17/2022
Updated 12/07/2023

RN and LPN scopes of practice are defined by the Kansas Nursing Practice Act. 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. The nurse may at any time, seek legal advice at their own expense. This guide is not intended to be legal advice.

- 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 Kansas Nurse Practice Act?
 - 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 nursing education programs 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, 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 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?

Reference:
Kansas Nursing Practice Act <https://ksbn.kansas.gov/npa/>



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kansashealthsystem.com/nursing



EOE Minorities/Females/Protected Veterans/Disabled

Hiring: ADN Instructor

Colby Community College is accepting applications for a **full-time ADN Instructor** to teach on a renewable 9-month contract.

Qualifications
Current Kansas RN license and CPR certification required. MSN required.

Join a winning team!
The 2023 ADN and PN classes had a 100% first-time NCLEX pass rate!

www.colbycc.edu/employment
hr@colbycc.edu

EOE

How to Display Your Professional Credentials Correctly

Our professional credentials are utilized for a variety of reasons which include representing levels of education, credibility, licensees of a specific field are held to a common set of standards, and assuring the public they are being treated by qualified providers.

The American Nurses Credentialing Center released an informative pamphlet with FAQs about displaying your nursing credentials in the proper order.

An important question KSBN is often asked is: What is the Preferred Order of Credentials?

The answer is:

- Highest earned degree
- Licensure
- State designations or requirements
- National certifications
- Awards and honors
- Other recognitions

Why is this the correct order?

Your highest earned education degree should be listed first because it is "permanent," meaning it cannot be taken away except under extreme circumstances.

Next are licensure and state designations/requirements – both of which are required for you to practice.

Any national certification comes next, as that is sometimes voluntary, and lastly an awards, honors, and recognitions, all of which are voluntary.

Risk Managers, Human Resource, Directors of Nursing:

KITEWORKS has come to KSBN!!

Tired of printing documents to mail them to KSBN in response to a subpoena? KSBN has a new tool that will allow for the upload of electronic documents to be received in a secure manner. Case investigation takes time, and the implementation of KITEWORKS will allow for a more efficient means to process cases.

How this will work:

1. Subpoenas are still mailed out.
2. Cover Letter will request the email address of the individual who will be gathering the records requested.
3. KSBN investigative division staff will create a folder in KITEWORKS for you to upload the documents.
4. An email is sent to the individual (the UPLOADER) with the link to attach the file.
5. The UPLOADER will upload the documents into the file.
6. Hit send
7. An email is automatically sent to the investigator notifying that the file has been uploaded.

This procedure may change as the use of this new process is evaluated. Stay tuned.



Sign up for CE Broker today!

CE Broker is the official CE tracking system of the Kansas State Board of Nursing. This tracking system will enable seamless CE audits through electronic verification of CE for each licensee audited, easy access to approved courses, and dedicated support to answer your questions about continuing education.

The Kansas State Board of Nursing has provided you with a free Basic Account so you have CE Broker's most helpful tools right at your fingertips at no cost. Please visit the Board's [website](#) to learn more.

How to activate your free CE Broker account

- 1 | Visit cebroker.com/ks/account/basic/
- 2 | Enter your license number
- 3 | Start tracking your continuing education today!

* If you already have a CE Broker account, follow these [simple steps](#) to add your Kansas license.



Comprehensive course search

The CE Broker [Course Search](#) helps you find every course you need to complete your license renewal. Any courses with the "Take it Here" tag will be instantly reported to your account and appear in your Course History. To find courses, visit <https://courses.cebroker.com/search/ks> and select your profession.

Helpful support center

CE Broker provides dedicated support 8AM-8PM ET Monday-Friday with a team of experts trained on the rules and regulations of the Kansas State Board of Nursing. You can reach them by phone at 877-434-6323 or via [email and live chat](#).

Trusted by millions of professionals across the nation

“ Love this App. Makes it absolutely clear what is required and what we need to complete!! ”

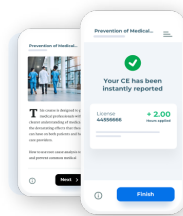
Daisey Bell ★★★★★

“ As an RN my workday is very hectic, so having CE Broker track my required continued learning gives me peace of mind. ”

Cathy Conner ★★★★★

“ Very helpful tracking requirements, so easy to go on and see what I'm missing to make sure I am always compliant! ”

Sophie Moscato ★★★★★



CE Broker offers licensees free mobile apps on iOS & Android

★★★★★ 19K Ratings
4.8 star rating



Scam Alert

The Board continues to receive reports of malicious actors calling nurses, representing themselves as staff members of the Board or other federal agencies. These actors indicate there are complaints, investigations or outstanding disciplinary actions pending against licensees and registrants. In most cases, malicious actors are able to spoof caller ID or mask email addresses and may even have publicly available licensee names and license numbers. **These inquiries are fraudulent!**

Please remember:

- Notification of disciplinary action will always be made by mail or email to your address of record.
- If a Board staff member calls you, you will always be allowed to terminate communication.
- If you are unsure of the validity of a call or email, contact one of the direct email addresses or phone numbers on the Board's website to ensure legitimate communication.
- The [Board website](#) is updated regularly with contact information.

Hiring Nursing Instructors Chanute and Ottawa, KS

Neosho County Community College has 3 Nursing Instructor positions open beginning in August.
Full-Time MSN required or in-progress.
2+ years of recent nursing experience required.

Benefits include paid single employee Medical & Dental, KPERS retirement
For position details and to submit an application, visit neosho.edu/careers.

Practice Information

eNotify

NCSBN has a means for employers and for licensees to verify the status of a nurses' license to practice. Because the verification by eNotify is managed by NCSBN, any state nurses' license can be entered into the verification system to provide timely notification about any change to a nurses' license, regardless if issued by Kansas.

Employers have the option to sign up for eNotify and input nurses license numbers into the verification system to then be notified if any action is taken on a licensee's nursing license to practice by any state or jurisdiction. This could aid the employer in timely removing a licensee from the work schedule until the action is cured.

Likewise, licensees have the option to sign up for eNotify to be notified if any action is taken on their license to practice. (i.e., renewal, lapsed license, discipline).

Please see the attached flyers for information to sign up.

Educational Opportunity: Impaired Healthcare Provider Education Committee (IHPEC)

A large part of the Heart of America Professional Network, HAPN, Mission is Advocacy and Education. That means that we do not just educate on what we do here, but we also offer prevention education to the Health Care Professional Community. Toward this goal we have formed an Impaired Healthcare Provider Education Committee, IHPEC, which will provide timely healthcare educational topics and presentations. IHPEC committee members include Duane Olberding, Executive Director of HAPN, Elizabeth Anderson Program Manager of KNAP, Troy Butcher, Pharmacy Manager over Pharmacy Regulatory Compliance and Controlled Substance Diversion at Kansas University Medical Center, Dr. Paula Ellis, past CEO at St. John's Hospital in Leavenworth, Linda Davies, Practice Specialist, Kansas State Board of Nursing, and Katie Allen, PharmD, Point-of-Care Pharmacy Services Manager, Compliance and Education.

IHPEC, through Heart of America Professional Network, will provide education on coping with stress and mental health issues, so healthcare professionals can live a healthy lifestyle and function well in their profession. HAPN will also provide referral and consultation services so the Medical Care Professional Community will know where lay and professional helping programs are. If your facility would like to have the education presented, please reach out to Duane Olberding, LSCSW, LCAC, Executive Director, HAPN/KNAP. duane@hapn.org 913-236-7575

Practice Corner: Abbreviations

The use of abbreviations in medical documentation is a question that KSBN staff receive. The following links provide lists of what is commonly used or not used. It is also recommended that a licensee visit with their facility as to any facility specific usage of abbreviations.

- Nurse Journal listing of commonly used abbreviations: <https://nursejournal.org/resources/nursing-and-healthcare-acronyms-and-abbreviations/>
- The Joint Commission has a standard list of "Do Not Use" abbreviations but not necessarily a standard approved list. <https://www.jointcommission.org/standards/standard-faqs/hospital-and-hospital-clinics/information-management-im/000001457/>

Practice Corner: Wound Care and Wound Care Certification

Please visit: <https://www.wocncb.org/>

State by State Summary Advanced Wound Debridement <https://www.sharpdebridement.com/state-by-state-summary>

The Kansas State Board of Nursing ("KSBN") staff cannot and does not provide legal advice to members of the public. KSBN staff may provide assistance to the public by providing reference to the Kansas Nurse Practice Act. The Kansas Nurse Practice Act is available at <https://ksbn.kansas.gov/npa/>. This assistance should never be taken as legal advice, or as a complete reference to all relevant laws or regulations governing a particular situation. Any response given by KSBN staff is not binding on the Board and should not be taken as an official KSBN decision. If you believe you need legal advice, you should consult, at your own expense, a licensed attorney.

The goal of the KSBN is public protection. The mission of the KSBN is to assure safe and competent practice.

Practice Corner: APRN Scope of Practice Question: Can a FNP act in the role of a PMHNP?

- No. The FNP was trained and board certified (after July 1, 2023) to practice in the specific role and population focus of a family nurse practitioner. If the FNP desires to become a PMHNP, the FNP can take additional post-basic nursing education approved by the board and receive board certification to be able to practice in the PMHNP role. (K.A.R. 60-11-103)

Why is the KS Nurse Practice Act important to your Practice?

The KNPA provides the statutory and regulatory guidance to the practice of nursing in Kansas, specifically relating to these key areas:

How applicable to your practice:

K.S.A. 65-1113 – Defines standard of practice (RN and LPN)
(c) Practice of nursing. (1) The practice of professional nursing as performed by a registered professional nurse for compensation or gratuitously, except as permitted by K.S.A. 65-1124, and amendments thereto, means the process in which substantial specialized knowledge derived from the biological, physical, and behavioral sciences is applied to: the care, diagnosis, treatment, counsel and health teaching of persons who are experiencing changes in the normal health processes or who require assistance in the maintenance of health or the prevention or management of illness, injury or

infirmity; administration, supervision or teaching of the process as defined in this section; and the execution of the medical regimen as prescribed by a person licensed to practice medicine and surgery or a person licensed to practice dentistry.

(2) The practice of nursing as a licensed practical nurse means the performance for compensation or gratuitously, except as permitted by K.S.A. 65-1124, and any amendments thereto, of tasks and responsibilities defined in paragraph (1), which tasks and responsibilities are based on acceptable educational preparation within the framework of supportive and restorative care under the direction of a registered professional nurse, a person licensed to practice medicine and surgery or a person licensed to practice dentistry.

K.S.A. 65-1130 – APRN

- Education and certification determine licensee's specific role and population focus. (K.A.R. 60-11-103)

Licensure:

K.S.A. 65-1115 – Licensure

(a) Qualifications

- (1) Have graduated from an approved school of professional nursing in the United States or its territories or from a school of professional nursing in a foreign country which is approved by the board as defined in rules and regulations;



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- Create and manage multiple license expiration reminders
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- Live and dynamic RN and LPN/VN updates sent securely from all boards of nursing
- APRN data and updates from participating boards of nursing*
- Any publicly available disciplinary action
- The most reliable and efficient system of its kind
- **And it's all free of charge**

You can also obtain the **NCSBN ID** for each of your nurses, allowing you to identify your nurses with a unique nurse identifier (UNI) on electronic health records and various databases for documentation, education, research and training purposes.

Learn more and enroll today
nursys.com/e-notify

* See nursys.com for participating BONs.



- (2) have obtained other qualifications not in conflict with this act as the board may prescribe by rule and regulation; and
- (3) file with the board written application for a license.
- (b) Applicant deficient in qualifications.
- (c) License issued when:
 - (1) Met qualifications of (a) and (b)
 - (2) Passed a written examination as prescribed by the Board
 - (3) No disqualifying factors under K.S.A. 65-1120

K.A.R. 60-3-101 – Licensure

K.A.R. 60-11-103 – Licensure APRN

Renewal of License:

K.S.A. 65-1117 – Renewal of license

- All licenses issued under the KNPA shall expire every two years
- Expiration date is defined in K.A.R. 60-3-108
- Board sends notice of renewal to licensee’s last known address/contact information that is in the KSBN database.
 - o If you have moved, changed addresses, you must notify the KSBN within 30 days of new address pursuant to K.S.A (c)(1).

K.A.R. 60-3-108 – License expiration and renewal

- **If you know your date of birth, you know your license renewal date!**

(a) Except as specified in subsection (b), all licenses for registered professional nurses and licensed practice nurses shall be renewed according to the following requirements:

- (1) The expiration date of each license shall be the last day of the month in which the licensee’s birthday occurs.
- (2) (A) The renewal date for each licensee whose year of birth is an odd-numbered year shall be in each odd-numbered year.
- (B) The renewal date for each licensee whose year of birth is an even-numbered year shall be in each even-numbered year.
- (b) If a licensee would otherwise be required to renew the license within six months from the date on which the licensee qualified for the license, the expiration and renewal date shall be the last day of the month following the licensee’s third birthday from the date of licensure or reinstatement.

Continuing Nursing Education – required for licensure!

K.S.A. 65-1113

(h) “Continuing nursing education” means learning experiences intended to build upon the educational and experiential bases of the registered professional and licensed practical nurse for the enhancement of practice, education, administration, research or theory development to the end of improving the health of the public.

K.A.R. 60-9-106 – Continuing nursing education for license renewal

K.A.R. 60-9-107 – Approval of continuing nursing education

K.S.A. 65-1132 – APRN CNE

(a)(2) evidence of completion of continuing education in the advanced practice registered nurse role, which has met the continuing education requirement for an advanced practice registered nurse as developed by the board or by a national organization whose certifying standards are approved by the board as equal to or greater than the corresponding standards established by the board...

What happens if I do not renew by the expiration date:

K.A.R. 60-3-105 – Reinstatement of license

(a) Any applicant whose Kansas license has lapsed may, within five years of its expiration date, reinstate that license by submitting satisfactory proof that the applicant has obtained 30 contact hours of approved continuing nursing education within the preceding two-year period.

After submitting the reinstatement application together with your 30 hours of approved CNE, your application may be reviewed for unlicensed practice. 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).

If a KSBN staff member contact you via letter by US Mail, phone call, or email, please return the call timely so that your application can be processed. Pursuant to K.A.R. 60-3-107 – applications ... for reinstatement while awaiting documentation of qualifications shall be active for six months.

You, the applicant, are responsible for submitting all documentation that is requested by the board through its KSBN staff.

Contact Information – keep it updated!

KSBN staff will use the last known address, email, phone numbers that are in our database as a means to contact you. If those are not current, then it is on you as to why board staff are not able to discuss your license or application. Pursuant to K.S.A. 65-1117 (c)(1), Each licensee shall notify the board in writing of (A) a change in name or address within 30 days of the change...

New as of 01/02/2024: If you hold a Multi-State License and change your Primary State of Residence, you have 60 days from the date of your move to notify/apply for licensure in your new PSOR. Once your new home state issues you a license, they will notify KSBN who will then deactivate your KS MSL.

DISCIPLINE CASES

<p>Amber Albers Manhattan, KS 66502 13-151373-112 2023-479-0 2/9/24 Fine</p>	<p>Tracy Simmons South Hutchinson, KS 67505 13-162596-101 2023-443-0 3/6/24 Limited</p>
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Further information regarding disciplinary actions may be found on the Board’s Disciplinary Case List provided at <https://ksbn.kansas.gov/discipline-case-list/>.

Additionally, you may request information through a Kansas Open Records Act (“KORA:”) request. More information on KORA requests can be found at <https://ksbn.kansas.gov/kora-request/>



Contact: nursysadmin@ncsb.org



Verify and monitor your nurse licenses anytime, anywhere...for free.

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In just a few minutes, you can join the nearly **one million nurses** already using Nursys e-Notify® for:

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- APRN data and updates from participating boards of nursing*

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* See nursys.com for participating BONs.



Common Medical Abbreviations

A		
A.A.R.O.M.	active assistive range of motion	
AAC	augmentative and alternative communication	
A.B.G	arterial blood gas	
a.c.	before meals	
AVC	assist control	
ADA Diet	American Diabetes Association Diet	
A.D.L.	activities of daily living	
A.Fib.	atrial fibrillation	
AKA	above-knee amputation or above-the-knee amputation	
ALS	amyotrophic lateral sclerosis	
AMA	against medical advice	
A&O	alert and oriented	
A/P	anterior-posterior	
A.R.O.M.	active range of motion	
ASAP	as soon as possible	
ASD	autism spectrum disorder	
ASL	American Sign Language	
B		
b.i.d.	twice a day	
BKA	below-knee amputation	
B/L	bilateral	
B.L.BS	bilateral breath sounds	
BMR	basal metabolism rate	
BP	blood pressure	
BR	bed rest	
bs	bowel sounds	
BS	breath sounds	
B/S	bedside	
bx	biopsy	
C		
c̄	with	
C	Celsius, centigrade	
C1, C2, etc.	first cervical vertebrae, second cervical vertebrae, etc.	
CA	cardiac arrest	
CA, ca	cancer, carcinoma	
CABG	coronary artery bypass graft	
CAD	coronary artery disease	
cal	calorie	
cath	catheter	
CBC	complete blood count	
cc	cubic centimeter	
CC	chief complaint	
CHF	congestive heart failure, chronic heart failure	
CCU	coronary care unit	
CHI	closed head injury	
cm	centimeter	
CMT	continuing medication and treatment	
CN	cranial nerve	
CNA	certified nursing assistant	
CNS	central nervous system	
c/o	complains of	
COTA	certified occupational therapy assistant	
cont	continue(d)	
COPD	chronic obstructive pulmonary disease	
CP	cerebral palsy	
CPAP	continuous positive airway pressure	
CPR	cardiopulmonary resuscitation	
CRF	chronic renal failure	
CRNP	certified registered nurse practitioner	
CSF	cerebrospinal fluid	
CT	computerized tomography	
CV	cardiovascular	
CVA	cerebral vascular accident	
CXR	chest X-ray	
D		
d	day	
d/c	discontinue	
DC	discharge	
DM	diabetes mellitus	
DNK	do not know	
DNKA	did not keep appointment	
DNR	do not resuscitate	
DNT	did not test	
DOA	dead on arrival	
DOB	date of birth	
DOE	dyspnea on exertion	
d/t	due to	
Dx	diagnosis	
E		
ECC, EKG	electrocardiogram	
ED	emergency department	
EEG	electroencephalogram	
EENT	eyes, ears, nose, throat	
EMG	electromyogram	
ENT	ears, nose, throat	
ER	emergency room	
ETOH	ethanol (alcohol)	
exam	examination	
ext	external, exterior	
F		
F	Fahrenheit	
FH	family history	
fib	fibrillation	
fl, fld	fluid	
FOB	foot of bed	
f/u	follow-up	
FWB	full weight bearing	
Fx	fracture	
G		
GB	gall bladder	
GCS	Glasgow Coma Scale	
GE	gastroenterology	
GERD	gastroesophageal reflux disease	
G/E	gastroenteritis	
gen	general	
gest.	gestation	
G.I.	gastrointestinal	
GNA	geriatric nursing assistant	
gluc	glucose	
GP	general practitioner, general paralysis	
GSW	gunshot wound	
GTT	glucose tolerance test	
Gt. tr.	gait training	
GYN	gynecology	
H		
h	hour	
H/A	headache	
HAV	hepatitis A virus	
Hb.	hemoglobin	
HB	heart block	
HBP	high blood pressure	
h.d.	at bedtime	
HEENT	head, eyes, ears, nose, throat	
HEP	home exercise program	
H ₂ O	water	
h/o	history of	
HOB	head of bed	
H&P	history and physical	
HR	heart rate	
HTN	hypertension	
HVD	hypertensive vascular disease	
Hx	history	
Hz	hertz (cycles/second)	
I		
ICCU	intensive coronary care unit	
ICP	intracranial pressure	
ICU	intensive care unit	
imp.	impression	
incr.	increased(ing)	
inf	infusion, inferior	
inspire	inspiration, inspiratory	
int.	internal	
I&O	intake and output	
IPPB	intermittent positive pressure breathing	
irreg.	irregular	
IV	intravenous(ly)	
J		
J, jt.	joint	
K		
K	potassium, kidney	
L		
L	left, liver, liter, lower, light, lumbar	
L2, L3	second lumbar vertebrae, third lumbar vertebrae	
lab	laboratory	
lac.	laceration	
lat.	lateral	
LBW	low birth rate	
L.E.	lower extremities	
liq.	liquid	
L.O.C.	loss of consciousness, level of consciousness, laxative of choice	
LOS	length of stay	
LP	lumbar puncture	
LPN	licensed practical nurse	
LUE	left upper extremity	
Lx	larynx	
L&W	living and well	
M		
m, M	married, male, mother, murmur, meter, mass, molar	
max.	maximum, maxillary	
MBC	maximum breathing capacity	
MBSS	modified barium swallow study	
MCA	middle cerebral artery	
MD	muscular dystrophy	
mdnt.	midnight	
med.	medicine	
mets.	metastasis	
MG	myasthenia gravis	
MI	myocardial infarction	
min	minute	
MICU	medical intensive care unit	
mod	moderate	
MRI	magnetic resonance imaging	
MRSA	methicillin-resistant Staphylococcus aureus	
mss	massage	
MVA	motor vehicle accident	
N		
n.	nerve	
Na	sodium	
NaCl	sodium chloride	
NAD	no abnormality detected	
NAD	no apparent distress	

neg.	negative
neur.	neurology
NG	nasogastric
NIC	neonatal intensive care
NICU	neonatal intensive care unit
NKA	no known allergies
no.	number
NOS	not otherwise specified
NPO	nothing by mouth
NSA	no specific abnormality
NST	nonstress test
N&V	nausea and vomiting
NVD	nausea, vomiting, diarrhea
N&W	normal and well
NWB	non-weight bearing
NYD	not yet diagnosed
O	
o	none, without
O	oral
O ₂	oxygen
O ₂ cap.	oxygen capacity
O ₂ sat.	oxygen saturation
OA	osteoarthritis
OB, OBG	obstetrics
OB/GYN	obstetrics and gynecology
Obs	observation
OBS	organic brain syndrome
ODD	oppositional defiant disorder
O/E	on examination
OH	occupational history
OHD	organic heart disease
oint.	ointment
O.M.	otitis media
O.M.E.	otitis media with effusion
OOB, oob	out of bed
Op.	operation
ot.	ear
Oto	otolaryngology
OTC	over-the-counter (pharmaceuticals)
O.T.	occupational therapy, old tuberculin
OR	operating room
P	
PA	physician's assistant
p&a	percussion and auscultation
PACU	post anesthesia care unit
PAF	paroxysmal atrial fibrillation
palp.	palpate, palpated, palpable
Path	pathology
PA view	posterior–anterior view on X-ray
p/c, p.c.	after meals
PD	Parkinson's disease
pdr.	powder
PDN	private duty nurse
PE	physical exam, pulmonary embolism, pressure equalizer (tubes)
Ped.	pediatrics
PEEP	positive end-expiratory pressure
PEG	percutaneous endoscopic gastrostomy
PET	positron emission tomography
PH	past history
pharm	pharmacy
PHYS.	physical, physiology
PI	present illness, pulmonary insufficiency
PICU	pulmonary intensive care unit
PID	pelvic inflammatory disease
plts.	platelets
P.M.	afternoon, postmortem
PMH	past medical history

PMR	physical medicine and rehabilitation
PN	poorly nourished, practical nurse
P&N	psychiatry and neurology
PNA	pneumo, pneumonia
PNI	peripheral nerve injury
PNX	pneumothorax
p.o.	by mouth
p.o.d.	postoperative day
pos.	positive
post.	posterior
POSTOP.	postoperative
pot. or potass.	potassium
PR	proctology
pre-op	preoperative
prep.	prepare for
p.r.m.	according to circumstances
p.r.n., PRN	as often as necessary, as needed
prod.	productive
Prog.	prognosis
PROM	passive range of motion
pron.	pronator, pronation
prosth.	prosthesis
PSH	past surgical history
Psych.	psychiatry
pt., Pt.	patient
PT, P.T.	physical therapy
PTA	prior to admission
PTA pulse	posterior tibial artery pulse
PUD	peptic ulcer disease
PVD	peripheral vascular disease
PVT	previous trouble
PWB%	partial weight bearing with percent
Px, PX	physical examination
Q	
q	every
q.h.	every hour
q.i.d.	four times a day
qt.	quart
quad.	quadriplegic
R	
R, r	right
R.	rub, rectal temperature
RA	rheumatoid arthritis, right atrium
rad.	radial
r.a.m.	rapid alternating movements
R.A.S.	right arm sitting
RATx	radiation therapy
rbc/RBC	red blood cell, red blood count
RCA	right coronary artery
RCU	respiratory care unit
RD	respiratory distress
RDS	respiratory distress syndrome
RE	reconditioning exercise
reg.	regular
rehab.	rehabilitation
resp.	respiratory, respirations
RF	rheumatic fever
RLAS	Rancho Los Amigos Scale
R to L&A	react to light and accommodation
RLE	right lower extremity
RN	registered nurse
RND	radical neck dissection
RO, R/O	rule out
ROM	range of motion, rupture of membranes, right otitis media
ROS	review of symptoms
Rt.	right

RT	radiation therapy, respiratory therapy
RUE	right upper extremity
RV	residual volume
RW	rolling walker
Rx	therapy, prescription
S	
s	without
S	sensation, sensitive, serum
Sa.	saline
s.c.	subcutaneous(ly)
ScC	squamous cell carcinoma
SCCA	squamous cell carcinoma, squamous cell carcinoma antigen
SCD	sudden cardiac death
SCI	spinal cord injury
schiz	schizophrenia
SCU	special care unit
sec	second
Sens.	sensory, sensation
sep.	separated
SGA	small for gestational age
s.gl.	without correction (without glasses)
SH	social history
SI	stroke index
sib.	sibling
SICU	surgical intensive care unit
SIDS	sudden infant death syndrome
skel.	skeletal
Sl.	slightly
SL	under the tongue
SLP	speech-language pathologist
sm	small
SNF	skilled nursing facility
SOAP	subjective, objective, assessment, plan
SOB	shortness of breath
S/P, s/p	status post (previous condition)
sp. cd.	spinal cord
spec.	specimen
sp. fl.	spinal fluid
sp&H	speech and hearing
spin.	spine, spinal
spont.	spontaneous
s/s	signs and symptoms
SS	social service
ST	speech therapy
stat., STAT	immediately
STD	sexually transmitted disease
subcut.	subcutaneous
subling.	sublingual
sup.	superior
supin.	supination
surg.	surgery, surgical
Sx	symptoms
sys.	system
Syst.	systolic
Sz	seizure
T	
T	temperature
T&A	tonsils and adenoids, tonsillectomy and adenoidectomy
tab.	tablet
TAH	total abdominal hysterectomy
TB	tuberculosis
TBI	traumatic brain injury
temp	temperature
THERAP.	therapy, therapeutic
THR	total hip replacement
TIA	transient ischemic attack

TKR	total knee replacement
TNM	tumor, nodes, and metastases
TO	telephone order
TPN	total parenteral nutrition
TPR	temperature, pulse, respiration
tr	trace
trach	tracheostomy
tsp.	teaspoon
Tx	treatment, traction
U	
U/A	urinalysis
UCD, UCHD	usual childhood diseases
UG	upward gaze
Unilat.	unilateral
u/o	under observation
Ur.	urine
URD	upper respiratory disease
URI	upper respiratory infection
Urol.	urology
u/s, US	ultrasound
UTI	urinary tract infection
V	
V	vein
VA	visual acuity
vag	vagina, vaginal
VC, vit.cap.	vital capacity
VD	venereal disease
vent.	ventilator
vert.	vertical

VF	visual fields, ventricular fibrillation
VFSS	videofluoroscopic swallowing study
Via	by way of
vit.	vitamin
VN	visiting nurse
VO	verbal order
VS, V.S.	vital signs
W	
w, wk	week
W/C, wh.ch.	wheelchair
WBT	weight bearing tolerance

WFL	within functional limits
w/n	within
WNL	within normal limits
WP	whirlpool
wt.	weight
w/u	workup
X	
x	times
Y	
y.o.	years old
yrs.	years

Official “Do Not Use” List

Do Not Use	Potential Problem	Use Instead
U, u (unit)	Mistaken for "0" (zero), the number "4" (four) or "cc"	Write "unit"
IU (International Unit)	Mistaken for IV (intravenous) or the number 10 (ten)	Write "International Unit"
Q.D., QD, q.d., qd (daily)	Mistaken for each other	Write "daily"
Q.O.D., QOD, q.o.d, qod (every other day)	Period after the Q mistaken for "I" and the "O" mistaken for "I"	Write "every other day"
Trailing zero (X.0 mg)* Lack of leading zero (.X mg)	Decimal point is missed	Write X mg Write 0.X mg
MS	Can mean morphine sulfate or magnesium sulfate	Write "morphine sulfate"
MSO4 and MgSO4	Confused for one another	Write "magnesium sulfate"

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<https://ksbn.kansas.gov/mailling-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/>

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Fiscal & Human Resources Responsibilities

6 Finalize plans for electronic storage of records in the agency as per agency record retention schedule

Outcome Measures:

- a. Review and revise the agency record retention schedule as needed
- b. Track agency records that are imaged
- c. Develop process for imaging of past investigative and discipline case files and maintain as per agency record retention schedule
- d. Establish a completion date for secondary agency records center in the Mills building.
- e. Education for staff, as needed, on appropriate record retention

Performance Assessment:

Agency Efficiencies & Successes:

- KSBN contracted with approved providers to securely shred 756 Boxes in the Mills State Office Building that are no longer required to be retained due to records retention schedules. The lease for Mills has been extended three times to allow additional time to clear the room.

The approximate weight of this shredding project is 26,460 pounds. The approximate positive environmental impact from recycling the shredded paper substrate was:

- o 225.52 - Trees Saved
- o 26.46 - Barrels Oil Saved
- o 793.80 - Pounds Particulate Air Pollution Reduced
- o 54,243 - Kilowatts Energy Saved
- o 42.34 - Cubic Yards Landfill Saved

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Education Scholarship Essay Winners

How has the Nursing Shortage Impacted Models of Nursing Care?

David Jennings

Having worked in long term care for almost 7 years I can say that the impact that the pandemic had cannot be understated. Nurses had been short staffed and overworked for years prior, but the pandemic made many experienced nurses walk away. Already being stretched thin, facilities were forced to change policies and procedures constantly, sometimes day by day and sometimes it felt like the rules were changing by the hour. Nurses were struggling to keep their heads above water, and it came at the cost of quality care. In this essay I will relay personal accounts and discuss the models impacted by the pandemic including the primary nursing model, team nursing, and person-centered care.



L to R: Sandy Pangburn, Program Administrator, Hutchinson Community College PN Program, Janice Yoder, PN Nursing Faculty, David Jennings, and Julianna Rieschick, Board President

The primary model is appealing to most care givers since it allows them to place their all into a person. However, primary care offices were suddenly swarmed with people. It forced hospitals to beef up their telehealth system to try and keep up with the demand. However, enhancing telehealth didn't necessarily improve much for primary care settings because "only a handful of countries, including Ethiopia and Canada, who outlined guidance on patient access to medication; and 13 countries provided no guidance on the financing and legislation of primary care services: aspects which are key to the ongoing sustainability of high-quality primary care services, especially in a pandemic." (National

Library of Medicine). I had friends and family reaching out to me as a CNA seeking guidance because the guidelines either didn't come or they were constantly changing. These issues only trickled down onto other models of care, like team nursing.

The team model can be excellent for delivering care to many people at one time. However, people were so burnt out due to lowered conditions; They left in large numbers. Nurses got tired of not having PPE, a nurse Triunfo-Cortez stated "hospitals do not have surge plans or enough personal protective equipment in stock to protect staff during a surge,"

(National Nurses United). Having performed proper infection control for years, I knew something bad was on its way when we were told that new guidelines allowed us to use cloth reusable masks instead of disposable ones. Issues like this only snowballed and a lot of blame was placed on the nurse since they oversee a person's care in these settings. Frustrated nurses left, the others had to start doubling or even tripling patient loads and it felt like a never-ending cycle.

Finally, person-centered care is the golden goose in nursing. Care is tailored to an individual's needs based on their culture, values, and personal preference. However, implementing this level of care with minimal PPE, very few staff on hand and keeping clients in quarantine didn't allow us to do that. There were times we had to turn families away from their dying loved ones. Person centered care didn't feel like a priority anymore and it was heart breaking to watch and it's why I stepped away from healthcare myself for about a year.

In conclusion, the effects of the pandemic on nursing models cannot be understated. First, the primary nursing model was swarmed with workloads that were unmanageable and even with the adaptation of telehealth integration, they couldn't keep up with constantly changing guidelines. These stressors continued in team-based nursing, straining an already fatigued workforce. This overload of primary care and team-based care worsened work conditions resulting in the loss of many well-trained nurses. Finally, person-centered care in both models were downgraded to basic levels to keep up with demand. I hope to be able to help improve these conditions by becoming a nurse. I look forward to the future of nursing models and want to make my own positive impact in the field.

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Education Scholarship Essay Winners

How has the Nursing Shortage Impacted Models of Nursing Care?

Melisa Jackson



L to R: Sandy Pangburn, Program Administrator, Hutchinson Community College PN Program, Janice Yoder, PN Program Faculty, Melissa Jackson, and Julianna Reischick, Board President

The nursing shortage is a pressing issue in healthcare systems worldwide. This shortage has far-reaching consequences, and one area significantly affected is the models of nursing care. Models of nursing care are frameworks that guide the delivery of nursing services, emphasizing patient-centered care, evidence-based practices, and efficient resource utilization. However, the shortage of nurses has strained these models, leading to adaptations and challenges within the nursing profession.

One of the key principles in nursing models is patient-centered care, which revolves around individualized treatment plans, empathy, and active patient involvement in decision-making. The nursing shortage has impeded this aspect in several ways. Firstly, nurses are often overwhelmed with high patient-to-nurse ratios, making it challenging to provide the personalized care patients deserve. This can result in decreased patient satisfaction and compromised quality of care. Moreover, the shortage has forced healthcare institutions to rely on temporary or agency nurses who may not be as familiar with the institution's culture and policies. This can disrupt the continuity of care and hinder the development of therapeutic nurse-patient relationships. In essence, the nursing shortage has hindered the full implementation of patient-centered care models.

Evidence-based practice is a cornerstone of modern nursing care. It involves integrating the best available evidence, clinical expertise, and patient preferences into decision-making. However, the nursing shortage has posed challenges to the successful application of evidence-based practice. Nurses, overwhelmed with heavy workloads, may struggle to keep up with the latest research and best practices, limiting their ability to provide the highest quality of care. Furthermore, the shortage has led to an increased reliance on support staff and unlicensed personnel to fill gaps in patient care. While these individuals play important roles, they may lack the formal training and expertise required to effectively implement evidence-based practice. This compromises the consistency and reliability of evidence-based care delivery.

Efficient resource utilization is a central tenet of nursing models as it ensures cost effective and sustainable healthcare. However, the nursing shortage has made it difficult for institutions to optimize their resources. To compensate for the lack of nurses, hospitals may resort to expensive agency staffing or mandatory overtime for existing staff, which can strain budgets and lead to burnout among nurses. Additionally, the shortage has hindered the implementation of innovative care delivery models such as nurse-led clinics and care coordination programs. These models often require a sufficient nursing workforce to function effectively, but the shortage limits their scalability and potential impact on improving patient outcomes.

The nursing shortage has had profound effects on models of nursing care, impacting patient-centered care, evidence-based practice, and resource utilization. While nurses continue to provide compassionate care under challenging circumstances, it is essential to address the root causes of the shortage, including recruitment and retention issues, to ensure the sustainability and effectiveness of nursing care models. Only through concerted efforts to bolster the nursing workforce can healthcare systems fully realize the benefits of these models and provide the highest quality of care to patients.

How has the Nursing Shortage Impacted Models of Nursing Care?

Roscate Mwaura



Julianna Reischick, Board President, Roscate Mwaura, and Sheri Stone, Program Administrator, North Central Kansas Technical College ADN Program

In the recent past, the nursing shortage has become a critical issue in the US and other regions. According to the US Bureau of Labor and Statistics, as of 2023, over 275,000 additional nurses are required in the healthcare system. Nursing care models are organized frameworks different healthcare institutions adopt to deliver patient care. They guide how nursing care is offered to patients, and some emphasize aspects such as patient assessment and staffing. These aspects make the models inseparable from the nursing shortage crisis, as the two are interdependent. This essay examines the impacts of the nursing shortage crisis on nursing care models, shedding light on the challenges healthcare systems face.

Traditionally, nursing care models have revolved around allocating responsibilities within healthcare facilities. The nursing shortage has strained these models, increasing nurse-patient ratios and overburdening healthcare staff. For instance, the Primary Nursing Model emphasizes assigning a nurse to each patient. The assigned nurse is expected to take full responsibility for the patient's care during their stay in the healthcare facility. Although the model allows the primary nurse to collaborate with other nurses and providers, they take a central role. However, with the shortage, the nurses working based on such models often find themselves stretched thin, compromising the

quality of care provided, especially due to increased medical errors and diminished patient satisfaction. Hence, it is arguable that the nurses' shortage has compromised the practicability of the care models.

Another way that the nursing shortage has impacted models of nursing care is by increasing the use of unlicensed assistive personnel (UAPs). UAPs are healthcare workers who are not licensed nurses. No one should look down on the UAPs as they are only usable resources in the system's attempt to bridge the nursing shortage gap. However, it would be self-deceptive to ignore that they do not have the same level of training as nurses, and they cannot make independent decisions about patient care. Models of nursing care, such as functional nursing, require teams of specialized and qualified nurses. Although UAPs can free nurses to focus on more complex tasks, some of the models' tenets cannot be upheld as they call for registered nurses to work to perform specific tasks. Using UAPs also results in communication breakdowns and errors that the frameworks strive to avoid.

Despite the negative impacts of the nursing shortage on nursing care models, it would be harmless to light a spark of optimism. The nursing shortage has led to the development of new models of nursing care, such as team nursing and case management. In team nursing, a group of nurses is responsible for a group of patients. This model allows nurses to share the workload and provide more comprehensive patient care. They pool the responsibilities due to the shortage. Also, there is case management, a model in which a nurse is responsible for coordinating patient care throughout their hospital stay. This model helps to ensure that patients receive the care they need, even when multiple healthcare providers are seeing them. This can be considered a positive outcome of the crisis.

The nursing shortage menace remains a complex problem that may be difficult to end. It has impacted nursing care models negatively and, to a smaller extent, positively. However, developing new models of nursing care and investing in education and training can mitigate the impacts of the shortage on care quality and practicability of the models. This would ensure that the nursing care models remain valuable to the healthcare system and can be depended on to ensure effective nursing practice and care delivery.

How has the Nursing Shortage Impacted Models of Nursing Care?

Hayley Hughes



L to R: Julianna Reischick, Board President, Hayley Hughes, and Ashton Clarkson, Program Administrator, Newman University BSN Program

Many factors have led to the nursing shortage that our country now is trying to compensate for. The lack of educators and schooling availability has caused many eligible students applying to nursing programs to be turned away. The turnover rate for nurses increases as the burnout rate is high, and a significant number of our nurses are nearing or past the age of retirement. Nevertheless, there are still patients who need our care and there have been a few models of nursing care that have become affected due to the nursing shortage. A few models of care that have been impacted by the nursing shortage are primary, cross-training, and functional care models.

Many facilities have implemented licensed practical nurse-registered nurse programs. This model of care, also known as the primary nursing care model, is very team-oriented and can relieve some stress by lessening task loads and time taken by tasks that lower-level nurses can do. In this model, RNs would be the team leader and do tasks such as assessments, care planning, and contacting physicians. Meanwhile LPNs, certified nurse aides, and nurse techs, would be allocated tasks such as monitoring fluids, ADLs, positioning, and data collection such as input and output according to their scopes. This allows nurses to use their varying levels of care to their advantage so nurses can care for more patients by using their skills efficiently. One adverse effect of this method is that RN's patient loads are

usually increased, which could be dangerous if a patient needs more attention or care.

Stemming from the same notion of working as a team, there comes the method of cross-training and float pools of nurses. This model has been used more in recent years due to the shortage, some nurses only work in the float pool which keeps facilities from having to hire from outside agencies to fill gaps in care. Training nurses who are in non-critical areas to be able to fill critical care areas can help distribute labor resources when there is a need. This also helps lessen stress on the facility if workers need to take time off of a critical area, which in turn should help prevent burnout. Although this may benefit the facility, there is some negative backlash though as nurses are being expected to work in areas that they may not be the most comfortable in or enjoy. It causes stress on nurses who may not be mentally prepared to work in a different unit, which is a huge safety concern and causes burnout. Nurse incivility is more prevalent when stress is involved, which also contributes to burnout.

Another model of care is the functional nursing care model. This model was created due to a shortage of nurses in the second world war and has continued to be looked at during this shortage. This model is task oriented and nurses are assigned to complete tasks for several patients. The idea behind this care model is assigning a task rather than a patient making care more efficient this way as everyone's skill sets can be used as an advantage. Lower-level healthcare workers can be assigned simpler tasks to allow for everyone to use their varying skill sets. In this kind of nursing care model, there are different teams such as IV teams, and admission nurses. Although on paper this model may seem more efficient, there has been some negative feedback. There is not the same nurse-to-patient connection you get by working with the patient for an entire shift. It isn't as personal as other care models.

The nursing shortage has certainly affected the different care model's effectiveness as nurses attempt to care for more patients with less staff in a safe manner. The issue of the nursing shortage is going to take time to recover from and we should continue to try and look for ways to improve patient care and the work environment. Patient care is the most important of all, but by having a good working environment we can retain more nurses and prevent burnout from the profession.

Reminders re: Continuing Nursing Education and License Renewal

Important reminders regarding continuing nursing education (CNE) and license renewal.

- > CNE is defined in K.S.A. 65-1113(h) as “learning experiences intended to build upon the educational and experiential bases of the nurse for enhancement of practice, education, administration and research or theory development to the end of improving the health of the public”.
- > K.A.R 60-9-106 contains information regarding CNE for license renewal. Here are some highlights:
 - o (a) “At the time of license renewal, any licensee may be required to submit proof of completion of 30 contact hours of **approved** continuing nursing education” This means the 30 hours of CNE must be approved **BEFORE** license renewal, not after.
 - o (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”.
- > It is not up to the licensee to approve their own CNE. K.A.R. 60-9-106 lists the types of CNE offerings that are approved
- > All college courses must be submitted for approval with an Individual Offering Approval (IOA) form **PRIOR** to license renewal. Not all college courses are eligible for CNE, therefore **DO NOT** renew your license until approval is received. 1 college credit hour = 15 CNE hours.

- > You **DO NOT** need to complete and submit an IOA if any of the following apply:
 - o Your certificate of completion/attendance indicates a KSBN provider number beginning with LT or SP
 - o Your certificate of completion/attendance indicates the offering has been approved for CNE by another state board of nursing or nationally recognized nursing organization
- > CNE credit **CANNOT** be given for:
 - o In-Service Programs
 - o On-the-Job Training
 - o Orientation for a job
 - o CPR, BLS or Code Blue
 - o Testing out of a course

Reminders regarding Individual Offering Approval (IOA) submission

- > IOAs must be submitted to KSBN via the IOA form on our website:
 - o https://ksbn.kansas.gov/individual_offering_approval/
 - o Paper forms will not be accepted
- > **ALL** applicable materials listed below must be provided or the IOA will be denied
 - o The **Rational Statement** should be a brief explanation, written in your own words, of why this offering is relevant Continuing Nursing Education for you as a licensee

- o The **Learning/Behavior Objectives** are statements about what you learned and how the information will help in your practice as a nurse. You may use the learning objectives provided in the offering but restate them in nursing terms, if necessary. If you are using a college course for CNE, this information may be found in your course syllabus.
- o A **detailed agenda with the times listed** to verify the length of the offering is required. You will attach the agenda after clicking “SUBMIT” on the IOA page. (**Not applicable if you are using a college course**)
- o A **certificate of completion is required** (**Not applicable if you are using a college course**). You will attach the certificate of completion after clicking “SUBMIT” on the IOA page.
- o An **OFFICIAL transcript must be provided for all college courses**. College transcript(s) must be requested by the licensee. Please request an OFFICIAL transcript from your school. You will attach your transcript after clicking “SUBMIT” on the IOA for College Course page.
- o **Each college course must be submitted on a separate IOA**, NOT multiple classes on one IOA
- > Please allow 5 – 7 business days for the approval of your IOA after submission
- > Once your IOA submission has been reviewed, you will receive an email response informing you of the number of CNE hours you have been approved for, or if your IOA was denied.

DO NOT renew your license until you receive an approval notice.

As a reminder, all licensees have a free CE Broker account if you would prefer to use CE Broker. There is information on our website and in this newsletter about activating your free account. Each licensee must activate their free account if they want to use it.

KSBN Board Member Position Description

The Kansas State Board of Nursing (KSBN) is governed by eleven Board members. The Board is led by a board president. The Board works closely with the agency staff to fulfill the mission of the KSBN which is to assure the citizens of Kansas safe and competent practice by nurses and mental health technicians.

Responsibilities of the Board members:

1. Serves as an active member and consistently attends the assigned committee and Board meetings that occur over three days quarterly. Reviews the material prepared by the staff before the meeting and comes prepared to participate in discussions about agenda items. Some committees have more preparation time and other committees may have responsibilities between quarterly scheduled meetings. Meetings are in-person with an occasional virtual attendance option.
2. Utilizes electronic tools as per State of Kansas policies to receive information and communicate as a Board member. Includes devices and state email. Responds timely to emails and messages requesting a response. Includes 6 – 8 hours of cybersecurity training annually.
3. Continuously aware of actual or potential conflicts of interest and recuse from Board decision when appropriate.
4. Accept responsibility and accountability for Board decisions, regardless of opinion.

5. Good understanding of the Kansas Nurse Practice Act (NPA), which includes statutes and regulations authorizing the regulation of nurses and mental health technicians in Kansas.
6. Revises and adopts standards of practice for licensees of KSBN. Licensees include registered nurses, licensed practical nurses, advanced practice registered nurses and mental health technicians. Ensure all standards for nursing practice are consistent with current nursing practice.
7. Approves nursing education programs in Kansas and enforces the prelicensure and graduate nursing education standards.
8. Discusses any proposed changes to statutes and regulations in NPA.
9. Develops the strategic plan for KSBN.
10. Participates in yearly performance evaluation of the Executive Administrator.

Competencies of KSBN Board Members:

- Strategic thinking
- Leadership
- Accountability
- Knowledge of state nursing laws and regulations
- Decisiveness
- Teamwork
- Strong communication skills

KSBN Committee Member Openings

There will be three KSBN committee member openings starting December 2024. There is one opening on the Continuing Nursing Education/IV Therapy Advisory Committee and two openings on the Education Committee. These committees meet quarterly and there is work to be reviewed BEFORE coming to the committee meetings. Committees may submit recommendations to the Board. Committee members are appointed to committees by the Board President in consultation with the Vice President and serve for two-year terms.

Here is some information about each committee:

Continuing Nursing Education/IV Therapy Advisory Committee

- Membership: Three non-board members who are representative of approved CNE or IV Therapy providers
- Purpose: To review continuing nursing education and mental health technician education. To review and recommend revisions to CNE statutes and regulations. To monitor and approve CNE providers for both initial and renewal status. To review statistical information regarding providers of CNE. To review and recommend revisions in education statutes and regulations for IV Therapy programs. To review education policies for IV Therapy programs; to review all reports and evaluations of IV therapy programs.

Education Committee:

- Membership: Four non-Board members representing the four types of educational programs: LPN, ADN, BSN, and APRN
- Purpose: To review and recommend revisions in educational statutes and regulations for nursing, APRN, RNA and LMHT programs. To review educational policies for nursing and LMHT programs; to review all reports, evaluation, and site visits of schools of nursing, APRN, RNA, and LMHT programs.

There will be a Committee Application on our website by 6/15/24. If you are interested complete the application and submit with a copy of your resume.

KSBN Board Member Code of Conduct

This Code of Conduct includes expectations of a Board member to ensure the citizens of Kansas the Board members uphold the highest level of integrity and ethical standards. These principles shall be followed by Board members:

1. Understand and support the mission of the Kansas State Board of Nursing (KSBN) which is to assure the citizens of Kansas safe and competent practice by nurses and mental health technicians.
2. Board members must be familiar with the statutes and regulations in the Kansas Nurse Practice Act (NPA).
3. The major functions of Board members are to revise NPA, if applicable, and ensure the mission, vision, and values of KSBN are followed. The Board members govern rather than manage.
4. Regardless of whether a Board member is a licensee or a public member, it is important to understand each Board member represents the public. Board members

do not represent the profession, or any other private or political group.

5. Board members must report an actual or perceived conflict of interest to the Board president. If there is an actual or perceived conflict of interest the Board member must recuse from Board decision making.
6. Prepare, attend, and actively participate in all scheduled meetings of the Board and committees as assigned.
7. Follow State of Kansas policies when utilizing State of Kansas electronic tools. This includes devices and emails.
8. Respond to all emails related to Board communication timely.
9. Accept responsibility and accountability for decisions made by the Board.
10. Treat other Board members and agency staff with respect and support.
11. A Board member does not act or speak for the Board without authorization from the Board.
12. Maintain confidentiality about matters of the Board.