

# KNAP

## Kansas Nurse Assistance Program

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August 20, 2019

Carol Moreland, Executive Director  
Kansas State Board of Nursing  
Landon State Office Building  
900 SW Jackson, Suite 1051  
Topeka, Kansas 66612-1230

Dear Ms. Moreland:

Enclosed please find the results of the KNAP Quarterly Audit completed on August 16, 2019.

The audit of 19 KNAP participant files were completed by KNAP Board members. Of the nineteen (19) files reviewed, four (4) were Extended Evaluations and fifteen (15) were Three-year Monitoring cases.

All nineteen (19) of the files were found to be fully compliant. Please let me know if you have any questions or concerns.

Respectfully Submitted,

*Megan Kelly BSN, RN*

Megan Kelly, BSN, RN  
KNAP Program Manager

Cc: Paula Ellis, President KNAP Board  
Enclosure

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## Kansas Nurse Assistance Program

Date <u>08/20/19</u>	Compliance	Non-Compliance	N/A
1. Referral	<u>100%</u>	<u>0%</u>	<u>0%</u>
2. Current nursing license Or Applicant	<u>100%</u>	<u>0%</u>	<u>0%</u>
3. Agreement: Signed/notarized	<u>100%</u>	<u>0%</u>	<u>0%</u>
4. Non-compliance noted To KSBN in 5 work days	<u>53%</u>	<u>0%</u>	<u>47%</u>
5. Key restriction	<u>79%</u>	<u>0%</u>	<u>21%</u>
6. Relapse Notification to KSBN in 5 working days	<u>21%</u>	<u>0%</u>	<u>79%</u>
7. UDS: Random/12-required /year	<u>100%</u>	<u>0%</u>	<u>0%</u>
8. Prescriptions: updated every 90 days	<u>42%</u>	<u>0%</u>	<u>58%</u>
9. 12-step sheets/8-required /month	<u>84%</u>	<u>0%</u>	<u>16%</u>
10. MMM: attended each month 2 excused/year	<u>79%</u>	<u>0%</u>	<u>21%</u>
11. Completed Evaluation	<u>100%</u>	<u>0%</u>	<u>0%</u>

## Kansas State Board of Nursing

### Investigative Division

#### Setting Priorities and Assignment of Investigative Cases

**Policy:** The Board recognizes that some cases are of a more serious nature than others and therefore warrant immediate attention by investigative staff. The Board recognizes that all reports opened as cases need to be investigated and reviewed.

**Purpose:** To provide guidance to staff in identifying and categorizing investigations according to the nature of the incidents and the expectations of the Board.

**Procedure:** A. Report Review and Case Opening

1. Professional nursing staff will review complaints within two weeks of the date they are received by the agency. Workload and availability of staff may necessitate a longer review period. Every attempt will be made to stay within this two-week period.
2. Complaint allegations will be reviewed for the presence of an oath or affirmation (sworn format). If the complaint is sworn, an investigative case will be opened as required by K.S.A. 65-1120(b). The case will be reviewed against the discipline grounds set out in the Kansas Nurse Practice Act.
3. Unsworn complaint allegations will be reviewed against the discipline grounds set out in the Kansas Nurse Practice Act.
  - a. If the allegations on their face do not constitute a violation of the Kansas Nurse Practice Act, after review by the professional nursing staff, a letter will be sent to the reporter explaining the same and a case may not be opened. The letter will explain that a random audit of at least 10% of professional nursing staff reviewed will be conducted by the Investigative Committee member at the earliest opportunity, but in no case later than the next regularly scheduled Board meeting. The audit could result in the opening of a case. If the complaint did not involve a nurse and was referred to another agency, this information will be included in the letter.
  - b. If the allegations on their face do constitute a violation of the Kansas Nurse Practice Act, after review by the professional nursing staff, the complaint will be considered for opening of an investigative case. The complaint will be evaluated for factors including but no limited to patterns of practice, prior discipline actions, frequency of occurrences and acknowledgement of

responsibility by the licensee, licensee's actions and education remedies.

- i. If the allegations on their face represent a common practice error, an isolated incident, evidence of responsibility on the licensee's part and/or evidence of educational remedies the report may be set aside by professional nursing staff and not opened as an investigative case. A random audit of at least 10% of cases reviewed by professional nursing staff will be conducted, by the Investigative Committee, at the earliest opportunity but in no case later than the next regularly scheduled Board meeting. The Investigative Committee may direct staff to open an Investigative case upon their audit.
- ii. If the allegations on their face represent a violation that is egregious or is not ruled out by paragraph 3 (b) (i) above a case will be opened for investigation.

B. Priorities in Assignment of Cases (as determined by professional nursing staff)

1. Category 1 – Emergency: Allegations, if true when taken at face value, constitute an emergency or potential emergency. An emergency exists when the licensee's behavior poses an immediate danger to the public health, safety and welfare or poses an imminent threat of harm to the patient or other person or licensee if the behavior continues and is a violation of the Kansas Nurse Practice Act or other applicable law. Harm may take the form of mental, emotional, or physical. When assigning a case in this category, the veracity and motivation, if known, of the source of the information can be considered.

2. Category 2 – Priority: Allegations, if true when taken at face value, constitute serious violations of the Kansas Nurse Practice Act or other applicable law to a degree that harm did occur or is likely to occur. When assigning a case in this category, the veracity and motivation, if known, of the source of information can be considered. These cases include but are not limited to emotional, physical or verbal abuse of patients, sexual or monetary exploitation of patients, new applicants requiring specific response times, drug/alcohol abuse, diversion issues and significant patterns of practice.

3. Category 3 – Important: Allegations, if true when taken at face value, constitute a violation of the Kansas Nurse Practice Act or other applicable law to a degree that harm to a patient or other person of licensee could result. When assigning a case in this category the veracity and motivation, if known, of the source of information can be considered. These cases include but are not limited to criminal history, fraud or deceit, falsification of inaccurate recording of records and

practice errors. Action in another state when the licensee is currently licensed in Kansas also is included in this category.

4. Category 4 – Other: Other cases as assigned. These cases may include but are not limited to sworn complaints that on their face do not indicate a violation of the Kansas Nurse Practice Act. Action in another state in which the licensee does not have a current, active Kansas license fall in this category. The information received on the Nursys Speed memo will be noted by the Administrative Specialist in the licensing software. Action in another state in which the licensee does not have a current, active Kansas license does not need to be reviewed by the professional nursing staff and a case will not be opened. The information will be available in the licensing database, in case the licensee applies for a reinstatement of their license.

The category assigned to any case will be noted on the case progress form, the file folder and the case summary sheets.

Supplementing this policy and procedure are those addressing time standards for case investigation and professional nursing staff case review.

Initial adoption: 12/2000 at Board Meeting

Revision dates: 6/1/2012, 8/19/2019