

**Kansas State Board of Nursing
Landon State Office Building
Board of Nursing Library, Room 1051
Investigative Committee Agenda
December 11, 2023**

NOTE: The audience may attend in person or via Zoom. Link to access meeting to follow agenda.

Time: 9:00 a.m. – Until Finished

Committee Members: Rebecca Sander, MSN, RN – Chair
Adri Gouldsmith, LPN, V. Chair
Ruth L.M. Burkhart, DNP, MSN, MA, RN-BC, LPCC
Brenda Sharpe, Public Member

Staff: Linda Davies, MSN, BSN, RN, Practice Specialist
Jill Simons, Executive Assistant

- I. Quorum (minimum of 2 members present) – Yes or No
- II. Call to Order
- III. Review of On-Site packets
- IV. Additions/Revisions to the agenda
- V. Announcements
- VI. Approval of minutes – September 11, 2023
October 23, 2023

Consent Item Agenda

- 1. New Regulations Review Process to be completed by March 2025 (0 of 2 completed)
 - a. K.A.R. 60-3-110 – Unprofessional conduct – initial review 9/11/2023
 - b. K.A.R. 60-7-106 – Unprofessional conduct – initial review 9/11/2023
- VII. Unfinished Business
 - 1. Investigative Committee Changes – After Action
- VIII. New Business
 - 1. Committee Description from KSBN Articles
 - 2. Impaired Provider Program – Presentation by KNAP
 - 3. KNAP Statistical Summary for period 07/01/2023-09/30/2023
 - 4. KNPA Self-Study Module
- IX. Quasi-Judicial

X. Agenda for March 2024 Committee meeting

XI. Adjourn

Committee Responsibilities:

To review and recommend revisions in investigative and discipline statutes and regulations. To conduct a review of cases opened by the legal department, determine what type of disciplinary proceeding, and recommend proceedings be initiated. To review and recommend changes to investigative and discipline policies and procedures. To maintain a structured system for monitoring impaired licensees; to review and recommend revisions to the impaired assistance program yearly contract.

Please Note: Additional items, which have come to the attention of the Board or Committee, will be handled as time permits. Agenda is subject to change based upon items to come before the Board. Handouts or copies of materials brought to the board or committees for discussion by committee members or visitors must be submitted to staff 30 calendar days prior to start of the meeting. Any items received after the 30th calendar day may be addressed at the meeting at the discretion of the President of the Board or chairperson of the committee.

Please click the link below to join the webinar:

<https://us02web.zoom.us/j/84699215340?pwd=a0J2c1Z5cEdxRTBUQXdINFZJK3Fudz09>

Passcode: KsbnINVCom

Or One tap mobile :

+12532050468,,84699215340#,,,,*8721317238# US

+12532158782,,84699215340#,,,,*8721317238# US (Tacoma)

Or Telephone:

Dial(for higher quality, dial a number based on your current location):

+1 253 205 0468 US

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

+1 669 444 9171 US

+1 669 900 6833 US (San Jose)

+1 719 359 4580 US

+1 646 876 9923 US (New York)

+1 646 931 3860 US

+1 689 278 1000 US

+1 301 715 8592 US (Washington DC)

+1 305 224 1968 US

+1 309 205 3325 US

+1 312 626 6799 US (Chicago)

+1 360 209 5623 US

+1 386 347 5053 US

+1 507 473 4847 US

+1 564 217 2000 US

Webinar ID: 846 9921 5340

Passcode: 8721317238

PAGE LEFT
BLANK
INTENTIONALLY

PAGE LEFT
BLANK
INTENTIONALLY

PAGE LEFT
BLANK
INTENTIONALLY

PAGE LEFT
BLANK
INTENTIONALLY

PAGE LEFT
BLANK
INTENTIONALLY

PAGE LEFT
BLANK
INTENTIONALLY

KSBN Regulation Review Process

As per K.S.A. 77-440, as amended in 2022, state agencies are required to submit a report regarding an intensive review of their regulations every five years. In the past we have reviewed each regulation on a five-year schedule, however that review did not contain all the information that must be completed by the Board for this intensive review. **The report from KSBN must be submitted by July 15, 2025.** There are 90 regulations in the Kansas Nurse Practice Act that must have the intensive review completed by that date. These regulations have been assigned to the appropriate committees to conduct the intensive review. There will be some regulations to review at each committee meeting and the committee members should come prepared for this review. The regulations to review at the committee meeting will be listed on the agenda and a copy of the regulation will be placed in the committee packet. A copy of the KSBN Regulation Review Form will also be placed in the committee packet for each of the regulations listed on the agenda for review. Agency staff will complete Part 1 that includes information about the history of the regulation. **The rest of the questions on the form must be answered by the committee members.** Committee members need to answer the following questions:

- **Necessity (2 questions):**
 - Is the rule and regulation necessary for the implementation and administration of state law?
 - Does the rule and regulation serve an identifiable public purpose in support of state law?
- **Potential for revocation** (taking the regulation off the active list of regulations and no longer be utilized):
 - Briefly describe how revocation would affect Kansans (max 800 characters)
 - Is the rule and regulation being revoked?
 - If the rule and regulation is not in active use, would revocation require a change to the authorizing or implementing statute?
 - If the rule and regulation is not in active use and revocation would require a change in the authorizing or implementing statute, which changes? (maximum 400 characters)
- **Additional information:** additional information necessary to understanding the necessity of the rule and regulation (maximum 1,200 characters)

It is imperative each committee member review the regulation and the review form and come to the committee meeting prepared to discuss their answers. The committee will decide the final answers that should be submitted for each regulation. If the committee needs to table until the next meeting in which more discussion needs to occur, please realize **all the regulation review must be completed no later than the June 2025 committee meetings.**

If you have questions about this process, please see the staff contacts for each committee.

KSBN Regulation Review Form

Part 1 (completed by agency staff):

Regulation Number: 60

Article Title: 3

Rule and Reg Title: 110 Unprofessional conduct

Type (New/Amended): Amended 04/29/2016

Effective Date (history): 05/01/1982

Authorizing K.S.A. 65-1129

Implementing K.S.A. 2015 Supp. 65-1120

Part 2 (completed by committee members):

Necessity:

1. Is the rule and regulation necessary for the implementation and administration of state law? Y ☒ or N ☐
2. Does the rule and regulation service an identifiable public purpose in support of state law? Y ☒ or N ☐

Potential for Revocation:

1. Briefly describe how revocation would affect Kansans (max. 800 characters)
This regulation gives clear guidelines as to what is acceptable and unacceptable professional nursing conduct which protects our citizens of Kansas, which is the KSBN Mission.
2. Is the rule and regulation being revoked? Y ☐ or N ☒
3. If the rule and regulation is not in active use, would revocation require a change to the authorizing or implementing statute? Y ☐ or N ☐
4. If the rule and regulation is not in active use and revocation would require a change in the authorizing or implementing statute, which changes? (max. 400 characters)

Additional information:

Additional information necessary to understanding the necessity of the rule and regulation (max. 1,200 characters)

This regulation reflects public perception. If one nurse lets down one patient, it paints the picture for the entire profession, making it hard to trust. Nursing continues to rank as the highest trusted profession. One negative incident removes that trust.

Committee:

Chair:

Date:

An official State of Kansas government website. [Here's how you know.](#)

Agency 60
State Board of Nursing

Article 3.—Requirements for Licensure and Standards of Practice

[Printable Format](#)

60-3-110. Unprofessional conduct. Any of the following shall constitute "unprofessional conduct":

- (a) Performing acts beyond the authorized scope of the level of nursing for which the individual is licensed;
- (b) assuming duties and responsibilities within the practice of nursing without making or obtaining adequate preparation or maintaining competency;
- (c) failing to take appropriate action or to follow policies and procedures in the practice situation designed to safeguard each patient;
- (d) inaccurately recording, falsifying, or altering any record of a patient or agency or of the board;
- (e) physical abuse, which shall be defined as any act or failure to act performed intentionally or carelessly that causes or is likely to cause harm to a patient. This term may include any of the following:
 - (1) The unreasonable use of any physical restraint, isolation, or medication that harms or is likely to harm a patient;
 - (2) the unreasonable use of any physical or chemical restraint, medication, or isolation as punishment, for convenience, in conflict with a physician's order or a policy and procedure of the facility or a state statute or regulation, or as a substitute for treatment, unless the use of the restraint, medication, or isolation is in furtherance of the health and safety of the patient;
 - (3) any threat, menacing conduct, or other nontherapeutic or inappropriate action that results in or might reasonably be expected to result in a patient's unnecessary fear or emotional or mental distress; or
 - (4) failure or omission to provide any goods or services that are reasonably necessary to ensure safety and well-being and to avoid physical or mental harm;
- (f) commission of any act of sexual abuse, sexual misconduct, or sexual exploitation related to the licensee's practice;
- (g) verbal abuse, which shall be defined as any word or phrase spoken inappropriately to or in the presence of a patient that results in or might reasonably be expected to result in the patient's unnecessary fear, emotional distress, or mental distress;
- (h) delegating any activity that requires the unique skill and substantial specialized knowledge derived from the biological, physical, and behavioral sciences and judgment of the nurse to an unlicensed individual in violation of the Kansas nurse practice act or to the detriment of patient safety;
- (i) assigning the practice of nursing to a licensed individual in violation of the Kansas nurse practice act or to the detriment of patient safety;
- (j) violating the confidentiality of information or knowledge concerning any patient;
- (k) willfully or negligently failing to take appropriate action to safeguard a patient or the public from incompetent practice performed by a registered professional nurse or a licensed practical nurse. "Appropriate action" may include reporting to the board of nursing;
- (l) leaving an assignment that has been accepted, without notifying the appropriate authority and allowing reasonable time for replacement;
- (m) engaging in conduct related to licensed nursing practice that is likely to deceive, defraud, or harm the public;
- (n) diverting drugs, supplies, or property of any patient or agency;
- (o) exploitation, which shall be defined as misappropriating a patient's property or taking unfair advantage of a patient's physical or financial resources for the licensee's or another individual's personal or financial advantage by the use of undue influence, coercion, harassment, duress, deception, false pretense, or false representation;
- (p) solicitation of professional patronage through the use of fraudulent or false advertisements, or profiting by the acts of those representing themselves to be agents of the licensee;
- (q) advertising nursing superiority or advertising the performance of nursing services in a superior manner;
- (r) failing to comply with any disciplinary order of the board;
- (s) failing to submit to a mental or physical examination or an alcohol or drug screen, or any combination of these, when so ordered by the board pursuant to K.S.A. 65-4924 and amendments thereto, that the individual is unable to practice nursing with reasonable skill and safety by reason of a physical or mental disability or condition, loss of motor skills or the use of alcohol, drugs, or controlled substances, or any combination of these;
- (t) failing to complete the requirements of the impaired provider program of the board;
- (u) failing to furnish the board, its investigators, or its representatives with any information legally requested by the board;
- (v) engaging in nursing practice while using a false or assumed name or while impersonating another person licensed by the board;
- (w) practicing without a license or while the license has lapsed;
- (x) allowing another person to use the licensee's license to practice nursing; or
- (y) knowingly aiding or abetting another in any act that is a violation of any health care licensing act. (Authorized by K.S.A. 65-1129; implementing K.S.A. 2015 Supp. 65-1120; effective May 1, 1982; amended Sept. 27, 1993; amended Sept. 6, 1994; amended Oct. 25, 2002; amended April 29, 2016.)

[Printable Form](#)

KSBN Regulation Review Form

Part 1 (completed by agency staff):

Regulation Number: 60

Article Title: 7

Rule and Reg Title: 106 Unprofessional conduct

Type (New/Amended): Amended 04/29/2016

Effective Date (history): T-88-48, 12/16/1987; 09/27/1993

Authorizing K.S.A. 65-4203

Implementing K.S.A. 2015 Supp. 65-4209

Part 2 (completed by committee members):

Necessity:

1. Is the rule and regulation necessary for the implementation and administration of state law? Y ☒ or N ☐
2. Does the rule and regulation service an identifiable public purpose in support of state law? Y ☒ or N ☐

Potential for Revocation:

1. Briefly describe how revocation would affect Kansans (max. 800 characters)
This regulation gives clear guidelines as to what is acceptable and unacceptable professional nursing conduct which protects our citizens of Kansas, which is the KSBN Mission.
2. Is the rule and regulation being revoked? Y ☐ or N ☒
3. If the rule and regulation is not in active use, would revocation require a change to the authorizing or implementing statute? Y ☐ or N ☐
4. If the rule and regulation is not in active use and revocation would require a change in the authorizing or implementing statute, which changes? (max. 400 characters)

Additional information:

Additional information necessary to understanding the necessity of the rule and regulation (max. 1,200 characters)

This regulation reflects public perception. If one license mental health technician lets down one patient, it paints the picture for the entire profession, making it hard to trust. One negative incident removes that trust. Professionalism is key. This regulates practice.

Committee:

Chair:

Date:

An official State of Kansas government website. [Here's how you know.](#)

Agency 60
State Board of Nursing

Article 7.—Requirements for Licensure and Standards of Practice

[Printable Format](#)

60-7-106. Unprofessional conduct. Any of the following shall constitute "unprofessional conduct":

- (a) Performing acts beyond the authorized scope of mental health technician practice for which the individual is licensed;
- (b) assuming duties and responsibilities within the practice of mental health technology without adequate preparation or without maintaining competency;
- (c) failing to take appropriate action or to follow policies and procedures in the practice situation designed to safeguard the patient;
- (d) inaccurately recording, falsifying, or altering any record of a patient, an agency, or the board;
- (e) physical abuse, which shall be defined as any act or failure to act performed intentionally or carelessly that causes or is likely to cause harm to a patient. This term may include any of the following:
 - (1) The unreasonable use of any physical restraints, isolation, or medication that harms or is likely to harm a patient;
 - (2) the unreasonable use of any physical or chemical restraint, medication, or isolation as a punishment, for convenience, in conflict with a physician's order or a policy and procedure of the facility or a statute or regulation, or as a substitute for treatment, unless the use of the restraint, medication, or isolation is in furtherance of the health and safety of the patient;
 - (3) any threat, menacing conduct, or other nontherapeutic or inappropriate action that results in or might reasonably be expected to result in a patient's unnecessary fear or emotional or mental distress; or
 - (4) any failure or omission to provide any goods or services that are reasonably necessary to ensure safety and well-being and to avoid physical or mental harm;
- (f) the commission of any act of sexual abuse, sexual misconduct, or sexual exploitation related to the licensee's practice;
- (g) verbal abuse, which shall be defined as any word or phrase spoken inappropriately to or in the presence of a patient that results in or might reasonably be expected to result in the patient's unnecessary fear, emotional distress, or mental distress;
- (h) delegating any activity that requires the unique skill and substantial specialized knowledge derived from the biological, physical, and behavioral sciences and judgment of the mental health technician to an unlicensed individual in violation of the mental health technician's licensure act or to the detriment of patient safety;
- (i) assigning the practice of mental health technology to a licensed individual in violation of the mental health technician's licensure act or to the detriment of patient safety;
- (j) violating the confidentiality of information or knowledge concerning any patient;
- (k) willfully or negligently failing to take appropriate action to safeguard a patient or the public from incompetent practice performed by a licensed mental health technician. "Appropriate action" may include reporting to the board of nursing;
- (l) leaving an assignment that has been accepted, without notifying the appropriate authority and without allowing reasonable time for the licensee's replacement;
- (m) engaging in conduct related to mental health technology practice that is likely to deceive, defraud, or harm the public;
- (n) diverting drugs, supplies, or property of any patient or agency or violating any law or regulation relating to controlled substances;
- (o) exploitation, which shall be defined as misappropriating a patient's property or taking unfair advantage of a patient's physical or financial resources for the licensee's or another individual's personal or financial advantage by the use of undue influence, coercion, harassment, duress, deception, false pretense, or false representation;
- (p) solicitation of professional patronage through the use of fraudulent or false advertisements, or profiting by the acts of those representing themselves to be agents of the licensee;
- (q) failing to comply with any disciplinary order of the board;
- (r) if the licensee is participating in an impaired provider program approved by the board, failing to complete the requirements of the program;
- (s) failing to submit to a mental or physical examination or an alcohol or drug screen, or any combination of these, when so ordered by the board pursuant to K.S.A. 65-4924 and amendments thereto, that the individual is unable to practice mental health technology with reasonable skill and safety by reason of a physical or mental disability or condition, loss of motor skills or the use of alcohol, drugs, or controlled substances, or any combination of these;
- (t) failing to furnish the board of nursing, or its investigators or representatives, with any information legally requested by the board of nursing;
- (u) engaging in mental health technology practice while using a false or assumed name or while impersonating another person licensed by the board;
- (v) practicing without a license or while the individual's license has lapsed;
- (w) allowing another person to use the licensee's license to practice mental health technology;
- (x) knowingly aiding or abetting another in any act that is a violation of any health care licensing act;
- (y) having a mental health technician license from a licensing authority of another state, agency of the United States government, territory of the

United States, or country denied, revoked, limited, or suspended or being subject to any other disciplinary action. A certified copy of the record or order of denial, suspension, limitation, revocation, or any other disciplinary action issued by the licensing authority of another state, agency of the United States government, territory of the United States, or country shall constitute prima facie evidence of such a fact;

(z) failing to report to the board of nursing any adverse action taken against the licensee by another state or licensing jurisdiction, a peer review body, a health care facility, a professional association or society, a governmental agency, a law enforcement agency, or a court for acts or conduct similar to acts or conduct that would constitute grounds for disciplinary action under this regulation; or

(aa) cheating on or attempting to subvert the validity of the examination for a license. (Authorized by K.S.A. 65-4203 implementing K.S.A. 2015 Supp. 65-4209; effective, T-88-48, Dec. 16, 1987; effective Sept. 27, 1993; amended Sept. 6, 1994; amended April 20, 2007; amended April 29, 2016.)

[Printable Form](#)

Investigative Committee Process and After Action:

- 1) Beginning after September 2023 Board meeting
 - a. Investigative Committee will meet at the 6-week mark between board meetings
 - i. Oct 23 – virtual
 - ii. Dec 11 (board meeting week – in person)
 - iii. Jan 22, 2024 – virtual
 - iv. March 2024 - (board meeting week – in person)
 - v. April 22 or 29, 2024 – virtual
 - vi. June 10, 2024 - (board meeting week – in person)
 - vii. July 22, 2024 – virtual
 - viii. Sept 9, 2024 - (board meeting week – in person)
 - b. Re-evaluate at 1 year.
- 2) Number of cases proposed to review at each virtual meeting: averages 35-40
 - a. Estimated time is half day.
 - b. Type of cases brought to virtual could be prioritized as such, i.e. a significant investigation drug diversion, workplace impairment, abuse
- 3) After Action:
 - a. What worked
 - b. What needs considered
 - c. Dates to be approved for Virtual meetings in 2024:
 - o Jan 22, 2024
 - o April 22, 2024 or April 29, 2024
 - o July 22, 2024
 - o Oct 21, 2024 or Oct 28, 2024

Investigative Committee

(from KSBN articles)

Membership: A minimum of three Board Members including at least one RN member.

Purpose: To review and recommend revisions in investigative and discipline statutes and regulations. To conduct a review of cases opened by the legal department, determine what type of disciplinary proceeding, and recommend proceedings be initiated. To review and recommend changes to investigative and discipline policies and procedures. To maintain a structured system for monitoring impaired licensees; to review and recommend revisions to the impaired assistance program yearly contract.

KSBN Board's Investigative Committee on Monday, December 11, 2023

KNAP Question and Answers

First, I want to thank you for this opportunity to meet with you, answer questions, discuss past problems and possible solutions, and get to know the people we will need to aid the participants toward success.

Linda Davies was kind enough to email Elizabeth and I, some concerns and questions (see below). I followed this part with recent history, my thoughts on what a monitoring program should be, and some of the efforts the team are working on since I came on board October 16th.

From Linda:

Some of the things that we have recently heard from licensees and do not know the validity of them:

1. KNAP only emails licensees, does not call or send letters. Answer: *I can hear Elizabeth and Lindsey when they are speaking to participants on the phone and there are lots of phone calls, from us to the participant and vice versa. I believe speaking with a person is an essential way, for the participant to know us, for us to create a Recovery relationship. Emails are for information exchange and are a tool. Phone calls and zoom monitoring meetings are for creating rapport.*
2. KNAP is too costly.
 - a. But the cost to support a habit is costly too. Answer: *Linda answered the question, but I will add...I went to treatment four times before I successfully entered Recovery. That was very costly; as were the attorney fees, legal fees; family and community relationships. It usually takes years for a person with a SUD to come to your and our attention. The costs the SUD caused for the person and community are far greater per year than the costs of helping save their life and protecting the community.*

KSBN would appreciate information on:

1. KNAP reports do not indicate reasons nurses enroll – Answer: *We will include that in the yearly annual report that Lindsey completes.*
 - a. Chemical dependency
 - b. Mental health
 - c. Both: *Just a thought on this...I have yet to treat a person with a SUD that doesn't have another mental health disorder such as trauma diagnosis, anxiety, mood, and/or personality disorders. If you'd like me to speak to this let me know.*
2. KNAP evaluation process
 - a. Evaluator Training/Consistency in background:
 - b. Who chooses evaluator?
 - c. Is there a recommendation for further evaluations? Screenings?
 - d. Evaluation for Fitness to Practice: Answer: *I spoke to all of these in the **efforts my team has been implementing below.***

3. Continuing evaluation to ensure compliance and successful treatment. Answer: *Monitoring is continual evaluation. My first clinical supervisor put it this way "Assess, assess, and assess more." Affinity, our software, provides us with employer reports, prescriptions, 12-Step meetings, and UA's. We also have the 14 monitoring meetings that our seven facilitators, Elizabeth is a facilitator, provide each month. Monitoring meetings are assessment and problem solving oriented. Phone calls are an opportunity for assessment. Creating a trusting relationship with the participant ensures that we obtain more useful information for assessment.*
4. Statistical Report for FY 23 indicates that 49% of licensees are unsuccessful.
 - a. Is the unsuccessful rate mostly during the first 1-2 years of enrollment?
 - b. Is there an analysis that uncovers a mental health trigger/diagnosis that is not incorporated into the plan/program?
 - i. The MH diagnosis is why they are impaired. Answers to all the above questions: *I remember when I was working at St. Francis Chemical Dependency Treatment Services, I was providing Impaired Professionals Presentations, on behalf of HAPN/KNAP to Health Centers, College Nursing Schools, and HRM's across the State of Kansas. Dr. Mary Carder, the Executive Director of HAPN at that time, provided statistics of an 80% success rate during that period that I used in my presentations. My best guess is a combination of problems such as poor evaluations and recommendations; complacency and lack of communication leading to more of a punitive rather than partnership relationship with the participant; poor leadership; and who knows what else has led to less than optimum outcomes.*
 - ii. *Elizabeth inherited a very regimented, draconian program that was punitive in nature and nonunderstanding of the relapse process. There was also a dearth of documentation and spotty record keeping. From her extensive trauma informed care perspective and Mental health comorbidity training, she has made changes to humanize the program while still holding participants accountable. Community safety is of the utmost importance and her experience in the criminal justice field serves her well in this dual role.*

FYI – it appears the “movement” is to understand the reasons behind why a licensee is diverting, impaired, not fit to practice. The board has indicated that if they understood the trigger behind the offense, they may discipline differently. How would the board learn of this to make a more informed decision? What trainings are there for understanding the Evaluations? One board member and myself attended the SASSI training – very helpful. Are there more? Answer: *I have provided a multitude of training. As time allows, I can provide these. I do, however, get paid lots of money by the participants in the training. LOL*

Heart of America Professional Monitoring Vision Overview

I found a Mission and Purpose statement that Leslie was working on from August 2022 that details what we should be doing.

Mission: To Assist and Encourage the Provision and Dissemination of Information, Education and Assistance to Professionals and Students in Professional Programs in Adapting to the Demands of a Professional Career and by Promoting and Preserving the Health and Well-Being of Professionals in the Community.

Purpose: Assist in Preventing Impairment Among Professionals; Identify Impairment and Potential Impairment at an Earlier Stage; and Assist in Providing the Public with a Professional Population Whose Skills are not as Likely to be Depreciated by Chemicals, Illness or Excessive Stress.

I believe that for success, HAPN/KNAP must work within a mission statement, with purpose, and planning that leads to early intervention, and a continuous reciprocal recovery relationship throughout the medical professional's recovery journey. These efforts are supported by recovery related qualities such as rapport building, respect, positivity, persistence, integrity, hard work, trust, honesty, accountability, timeliness, communication, and willingness. These qualities must be implemented in our work, and encounters, with the medical professionals/participants, and with the Boards we work with to ensure healthy relationships and success.

I believe monitoring programs can be perceived by participants, and maybe rightly so, as punitive. I know we can't satisfy every person, but if we model the qualities listed above, we will have less problems with the participants, leading to their incorporating these qualities into their Recovery self with attendant success.

Within the past four weeks, as most of you know, I have found dilemmas, problems, hitches, whatever you want to call it. Some of this was caused by leadership that was found wanting, interruption in leadership, and complacency, particularly in evaluation procurement, documentation, and technology.

I am fortunate to have inherited competent team members; Elizabeth, the Program Manager; and Lindsey, the Administrative Assistant, who both embrace and model the traits I listed above. They have been wonderful in helping me to see the whole picture and the processes that are working and those that need improvement.

Below are some of the **efforts my team has been implementing** in the past four weeks.

1. *Need- Timely early intervention and recommendations* (Linda Davies referenced this in an email and it is very important for safety and success of the participant and the public). *Resolutions:*
 - a. We have implemented a Referral Status Spreadsheet that the Executive Director and Administrative Assistant review each day. The Executive Director will call each verification

participant, referred professional, to provide support and answer questions, to build rapport with the individual. b. Increasing communication and teamwork with the Boards and all associated Board team members.

Need- Quality Evaluations: I have found evaluations have lacked the quality and substance needed for a medical professional monitoring program and participant leading to incorrect recommendations and lack of timeliness. *Resolution:* We are building a small list, 10-15 across the State, of evaluators that can provide a quality evaluation with not only SUD based but all domains, including mental health. The Executive Director has started a process of reading past evaluations to see which clinicians are able to provide a quality evaluation, and then speaks with each one separately to go over our needs. The Executive Director and Administrative Assistant will ensure that all substantive information, including K-Trac's information, about the referral being evaluated makes it to the evaluator prior to the evaluation. As part of the evaluation, the referral will do an observed Urinalysis Drug and Alcohol screen on the day of the evaluation to provide further essential information for the evaluation. I believe the evaluations will have a standard cost to the participant of \$300 once we have the drug screen protocol set up.

2. *Ensuring HAPN financial stability. Resolutions:* a. Calling each participant that is late on payments and explaining that timely payment is part of their monitoring contract. b. increasing participant referrals by increased marketing by setting up presentations for college nursing schools, health center management and human resources, and others to increase participant enrollment. Also, presenting at conferences, as part of CEU's offered. c. Updating and fixing the HAPN website so it can be used to make referrals, and that the referrals are answered in a timely manner.

Kansas Nurses Assistance Program Statistical Summary

Reporting Period: 07/01/2023 - 09/30/2023

Active Cases

Participants Entered Into Program:	<u>35</u>	Total Number in Program:	<u>122</u>
Referral Source:		Type of License:	
Board:	<u>29</u>	ARNP	<u>4</u>
Employer:	<u>3</u>	CRNA	<u>3</u>
Co-Worker:	<u>0</u>	LPN	<u>25</u>
Self:	<u>14</u>	RN	<u>90</u>
Family-Friend:	<u>0</u>	Board:	
Other:	<u>0</u>	Known:	<u>97</u>
Reasons for Referral :		Un-Known:	<u>25</u>
Alcohol:	<u>12</u>	Gender:	
Drugs:	<u>3</u>	Male:	<u>19</u>
Alcohol & Drugs	<u>11</u>	Female:	<u>103</u>
Mental Health:	<u>2</u>	Age:	
Gambling:	<u>0</u>	20's:	<u>16</u>
Released from Program:		30's:	<u>36</u>
Successfully:	<u>38</u>	40's:	<u>40</u>
Non-Compliant:	<u>37</u>	50's:	<u>18</u>
Other:	<u>1</u>	60's:	<u>11</u>
Death:	<u>1</u>	Nursing Employment Status:	
No Diagnosis:	<u>1</u>	Employed:	<u>90</u>
State of Residency:		Unemployed:	<u>3</u>
MO	<u>7</u>	Outside Profession:	<u>2</u>
KS	<u>114</u>	Nursing Employment Settings:	
CO	<u>1</u>	Hospital:	<u>36</u>
Contract Length:		Nursing Home:	<u>62</u>
7 Year's	<u>2</u>	Home Health:	<u>5</u>
6 Year's	<u>2</u>	Other Agency:	<u>35</u>
5 Year's	<u>4</u>	Public Health	<u>6</u>
4 Year's	<u>11</u>		
3 Year's	<u>70</u>		
2 Year's	<u>2</u>		
1 Year	<u>11</u>		

The Nurse Practice Act: An Overview for Nurses Learning Module

Purpose:

Upon completion of this learning module, the nurse will have a basic understanding of the Kansas Nurse Practice Act. This activity will explore what the nurse practice act is, what it means to a staff nurse's practice and where to find answers to practice questions. Also, information about the Kansas State Board of Nursing and its role with nursing practice will be given.

Objectives:

Upon completion of the learning module, the nurse should be able to:

1. State the purpose of the Kansas nurse practice act.
2. Describe what the nurse practice act means to the staff nurse.
3. Identify how and where to find answers to practice related questions.
4. Discuss the role of the Kansas State Board of Nursing in relation to nursing practice.

Directions:

Registration is available through the **Ascension's Interprofessional Continuing Education (IPCE) and Joint Accreditation Program.**

Fee: \$40.00 for Non Ascension Employees and \$20.00 for Ascension Associates (Please use your Ascension Email for your profile or you will be charged the full amount).

A profile is necessary in the system for registration and for receiving CE's. If you do not have a profile in place, you will be directed to complete prior to registration. Quick Reference Guide for Profile set up: [Profile Set Up](#)

Link for Module: [KNPA](#)

Read the entire module and complete the post-test questions. For Continuing Nursing Education credit, the post-test must be completed with a score of 100% correct. It is an open document Test-please download the document for reference during testing. You will have three attempts for completion of 100%. **If you fail to pass the test on your third attempt, you will need to contact the IPCE Site Via Email: ce-cme@ascension.org to withdraw from the source and re-registration with payment will need to be completed.**

Upon successful completion of the post-test, an evaluation will be available for completion. Upon completion of the evaluation, a certificate for 2.0 Contact Hours will be provided.

Please print or download your certificate and return to the Kansas State Board of Nursing.

Question with the Continuing Education Site: Email lori.lewis@ascension.org

Questions related to course or content: Email fawn.mcdonough@ascension.org

From: [Fawn mcdonough](#)
To: [Linda Davies \[KSBN\]](#)
Cc: [Lori Lewis](#); [Trisha Hageman](#)
Subject: Fwd: [EXTERNAL] RE: Changes regarding the Kansas Nurse Practice Act self-study module
Date: Monday, November 13, 2023 3:08:41 PM
Attachments: [KNPA Overview and Directions 6.14.2023.pdf](#)

EXTERNAL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

This message was sent securely using Zix®

Dear Ms. Davies,

Carol Moreland suggested that I reach out to you regarding the upcoming changes to the administration of the self-study module titled ***Kansas Nurse Practice Act: An Overview for Nurses***. Ascension Via Christi no longer holds a long-term providership with KSBN and we have transitioned all of our CME and CNE programs to our national Ascension Interprofessional Continuing Education (IPCE) and Joint Accreditation program. The self-study module has been updated and approved for 2.00 ANCC contact hours. I have been working with Lori Lewis on our national team to fully automate the registration, payment, content delivery, testing, evaluation and certificate for the end user through the national website. I believe that this new process will be a big satisfier for the public and reduce delays caused by the manual process of mailing money orders and posttests and emailing corrections. We will no longer offer an expedited process for an additional fee, as users will be able to pay by credit card and access the materials immediately.

I would like to suggest that we schedule a virtual meeting after the holiday to share this new platform, answer any questions, and discuss logistics. I wonder if you might be available on either of the two dates: Tues., 11/28 between 11:00 am-12:00 pm or Thursday, 11/30 between 1:00-4:00 pm? I have attached a copy of the revised directions for your reference. It is our hope to implement this process beginning January 1, 2024.

Fawn McDonough, BSN, RN

Educator, Clinical Professional Development

929 N. St. Francis | Wichita, KS 67214

fawn.mcdonough@ascension.org

t: 316.268.6080



One Mission. One Integrated Ministry. One Ascension.

----- Forwarded message -----

From: **Carol Moreland [KSBN]** <carol.moreland@ks.gov>

Date: Thu, Nov 9, 2023 at 2:04 PM

Subject: [EXTERNAL] RE: Changes regarding the Kansas Nurse Practice Act self-study module

To: Fawn mcdonough <fawn.mcdonough@ascension.org>

Fawn,

Thank you for the email. I have forwarded it to Linda Davies, our Practice Specialist.

[Carol Moreland, MSN, RN](#)

Executive Administrator

Kansas State Board of Nursing

900 SW Jackson, Suite 1051

Topeka, KS 66612

785-296-5752

Fax: 785-296-3929

<https://ksbn.kansas.gov>

The mission of the Kansas Board of Nursing is to assure the citizens of Kansas safe and competent practice by nurses and mental health technicians.

e-Notify – If you are a nurse, enroll yourself in e-Notify as a nurse at:

<https://www.nursys.com/e-notify> - If you are an employer, enroll in e-Notify as an institution at: <https://www.nursys.com/e-notify> - This will allow you to receive real-time automated license and discipline notifications.

CONFIDENTIALITY NOTICE

The information transmitted by this e-mail including any attachments is intended only for the

addressee and may contain confidential and/or privileged material. Any interception, review, retransmission, dissemination, or other use of, or taking of any action upon this information by persons or entities other than the intended recipient is prohibited by law and may subject them to criminal or civil liability.

If you are not the intended recipient, or have received this communication in error, please contact the sender by mail or by phone at 785-296-5752 and destroy all communication from any computer or network system.

From: Fawn mcdonough <fawn.mcdonough@ascension.org>
Sent: Thursday, November 9, 2023 11:43 AM
To: Carol Moreland [KSBN] <carol.moreland@ks.gov>
Cc: Lori Lewis <lori.lewis@ascension.org>; Trisha Hageman <trisha.hageman@ascension.org>; Michelle Jost <michelle.jost@ascension.org>; Katrina Morton <katrina.morton@ascension.org>
Subject: Changes regarding the Kansas Nurse Practice Act self-study module

EXTERNAL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

This message was sent securely using Zix[®]

Dear Ms. Moreland,

I am writing to let you know of some upcoming changes regarding the administration of the self-study module titled ***Kansas Nurse Practice Act: An Overview for Nurses***. Ascension Via Christi Hospitals Wichita relinquished its long term providership several years ago and has fully transitioned all its CE/CME programs to Ascension's Interprofessional Continuing Education (IPCE) and Joint Accreditation Program. We have fully automated the registration/payment/delivery/post test/evaluation of the module for the end user through the national website. The end user will download their certificate from the website and be responsible for emailing it to KSBN. We would like to implement this change by the end of the year.

I have attached the draft document that we would have KSBN share with end users that are

assigned the self-study module for your review. **Please let me know who you would like me to work with at KSBN to implement these changes.** I look forward to hearing from you and answering any questions.

Fawn McDonough, BSN, RN

Educator, Clinical Professional Development
929 N. St. Francis | Wichita, KS 67214
fawn.mcdonough@ascension.org

t: 316.268.6080



One Mission. One Integrated Ministry. One Ascension.

CONFIDENTIALITY NOTICE:

This email message and any accompanying data or files is confidential and may contain privileged information intended only for the named recipient(s). If you are not the intended recipient(s), you are hereby notified that the dissemination, distribution, and or copying of this message is strictly prohibited. If you receive this message in error, or are not the named recipient(s), please notify the sender at the email address above, delete this email from your computer, and destroy any copies in any form immediately. Receipt by anyone other than the named recipient(s) is not a waiver of any attorney-client, work product, or other applicable privilege.

This message was secured by [Zix](#)®.

CONFIDENTIALITY NOTICE:

This email message and any accompanying data or files is confidential and may contain privileged information intended only for the named recipient(s). If you are not the intended recipient(s), you are hereby notified that the dissemination, distribution, and or copying of this message is strictly prohibited. If you receive this message in error, or are not the named recipient(s), please notify the sender at the email address above, delete this email from your computer, and destroy any copies in any form immediately. Receipt by anyone other than the named recipient(s) is not a waiver of any attorney-client, work product, or other applicable privilege.

This message was secured by [Zix](#)[®].