



Kansas State Board of **NURSING**

Fiscal Year 2023 Annual Report

(July 1, 2022 – June 30, 2023)

Message from the Executive Administrator

Welcome to the Kansas State Board of Nursing
Annual Report for FY 2023.



FY 23 continued to be a very busy year. During FY 23 all the Board member positions were filled, which benefits the decisions of the Board. We have a variety of expertise among the Board members. We finished another successful year in the Nurse Licensure Compact. The decreasing number of healthcare workers in Kansas continues to be a challenge. Effective methods for communication to our licensees and stakeholders continues to be a challenge. We continue to explore ways in which communication is more effective. Each division in the agency continued to explore ways to increase their efficiency. The agency has made some positive changes to increase the efficiency of our agency and provide better service to our licensees and customers. We hope you find the information included in this annual report helpful. If you have feedback, I can be contacted at: carol.moreland@ks.gov.

Carol Moreland, MSN, RN



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

BOARD MEMBERS

7/1/2022 – 6/30/2023

Julianna Rieschick, RN, MSN, NEA-BC, President

07/01/2017 – 06/30/2025 (second term)

Rebecca Sander, MSN, RN, Vice President

7/28/2016 – 7/30/2024 (second term)

Andrea Watson, RN, BSN, OCN, CCRP, Secretary

07/01/2020 – 06/30/2024

Adri Gouldsmith, LPN

07/01/2019 – 06/30/2027 (second term)

Melissa Oropeza, DNP, APRN-BC, CGRN

07/01/2021 – 06/30/2025

Lori Owen, LPN

07/01/2021 – 06/30/2025

Michaela Hysten, MSN, BSN, RN

7/1/2019 – 6/30/27 (second term)

Ruth L. M. Burkhart , DNP, MSN, MA, RN-BC, LPCC

7/1/2022 – 6/30/26

Geovannie Gone, Public Member

07/01/2020 – 06/30/2024

Michelle Terry, Public Member

07/01/2022 – 06/30/2026

Brenda Sharpe, Public Member

07/01/2019 – 06/30/2027 (second term)

KANSAS STATE BOARD OF NURSING STAFF

7/1/22 – 6/30/23

Administration:

Carol Moreland, MSN, RN, CPM, Executive Administrator
Adrian Guerrero, CPM, Director of Operations
Jill Simons, Executive Assistant
Michelle Brown, Senior Administrative Specialist
Sharon Oxby, Senior Administrative Assistant

Education:

Janelle Martin, MHSA, RN, Nursing Education Compliance Officer
Vacant, Education Specialist, C.N.E.
Vacant, Senior Administrative Assistant

Discipline:

Vacant, Assistant Attorney General
Rachel Kenney-Townsend, Assistant Attorney General
Megan Hughes, Senior Administrative Assistant

Investigative:

Linda Davies, BSN, RN, Practice Specialist
Hana Dajani, Senior Administrative Specialist
Ruth Humbert, RN, Investigator
Vacant, RN Investigator
Debra Quintanilla, RN, CPM, Investigator
Richard Maas, BSN, RN, Investigator
Abbie Stutzman, BSN, RN, Investigator
Stacy Scott, BSN, RN, Investigator (Part-Time)
Susanne Forman, BSN, MBA, RN, Investigator (Part-Time)
Evan Faulkner, Special Investigator
Mara Hurley, Special Investigator

Licensure:

RaeAnn Byrd, CPM, Licensing Supervisor
Karen McGill, Senior Administrative Assistant
Barbara Bigger, Senior Administrative Assistant
Jackie Mercer, Senior Administrative Assistant
Vacant, Senior Administrative Assistant

Online Assistance:

Anthony Blubaugh, Program Developer III
Kolton Colhouer, eGov Support Analyst/Technology Support Consultant

ADMINISTRATION

FY 23 was the fourth year since implementation of the Nurse Licensure Compact (NLC) in Kansas. LPNs and RNs who reside in Kansas have the option to obtain a multistate nursing license if they apply and meet the eleven uniform licensure requirements. Applicants also have the choice of a single state nursing license. Licensees who currently hold a nursing license in Kansas can continue to have a single state license or apply for a conversion to a multistate nursing license. The number of member states in the NLC continued to grow as more states implement the NLC. At the end of FY 23, 41 states and 1 U.S. Territory have implemented the NLC. More states are putting forth legislation to join the NLC. The multi-state nursing license makes it possible to mobilize nurses faster. There continues to be an opportunity for more education to our licensees regarding the NLC, the advantages of having a multistate license, and the process to obtain a multistate license.

The quarterly KSBN Committee and Board meetings were held in-person during FY 23. The Board decided to continue to stream the committee and Board meetings, so they are more accessible to our licensees and the public. Observers of the meetings have the option of watching the meetings live on YouTube. Recordings of the meeting are placed on our website after the meetings have ended. We have received positive comments regarding the decision to stream the meetings. A link to the YouTube viewing is always included on the committee and Board agendas.

Effective July 1, 2023, national certification in the role and population foci will be required for an applicant for APRN licensure in Kansas. Board staff continue to provide education and clarification about the change for advanced practice nurses in which they no longer need a collaborative agreement to practice and a protocol to prescribe controlled substances. There continue to be challenges for the Board of Nursing, but forward progress has continued during FY 23. KSBN is included in discussions about changes that might assist in increasing the number of nurses practicing in Kansas. KSBN staff continue to work on digitalizing the records received in the agency. The staff has continued to demonstrate tremendous flexibility and teamwork. Thank you for everyone's support during these challenging times! We are very proud and grateful to the nurses who have been providing care during difficult times.

PERFORMANCE METRICS

Objective 1: Process licensure applications accurately and in a timely manner

Performance measures for objective 1:

95% of licensure applications will be processed within 2 business days after receipt of all required information and entered accurately into the licensing database.

Performance Measures	FY 23
Percentage of renewal applications	100%
Percentage of initial through examination applications	100%
Percentage of reinstatement applications	100%
Percentage of endorsement applications	100%
Percentage of advanced practice applications	100%
Percentage of licensure application information entered accurately	100%

Objective 2: Oversee nursing programs, which includes surveying each nursing program once every 5 – 10 years and receiving an annual report from each nursing program.

Performance measures for objective 2:

100% of all nursing programs will be surveyed as per schedule

100% of the nursing programs will submit an annual report.

Performance Measures	FY 23
Percentage of nursing programs surveyed per schedule	100%
Percentage of nursing programs submitting an annual report as per regulation	100%

Objective 3: Oversee approved continuing education providers, which includes receiving an annual report from the long-term continuing nursing education providers, five-year renewal application from long-term continuing education providers and applications for single nursing continuing education providers are reviewed in a timely manner.

Performance measures for objective 3:

80% of long-term continuing nursing education providers submit an annual report.

80% of long-term continuing nursing education providers submit five-year renewals as per schedule.

Performance Measures	FY 23
Percentage of long-term continuing nursing education providers submitting an annual report	81%
Percentage of long-term continuing nursing education providers submitting five-year renewals as per schedule	87%
Percentage of applications for single nursing continuing education providers reviewed within 2 weeks of receiving application	100%

Objective 4: Investigate reported complaints in a timely manner and decrease unlicensed individuals from practicing

Performance measures for objective 4:

Professional staff will review 90% of complaints received in agency within 2 weeks of date received in agency
60% of investigations will be completed within 9 months of opening the case
Number of unlicensed individuals practicing nursing will decrease

Performance Measures	FY 23
Number of complaints received in agency and reviewed by Professional Staff	641
Percentage of complaints received in the agency that are reviewed by Professional Staff within 2 weeks of date received	95%
Number of investigations opened	690
Percentage of investigations completed within 9 months of assigning the case	53%
Number of nurses practicing without a current nursing license	48
Number of individuals presenting themselves as a nurse but have no nursing license (imposter)	3
Number of applications with legal history reviewed:	1548
Number of CNE Audits (answered "NO" on renewal or did not submit approved hours when requested):	50

Objective 5: Discipline licensees who violate the Nurse Practice Act

Performance measures for objective 5:

Licensees who violate the Nurse Practice Act are disciplined via initial orders, consent orders, evidentiary hearings, denied licenses, revoked licenses, limited and/or suspended licenses or diversion agreements.

Performance Measures	FY 23
Number of initial orders, consent orders and evidentiary hearings	14
Number of denied licenses	3
Number of revoked licenses	18
Number of limited and/or suspended licenses	18
Number of diversion agreements	5
Total fines deposited in state general fund for violations of the Nurse Practice Act	\$6,500

Objective 6: Board and committee members are oriented to their roles and responsibilities

Performance measures for objective 6:

100% of Board members and committee members are oriented to their roles and responsibilities.

Performance Measures	FY 23
Percentage of new Board members oriented to their role and responsibilities	100%
Percentage of new committee members oriented to their role and responsibilities	100%
Percentage of Board members who attended annual KOMA training	100%

KORA Open Records Requests FY 23

FY 23	# Requests	# in Process/ Pending	#Completed	# Pending Payment	# Requests Referred to Another Agency	#Cancelled
1st Qtr. (7/1/22 – 9/30/22)	24	0	23	0	1	0
2nd Qtr. (10/1/22 – 12/31/22)	33	0	28	0	3	2
3rd Qtr. (1/1/23 – 3/31/23)	54	0	52	0	1	1
4th Qtr. (4/1/23 – 6/30/23)	39	2*	37	0	0	0

*In process 4th Qtr. Waiting on others to complete production

FY 23	1st QTR (7/1/22 – 9/30/22)	2nd QTR (10/1/22 – 12/31/22)	3rd QTR (1/1/23 – 3/31/23)	4th QTR (4/1/23 – 6/30/23)
Average days to produce Requests	6.48 Days	5.72 Days	7.23 Days	3.24 Days
Median Days to Produce Requests	2 Days	2 Days	3 Days	2 Days

41,358 Licensure applications received

39,275 Licensure applications approved

FY 2023 BUDGET OVERVIEW

7/1/22 – 6/30/23

The Kansas State Board of Nursing (KSBN) is a fee funded agency. This means the agency operates on the revenue received from licensees and receives no revenue from the State General Fund. KSBN contributed \$100,000 to the State General Fund in FY 23. The Legislature appropriates to KSBN the amount that can be spent from the fee fund. The Board of Nursing raised the licensure fees effective July 1, 2019 (beginning of FY 20) to include the multi-state license option and to cover the anticipated revenue loss from licensees who would not be renewing their license because of having a multistate license from another member state of the Nurse Licensure Compact.

KSBN receives revenues from four sources:

1. Clerical Services (issuing verifications, name changes, etc)
2. Other Services (continuing nursing education and nursing program annual fees)
3. Licensing Services (licensure fees for initial licenses, renewals, reinstatements, endorsements, etc)
4. Fingerprints (fee charged by the KBI for processing of fingerprints and issuing a criminal background report)

KSBN expenditures include four areas:

1. Salaries and Wages (includes salaries and benefits for 27 FTE positions)
2. Contractual Services (includes office rent, peer assistance program, hearings conducted by a hearing officer in the Office of Administrative Hearings, legal counsel through the Attorney General's Office, communication, copy machines and maintenance of software programs)
3. Commodities (includes office supplies)
4. Capital Outlay (includes technology plan and hardware to keep Board Members and agency functioning efficiently via electronic means)

KSBN Fee Fund includes:

1. Beginning fund balance (amount carried over from the prior fiscal year)
2. Total revenue received
3. Total expenditures
4. Ending fund balance (amount at the end of the fiscal year that will be the starting balance for the next fiscal year)

Fee Fund Balance Guidelines Purpose: The Board has established these guidelines to ensure that the agency maintain a sufficient balance in the fee fund to ensure continuous operation of the agency if there was a decrease in revenue or an emergency in which all equipment, furniture, supplies, office space, etc. were destroyed by a natural or manmade disaster. The State of Kansas is self-insured and the agency is a fee funded agency which receives no state general funds.

Fee Fund Balance Guidelines Policy: The agency is required to submit a biennial budget. During the budget process, the fee fund is reviewed. The fee fund balance should be reviewed by the Board after the budget has been submitted to the Governor and receiving the Governor's recommendations. The following criteria will be applied to determine the balance to be maintained in the fee fund:

1. The replacement cost of all physical assets
2. The cost for temporary relocation of office for up to six months of expenses
3. Six months of operating expense

FY 23 Revenue	
Licensing Services (Fees)	\$3,525,606
Clerical Services	\$24,858
Other Services	\$25,255
TOTAL	\$3,575,719

FY 23 Expenditures	
Salaries and Wages	\$1,889,658
Contractual Services	\$1,277,167
Commodities	\$22,561
Capital Outlay	\$318,341
TOTAL	\$3,518,932

FY 23 Fee Fund	
Beginning Fund Balance	\$4,025,789
Total Revenue Received	\$3,574,749
Total Expenditures	\$3,518,932
Ending Fund Balance	\$4,081,606

LICENSING

The Kansas State Board of Nursing Licensing Department is dedicated to ongoing enhancements in order to effectively address the requirements of our applicants, licensees, and citizens of the State of Kansas.

Throughout the past year, the Licensing Department has adeptly navigated evolving executive orders and regulatory changes while ensuring the seamless operation of our online and electronic services to cater to the needs of our applicants. These dynamic changes have been meticulously integrated into revised business processes to facilitate thorough and expeditious review of applications, thereby expediting their integration into the much-needed Kansas workforce.

Our commitment to fostering effective communication with applicants is paramount, whether through online services, in-person consultations, email correspondence, or telephone interactions. We are resolute in our dedication to promptly addressing inquiries and providing comprehensive guidance regarding the prerequisites and maintenance of nursing licensure in the State of Kansas.

The Licensing Department is equally committed to informational and educational initiatives aimed at empowering Kansas nurses with national programs such as Nurse Licensure Compact (NLC), which enables the utilization of a single license across multiple states. We also employ tools like Nursys® eNotify to alert nurses about impending license expirations and CE Broker for streamlined tracking of their continuing education activities within a unified platform.

Maintaining operational efficiency within the predefined timeframes specified in our agency's strategic plan is a paramount objective. We persistently adhere to our performance standards, consistently striving not only to meet but to exceed our set goals. The Licensing Department remains unwavering in its dedication to demonstrating excellence, contributing to the advancement of Kansas as a highly desirable state to practice nursing.

Licensure Totals 6/30/23	
Licensed Mental Health Technician:	37
Licensed Practical Nurse Multistate:	1,888
Licensed Practical Nurse Single state:	7,324
Registered Nurse Multistate:	15,447
Registered Nurse Single state:	37,468
Clinical Nurse Specialist:	365
Nurse Midwife:	96
Nurse Practitioner:	7,190
Registered Nurse Anesthetist:	1,287
TOTAL	71,102

FY 23 Applicant Data

	Initials	Reinstatements	Renewals
Clinical Nurse Specialist	3	2	343
LMHT	-	1	36
LPN Multistate	605	25	775
LPN Single State	307	189	3,527
Nurse Midwife	7	5	75
Nurse Practitioner	996	95	5,855
RN Multistate	3,596	113	6,668
RN Single State	1,023	468	18,813
RNA	115	16	1,157

FY 23 Licenses By County



County	State	Count
Allen	KS	208
Anderson	KS	171
Atchison	KS	317
Barber	KS	88
Barton	KS	571
Bourbon	KS	290
Brown	KS	191
Butler	KS	1682
Cass	KS	2
Chase	KS	44
Chautauqua	KS	50
Cherokee	KS	280
Cheyenne	KS	47
Clark	KS	30
Clay	KS	180
Cloud	KS	228
Coffey	KS	151
Comanche	KS	40

Cook	KS	1
Cowley	KS	522
Crawford	KS	826
Dakota	KS	2
Decatur	KS	82
Dickinson	KS	398
Dogulas	KS	1
Doniphan	KS	135
Douglas	KS	2115
Edwards	KS	53
Elk	KS	49
Ellis	KS	871
Ellsworth	KS	136
Finney	KS	526
Ford	KS	371
Franklin	KS	597
Geary	KS	395
Gove	KS	69
Graham	KS	59
Grant	KS	83
Gray	KS	104
Greeley	KS	24
Greenwood	KS	131
Hamilton	KS	23
Harper	KS	85
Harvey	KS	956
Haskell	KS	31
Hodgeman	KS	48
Jackson	KS	367
Jefferson	KS	501
Jewell	KS	53
Johnson	KS	16420
Kearny	KS	70
Kingman	KS	161
Kiowa	KS	39
Labette	KS	411
Lane	KS	19

Leavenworth	KS	1679
Leavonworth	KS	1
Lincoln	KS	71
Linn	KS	191
Logan	KS	66
Lyon	KS	582
Marion	KS	256
Marshall	KS	209
McPherson	KS	634
Meade	KS	86
Miami	KS	757
Mitchell	KS	193
Montgomery	KS	582
Morris	KS	122
Morton	KS	32
Nemaha	KS	276
Neosho	KS	346
Ness	KS	59
Norton	KS	121
Osage	KS	363
Osborne	KS	89
Ottawa	KS	142
Pawnee	KS	172
Phillips	KS	120
Pottawatomie	KS	538
Pratt	KS	225
Rawlins	KS	43
Reno	KS	1185
Republic	KS	122
Rice	KS	164
Riley	KS	969
Rooks	KS	151
Rush	KS	82
Russell	KS	138
Saline	KS	1209
Sandoval	KS	1
Scott	KS	105

Sedgwick	KS	10313
Seward	KS	266
Shawnee	KS	4127
Sheridan	KS	70
Sherman	KS	70
Smith	KS	96
Stafford	KS	93
Stanton	KS	20
Stevens	KS	69
Sumner	KS	333
Thomas	KS	182
Trego	KS	79
Wabaunsee	KS	129
Wallace	KS	25
Washington	KS	149
Wichita	KS	29
Wilson	KS	198
Woodson	KS	61
Wyandotte	KS	1940

EDUCATION - FY 2023

Although the emergency state for COVID in the U.S. ended in 2021, the effects of the pandemic are still being felt in nursing education. For Kansas, all regulations have returned to pre-COVID state, and in 2022, updated regulations went into effect for First-time pass rates for new graduates and simulation was officially held to no more than 50% of clinical hours for any clinical course (evidence-based practice standard). Several nursing programs used the experience of the COVID pandemic to make changes in their programs. Many have gone to hybrid class delivery for didactic courses. Many clinical facilities continued to hold down the number of students they would allow at the clinical site which continued to impact nursing programs by increasing the number of clinical faculty needed, and in many cases, decreasing the number of students admitted in the 22-23 AY.

In the 2022-23 FY, KSBN went back to providing oversight and approval for nursing programs in Kansas with onsite survey visits. No virtual visits were done in the 2023 FY. Fifteen site visits were done with three being Initial visits for one potential LMHT program, one ADN program and two BSN programs. All three were approved for admission in FY2024. KSBN continues to work in conjunction with national nursing accreditation teams when possible – and when requested by the nursing program.

2022-23 Kansas Nursing Programs**

***All programs are on Full Approval from KSBN unless specified*

Stand Alone Practical Nursing Programs

Donnelly College
 Flint Hills Area Technical School
 Hutchinson Community College
 Johnson County Community College
 Kansas City Kansas Community College
 Mid-America College of Health Sciences (KSBN Initial Approval)
 Washburn Institute of Technology
 Wichita State University, Campus of Applied Sciences & Technology

1+1 – First Level (PN) and Second Level (ADN)

In a 1+1 nursing program, the school offers an approved PN program in the first year and then a one-year LPN to RN “bridge” program. Admission to the second level of these programs is dependent on passing the PN level and obtaining an LPN license as a condition to admission.

Barton County Community College
 Coffeyville Community College
 Colby Community College
 Garden City Community College
 Highland Community College Technical Center
 Manhattan Area Technical College
 North Central Kansas Technical College -Beloit
 North Central Kansas Technical College – Hays
 Salina Area Technical College

Bi-level Programs – Associate Degree

In order to be licensed as a practical nurse in Kansas the person must have graduated from an approved program. For the Associate Degree programs that wish to allow their students to “stop out,” the Board of Nursing approves the first year of the ADN program as a PN program if the first year meets requirements for the LPN scope of practice. The first year of a bi-level program is reviewed every five (5) years.

Butler Community College
 Labette Community College
 Neosho Community College
 Seward County Community College

Stand Alone Associate Degree Nursing Programs

Cloud County Community College
 Dodge City Community College *(has PN opt-out option)*
 Donnelly College *(KSBN Conditional approval)*
 Fort Scott Community College
 Hutchinson Community College
 Johnson County Community College
 Kansas City Kansas Community College
 Rasmussen University
 Wichita State University, Campus of Applied Sciences & Technology *(KSBN Initial Approval)*

BSN Nursing Programs

Baker University
Pittsburg State University
Emporia State University
University of Saint Mary
Kansas Wesleyan University

Newman University
Bethel College
University of Kansas
Hesston College
Wichita State University

Benedictine College
Rasmussen University
Fort Hays State University
Washburn University
MidAmerica Nazarene University

Graduate Nursing Programs:

Fort Hays State University:

Doctor of Nursing Practice - Family Nurse Practitioner

MidAmerica Nazarene University:

Master of Science in Nursing - Adult Gerontology Primary Care NP

Newman University:

Master of Science in Nurse Anesthesia

Pittsburg State University:

Doctor of Nursing Practice - Family Nurse Practitioner

University of Kansas:

Post-BSN Doctor of Nursing Practice (DNP)

Post-Master's DNP

Doctor of Nursing Practice (DNP)

- Adult/Gerontological Nursing Practitioner
- Family Nursing Practitioner
- Nurse Midwife
- Psychiatric/Mental Health Nurse Practitioner

Doctor of Nursing Practice in Nurse Anesthesia (DNAP)

University of Saint Mary:

Master of Science in Nursing - Family Nurse Practitioner

Washburn University:

Doctor of Nursing Practice

- Family Nurse Practitioner
- Psychiatric Mental Health Nurse Practitioners

Post-Graduate Certificate

- Psychiatric Mental Health Nurse Practitioner

Wichita State University:

Doctor of Nursing Practice

- Adult Gerontology Acute Care Nurse Practitioner
- Family Nurse Practitioner
- Psychiatric Mental Health Nurse Practitioners

EDUCATION: 2022-23 KANSAS NURSING PROGRAM INFORMATION

Undergraduate Information: Admission - Graduation - Attrition					
Programs	PN	ADN	BSN	(RN)	Total
Met Admission Criteria	262	288	1351	(394)	656
Admissions	913	1103	1095	(2192)	3105
Graduations	730	894	1036	(1869)	2599
Attrition (Academic/Personal)	107	149	151	(237)	344
Attrition Rate	11.7%	13.5%	13.8%	(10.8%)	11.1%

Kansas nursing programs have continued to see a drop in both admissions and graduations. Kansas Practical Nursing programs admissions have dropped over 18% in the last five years while RN undergraduate admissions dropped over 10% from 2018 to 2021 and then saw a slight increase (1.4%) in 2022. Graduations have also been affected. Graduations have had a 5.9% decrease for BSN programs but a 7.3% increase for ADN programs. So overall, RN program admissions have been relatively stable over the last five years.

The drop in admissions for most nursing programs had to do with the continuing effects of the COVID-19 pandemic. While there continues to be reduced student numbers allowed in many clinical facilities, a primary reason for decreased admits is the continued decrease in qualified applicants. The COVID pandemic has continued to impact nursing (and all healthcare professions) in several ways: early retirements, new grads leaving the profession within the same year they started due to lack of support, high patient loads and high acuity levels for new grads. Education was affected as well with experienced faculty choosing to retire earlier than previously planned and other faculty going back to nursing practice as salaries skyrocketed in hospitals. The press that nursing received during the pandemic may have also influenced those thinking of going into nursing as a career. Media saw overworked, exhausted nurses facing high death rates in all ages and taking personal tolls to mental health.

Graduate Information				
APRN Programs	NP	NMW	RNA	Total
Admissions	95	5	56	156
Graduations	148	6	53	207

Nursing Program Faculty				
Faculty – Highest Degree*	PN	ADN	BSN	APRN
Doctorate in Nursing	13	10	61	68
Doctorate	1	6	24	37
Master's in Nursing	74	132	178	7
Master in Other Field	4	3	0	1
Baccalaureate in Nursing	32	41	8	0
Other Baccalaureate	0	0	0	0
Diploma/ADN	0	0	0	0
Total Faculty**	202	256	415	113
# Full-Time	100	123	182	82
% Full-Time	49.5%	48%	43.9%	72.5%

*Does not include Adjunct faculty for all programs. Some reported only FT and PT.

**Faculty in PN and ADN programs may overlap as some schools have faculty that teach in both programs.

EDUCATION: NATIONAL LICENSURE EXAMINATION INFORMATION – CY 2022

2022 NCLEX 1st Time Pass Rates			
Graduate Type	Year	# Candidates	% Passed
Kansas RN	2021	1880	83.40%
	2022	1870	81.44%
U.S. RN	2021	185,056	82.50%
	2022	188,005	79.90%
Kansas PN	2021	776	87.90%
	2022	641	88.77%
U.S. PN	2021	45,656	83.10%
	2022	47,635	79.93%

KANSAS RANK - NCLEX 1ST TIME PASS RATES – RN CANDIDATES*

NCLEX Year	Jurisdiction	RN –Associate Degree			RN – Baccalaureate			All RN – 2019		
		Candidates	% Pass	Rank	Candidates	% Pass	Rank	Candidates	% Pass	Rank
2022	Kansas	798	78.1	42	1,073	83.9	25	1,871	81.4	35
	Missouri	1,412	82.6	21	2,381	83.1	26	3,796	83.0	24
	Oklahoma	1,168	81.3	31	1081	75.8	50	2,250	78.7	43
	Colorado	644	91.8	9	1,502	87.4	11	2,228	87.3	4
	Nebraska	304	81.6	30	1,093	87.6	10	1,397	86.3	10
2021	Kansas	852	79.9	40	1028	86.3	31	1,880	83.4	36
	Missouri	1401	85.1	20	2505	88.2	17	3,926	86.7	20
	Oklahoma	1243	82.5	34	918	85.1	37	2,192	83.6	34
	Colorado	715	84.6	22	1567	89.1	11	2,170	87.6	14
	Nebraska	248	83.5	28	1009	91.5	5	1,349	88.9	7
2020	Kansas	879	83.2	42	1,018	88.7	43	1,897	86.1	45
	Missouri	1,451	88.9	18	2,392	90.7	32	3,926	90	23
	Oklahoma	1,311	83.1	43	879	88.5	45	2,192	85.3	47
	Colorado	693	89.2	14	1,476	91.5	23	2,170	90.7	17
	Nebraska	330	77.6	49	1,019	94.1	7	1,349	90.1	21
2019	Kansas	866	81.4	51	1,027	89.5	40	1,893	85.8	48
	Missouri	1,325	91.1	17	2,369	91.9	28	3,775	91.2	21
	Oklahoma	1,233	88.3	33	826	91	34	2,060	89.4	34
	Colorado	683	92.1	10	1,507	93.2	14	2,190	92.9	8
	Nebraska	352	86.6	39	1,010	92.6	19	1,362	91	23

**All exam statistics taken from NCSBN publications: 2018-2023 Nurse Licensee Volume and NCLEX® Examination Statistics

NCSBN (National Council for State Boards of Nursing) is the organization responsible for developing the NCLEX (national nurse licensure exam) and all the statistical work and publications regarding the exams.

The statistics for the NCLEX include 55 U.S. states and territories. In 2022, over 320K NCLEX exams were administered across all testing sites. There were over 235K U.S. candidates (RN and PN) who took the exam for the first time. Another 87K exams were given to U.S. candidates taking the exam subsequent times. About 35K internationally-educated nurse (IEN) candidates took the exam in 2022.

Because passing the NCLEX exam is usually the final step in the licensing process, the number of people passing the exam ("pass rate") is a good indicator of how many new nurses are entering the profession in the U.S. With the need for nurses still on the rise, we are also seeing more IEN's entering the U.S. and practicing here. They are also required to pass the NCLEX exam even if they have passed licensure exams in their own countries. Although IEN first-time pass rates tend to be lower than those that are U.S. educated, the numbers still factor into the nurse workforce.

In 2022, the top five countries contributing nurses to the U.S. workforce [that were educated outside the U.S.] are: Philippines (7.7K, up from 4.6K in 2021), India (1.5K, up from 717), South Korea (961), Kenya (705), and Nigeria (661). This number is up 46% from 2021. First-time pass rates for IENs are 43.3% for RN and 50.4% for PN (comparative U.S. rates are above).

KANSAS RANK – NCLEX 1ST TIME PASS RATES – PN CANDIDATES

NCLEX Year	Jurisdiction	PN – All U.S. States & Territories (55)*			
		Candidates	Passed	%	Rank
2022	Kansas	641	569	88.8	19
	Missouri	1,101	937	85.1	29
	Oklahoma	1,067	928	87.0	24
	Colorado	365	314	86.0	25
	Nebraska	275	244	88.7	20
2021	Kansas	580	495	85.3	29
	Missouri	1054	927	88.0	16
	Oklahoma	992	867	87.4	22
	Colorado	394	321	81.5	37
	Nebraska	296	266	89.9	13
2020	Kansas	776	682	87.9	24
	Missouri	1,118	970	86.8	28
	Oklahoma	939	824	87.8	25
	Colorado	393	324	82.4	38
	Nebraska	223	199	89.2	18
2019	Kansas	774	705	91.1	21
	Missouri	1,220	1,098	90	23
	Oklahoma	1,088	951	87.4	32
	Colorado	418	365	87.3	34
	Nebraska	270	236	87.4	31

The NCLEX exam is administered using CAT (computer adaptive testing). "CAT is a method of administering examinations that combines the power and speed of current computer technology with modern measurement theory. With CAT, each candidate's test is unique; it is assembled interactively as the individual is tested. As the candidate answers each question, the computer calculates an ability estimate based on all earlier answers. The process is repeated for each item which creates an exam tailored to the individual's ability level, while still fulfilling all NCLEX test plan requirements. The exam continues until a "pass-fail" decision can be determined.

Some statistics for first-time NCLEX test takers look like this:

	NCLEX-RN	NCLEX-PN
Average Testing Time	2 hours, 0 minutes	1 hour, 55 minutes
Percentage who took max time (5 hrs)	0.3%	0.2%
Percentage who took max number of items (145)	28.2%	23.6%
Percentage who took minimum number of items (75)	47.3%	52.3%
Average length of exam	101 questions	97 questions

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CONTINUING NURSING EDUCATION

FY 2023 (July 1, 2022 – June 30, 2023)

The Kansas State Board of Nursing (KSBN) recognizes nurses as adult learners with continuing education needs as professionals and licensees and requires 30 contact hours of continuing nursing education for relicensure in accordance with K.S.A. 65-1117. KSBN has established the following options for acquisition of CNE:

- Kansas State Board Approved Long-Term CNE Providers and Single-Program Providers
- Individual Offering Approval (IOA)
- College Course Credit (with IOA)
- Providers approved by other state boards of nursing or national nursing organizations/ associations
- Participation as a member of a nursing organization board of directors or state board of nursing

I. LONG-TERM CNE PROVIDERS

A. **Definition** - Long-Term Providers are persons, organizations or institutions approved by the Board to implement multiple offerings for CNE credit towards RN, LPN and LMHT relicensure.

B. **Numbers of Long-Term Providers** Please visit the Education Division of our web site for a complete list of providers: <https://ksbn.kansas.gov>

FY 23 - 108

FY 22 - 93

FY 21 - 97

FY 20 - 98

FY 19 - 106

FY 18 - 110

C. **CNE Total Interactive Offerings and Contact Hours**

FY 2023: 2,942 offerings – 20,123.8 contact hours

FY 2022: 2,567 offerings – 15,040.3 contact hours

FY 2021: 2,145 offerings – 14,598.4 contact hours

FY 2020: 2,122 offerings – 15,541.6 contact hours

FY 2019: 3,523 Offerings – 25,773 contact hours

FY 2018: 3,826 Offerings – 25,203 contact hours

The average contact hours per offering was 6.9 in FY23.

G. CNE Participants by License Category

	FY2023	FY2022	FY2021	FY2020	FY2019
RN	45,794	17,273	15,280	19,307	32,981
LPN	1,605	1,238	777	1,192	2,305
LMHT	33		43	31	176
APRN	2,152	2,303	1,418	1,733	2,739
Total	49,584		17,518	22,263	38,201

Independent Study Participants Reported by Long Term Providers

FY 2023	12,862
FY 2022	11,345
FY 2021	7,965
FY 2020	26,689
FY 2019	87,239

IV THERAPY FOR LPNS

LPNs are able to obtain IV Therapy Certification through one of three ways: attending a KSBN approved IV Therapy stand-alone course (please visit the Education Division of our website for a complete list of providers: <https://ksbn.kansas.gov>), successfully completing a Kansas LPN Nursing Program which includes IV Therapy as a part of the approved curriculum or submitting a LPN IV Therapy Application for a course which was not administered by a KSBN approved provider.

	FY2023	FY2022	FY2021	FY2020	FY2019
Number of Classes	27	45	86	24	59
Number of LPN Participants	158	285	486	180	479
Number Passed	148	266	457	172	419

LEGAL

FY2023 (7/1/2022 – 6/30/2023)

KSBN Investigative Division continues to evaluate operations to efficiently meet performance-based metrics and agency strategic initiatives. Directive from KSBN Board in FY 23 was to review case investigation processes to have cases presented timelier to the Board for disciplinary outcomes. The NCSBN conducted a study published in the Journal of Nursing Regulation that provided a guide for determining regulatory caseload per investigator (60 cases/investigator), average number of business days to investigate a case of unprofessional conduct (177 days), and the number of processing steps (10) for cases to be investigated (Martin & Kaminski-Ozturk, 2022). KSBN data was compiled and compared to these guidelines. KSBN caseload per investigator was significantly higher than the study's average, reflected as 150/investigator. KSBN processing of an investigation is comparable to the study's metric of 177 business days while KSBN had lower processing steps involved in case investigation (7).

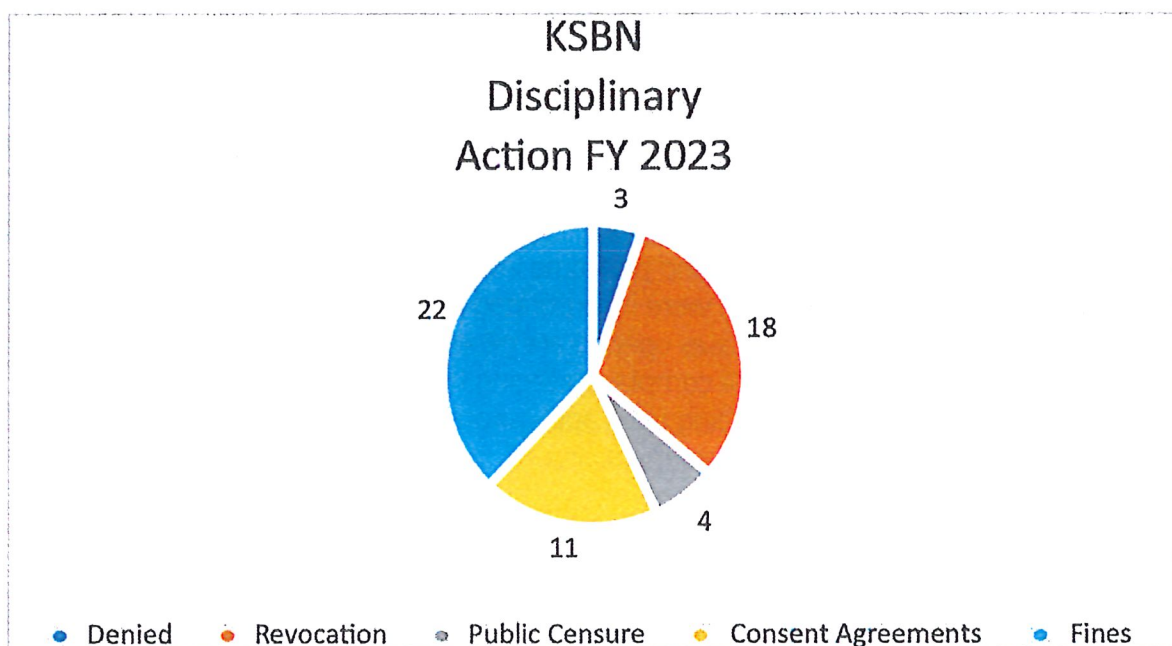
A root cause analysis, an essential component of process improvement, was conducted to identify issues contributing to KSBN's high caseload per investigator. Staffing, lack of timely case resolution through the disciplinary process, statute and regulatory considerations, and investigative processes all contribute to some extent to the high caseload for each investigator. Many of these are outside the purview of the KSBN and/or the Investigative Division. Therefore, the Investigative staff focused and began reviewing internal operational procedures that could affect caseload. The staff met biweekly and challenges, barriers, opportunities, as well as successes were discussed in relation to these top root issues. The variation in responses to subpoena for documents is of concern because it lengthened case investigation beyond the metric and contributes to the high caseload. By example, workforce shortages in risk management, subpoena language challenges, the failure to submit an Affidavit that identified documents received from a facility, and the failure to communicate with the investigator identified on the subpoena and cover letter to request an extension to produce documents, all led to a case being held open that could have been finalized and presented to the board, thereby contributing to the high investigator caseload.

Investigative staff consist of both full-time and part-time investigators, predominantly with a nursing background. Special investigators were incorporated into the staffing mix who collectively process applications with legal history. Cases opened are generated either from applications for licensure that have legal history or from a complaint alleging unprofessional conduct. In FY 23, investigators processed 1,548 cases resulting from applications with legal history. The applications requiring legal review underwent an improvement process in FY 21 which changed the processing timeframe from 55 days to 7-10 business days after all documents have been received. This improved processing time has been maintained throughout FY 23. Subsequently, the number of complaints alleging unprofessional conduct received at the KSBN averages 12 per week. The processing time for complaint review continues to meet the performance-based metric of 90% are reviewed within two (2) weeks of receipt into the agency. FY 23 data indicate that 95% of complaints received met this metric, up from 91% in FY 22.

The Investigative Division works with the KSBN Board's Investigative and Practice Committees. The Investigative Committee is comprised of three Board members who meet quarterly to determine if probable cause exists that supports a violation of the Kansas Nurse Practice Act (KNPA). The committee met by in person throughout FY 2023. The total number of cases presented and reviewed by the Investigative Committee equaled 2,290. Of the 641 complaints received, 165 alleged drug related violations, comprising 26% of the total complaints received. The number of nurses practicing without a current nursing license equaled 48, while 3 individuals were investigated for imposter status.

Concern regarding the mental health of licensees coupled with the number of workplace impairment and drug diversion reports provided for KSBN Investigative Committee Chair and the Practice Specialist to receive training in SASSI to understand the evaluation score for chemical dependency and/or mental health triggers as the board may use when determining disciplinary action. The NCSBN Discipline Case Management Conference in May 2023 expanded on the board's knowledge to consider the licensee's mental health when assigning discipline. Additionally, in FY 23, the board incorporated additional delegation motions to the Investigative Committee Chair to process Kansas Nurse Assistance Program (KNAP) case closures timelier, as well as address a licensee with a multi-state license (MSL) who is enrolled in KNAP and in violation of the 11 Uniform Licensing Requirements (ULR) of the Nurse Licensure Compact (NLC). All of these measures assist in the rehabilitation of a licensee, thereby holding to the KSBN Mission, to assure the citizens of Kansas safe and competent practice.

Disciplinary action processed by the legal staff at KSBN is depicted in the below chart:



The Board's Practice Committee reviewed the Delegation of Nursing Tasks in a School (K-12) Setting, an RN LPN Scope of Practice Decision Tree, and a variety of inquiries relating to scope of practice.

KSBN Investigative Division continues to work efficiently in a hybrid environment, with staff alternating being in the office and remote.

Kansas Open Records requests are processed by the Investigative Division. Requests received for FY 23 equaled 150 (up from 88 in FY 22). The average days to produce documents pursuant to an open records request for FY 23 is 5.67 days (down from 29.8 days in FY 22). The types of documents requested include disciplinary documents, licensing files, education reports, and data. Open records were requested by attorneys, other state boards of nursing, licensee, applicants, and research analysts. KSBN records are maintained pursuant the agency's record retention policy.

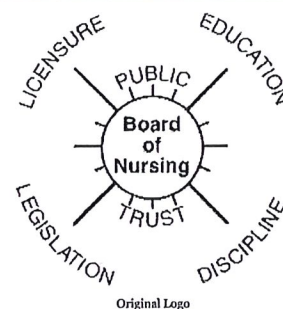
Reference

Martin, B. & Kaminski-Ozturk, N. (2022). Evaluating the operational efficiency of nursing regulatory boards' discipline case management, *Journal of Nursing Regulation*, 13(1), 62-69.



Current Logo

Kansas State Board of Nursing Celebrating 100 Years 1913-1937



Original Logo

- 1913** Legislation established the Kansas State Board for Examination and Registration of Nurses (Laws of Kansas, Chapter 231, 1913).
 July 1 - First Board Meeting at National Hotel in Topeka, KS.
 Laws and registration were printed.
 October 30 - First male nurse approved for licensure.
 December 30 - First examination, ten applicants.
 Board voted to approve reciprocate with all states whose standards are equivalent to, or higher than the state of Kansas requirements.
- 1915** Nurse Practice Amended.
- 1921** Nurse Practice Act Amended.
- 1922** The Board approved to allow the Secretary-Treasurer \$5.00 per diem for time spent on the Board work between examinations, not to exceed 100 days.
 The Board approved acceptance of registered nurses from another state on the same basis as the original state of licensure having the same standard requirements as Kansas.
- 1923** Board approved a Switzerland licensed nurse for certification in Kansas upon successful completion of the licensure examination; given in English.
 The Board discussed ten nurses who were practicing without registration.
- 1924** Nurse surrendered certification due to her conduct.
- 1928** The Office of the Secretary was located in Nurses Home of Newman Memorial County Hospital, Emporia at the cost of \$15.00 per month.
- 1930** 4,707 registered nursing in Kansas.
- 1931** Office of the Secretary relocated to 1012 Chestnut Street, Emporia.
- 1933** Discussion regarding use of color card for re-registration, color changing each year, along with small imprint of the Kansas Seal, making the card difficult to duplicate.
 Discussion regarding bank failure and the loss of money for the Board.
 Nurse Practice Act was amended.
- 1934** The Board expressed their disapproval of the practice of smoking and drinking of intoxicating liquors in any accredited School of Nursing.
 Board meetings were held in Topeka, Wichita, Hutchinson, Newton, Kansas City, Salina, Emporia, Manhattan and Dodge City.
- 1937** A survey of Schools of Nursing in Kansas showed that there were 70 schools in 49 cities with 1,301 graduates.

1913-2013



Current Logo

Kansas State Board of Nursing Celebrating 100 Years 1938-1962



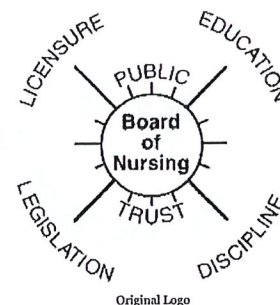
Original Logo

- 1938 | A committee was appointed to study the new forms for inspection and the need for changes in the Nurses Registration Laws.
- 1939 | A lengthy discussion regarding the need for change in the law concerning the Board's rules and regulations.
 A private attorney was retained by the Board to prepare the rules and regulations to comply with present law.
 The attorney also prepared proposed legislative acts relating to the registration of nurses.
 The Board lost \$655.55 due to failure of the bank that held the Board's funds.
- 1941 | An Inspector and Director Of Nursing was hired for a salary of \$1,800.00 a year.
- 1943 | House Bill No. 25 regarding temporary permits was passed and registered as statute No. 65-1111 and 65-1112.
 The Board began discussion regarding the use of the state board question pool for examinations.
 Investigation of a Nurse resulted in revocation of her license due to her diverting of opiates (during her employment as the superintendent of a hospital) for her personal use and substituting those taken from 24 different bottles bearing labels of morphine, codeine, delaudid, hyacine, atrophine and scopolamin, a total of 9,125 tablets.
- 1944 | Discussions began regarding the training of practical nurses and it was decided that schools of practical nursing in Kansas should not be encouraged at this time.
 The State Board Test Pool was considered and the Board requested to participate in the Test Pool for 1945.
- 1946 | Discussions were held regarding problems related to the State Board Test Pool and more information was requested.
- 1947 | Miss Ethel Hastings resigned after 24 years of services as a Board Member and President of the Board.
- 1948 | It was recommended that there be mandatory legislation for professional nurses but permissive legislation for the licensure of the practical nurse.
- 1949 | House Bill No. 200 changed the name from the Kansas State Board of Examination and Registration of Nurses to The Kansas State Board of Nurse Registration and Nursing Education.
 Change in duties mandated by House Bill No. 200 changing the duties of the Secretary-Treasurer of the Board to become the duties of the Executive Administrator.
 Miss Cora A Miller became the first Executive Administrator.
 Licensure of practical nurses began.
- 1950 | Miss Eula Benton was appointed as the second Executive Administrator.
 The office moved to the Brinkman Building, West 6th Street, Emporia.
- 1952 | Nurses that came into Kansas to assist with the Polio emergency nursing need not be registered in Kansas, as the law makes an exception for emergencies.
- 1955 | Each applicant for the state board examination was required to present a picture of themselves at the time of the examination.
- 1957 | Office moved to the State Office Building on the 11th floor in Topeka at the cost of \$543.66.
- 1960 | Test to be given only in May and November .
- 1962 | Nurse Practice Act Amended.



Current Logo

Kansas State Board of Nursing Celebrating 100 Years 1963-1987



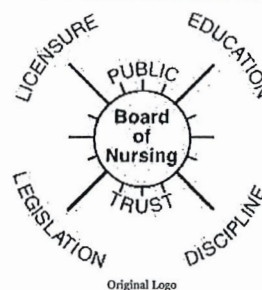
Original Logo

- 1963 Agency name was changed to Kansas State Board of Nursing.
- 1964 The Board was promoted to plan and co-sponsor a conference on Associated Degree Programs for nurses due to the increased interest throughout the state and the nation.
- 1965 Licenses expired on December 31 and every license not renewed by the expiration date was lapsed and not subject to renewal.
- 1969 Discussion with KSNA on House Bill 1454 which would affect the composition of the Board, five professional members and two lay members.
Board moved to third floor at 701 Jackson Street.
- 1970 The Executive Administrator was elected to the Executive Committee of the National Council of State Boards of Nursing.
- 1973 Licensure of mental health technicians.
Mr. Ray Showalter became the Executive Administrator.
- 1974 Two (2) licensed practical nurses were added to the board.
- 1975 Mandatory licensure for practical nurses was established, renewal of license was changed from yearly to biennial and an eleven member board was established, consisting of five (5) registered nurses (three (3) educators and two (2) nursing service administrators), two (2) licensed practical nurses, two (2) licensed mental health technicians and two (2) public members.
- 1976 Certification of advanced practice and continuing education required for on-going nursing licensure.
- 1980 The composition of the board changed to three (3) registered nurses from nursing service and two (2) registered nurses from education.
Lois Rich Schibetta became Executive Administrator.
- 1981 Fee established for accreditation of nursing programs and approval of continuing education providers.
- 1982 Standards for revocation, suspension, and limitation of nursing licenses were adopted.
- 1983 Board reviewed by Sunset Audit and was to continue until 1987.
Received legislative authority to write new regulations for advanced nursing practice certification.
Cooperative effort established for impaired nurses with Kansas State Nurses Association.
- 1984 Regulations written and passed for certification of advanced nursing practice.
- 1986 Legislation passed to authorized nurse anesthetist to practice.
- 1987 Sunset review and passed without difficulty.
First KSBN newsletter.
KSBN moved from 503 Kansas Avenue to Landon State Office Building.



Current Logo

Kansas State Board of Nursing Celebrating 100 Years 1988-2013



Original Logo

- 1988 Mandatory reporting law passed to include all Board of Nursing licensure.
Administrative Procedure Act changed which allowed the board to establish an Investigative Panel and Hearing Panel.
NCLEX test plan went into effect.
- 1989 First peer assistance contract signed.
- 1990 Nurse Practice Act was amended to extend temporary permits to all nurses while attending a refresher course and to allow continuing nursing education providers to renew providerships every five (5) years instead of two (2) years.
- 1992 The Board was granted authority to assess administrative fines for violation of the Nurse Practice Act.
- 1994 Licensed Practical Nurses would be allowed to practice intravenous therapy in an expanded role after attending and passing a standardized I.V. Course approved by the Board.
Computer based testing began and the last paper and pencil NCLEX was given.
- 1996 Revision of the registered nurse anesthetist act.
- 1997 Composition of the Board changed, added a registered professional nurse and removed a licensed mental technician.
- 1999 The Nurse Practice Act amended to say that when an individual fails to pass the licensure examination within 24 months of graduation, the individual must petition the board to retake the examination.
Mary Blubaugh was hired as the Executive Administrator.
- 2000 Extensive changes in the Nurses Practice Act, including allowing Advanced Registered Nurse Practitioners to obtain a D.E.A. number.
- 2001 The Nurse Practice Act amended to a total of 30 continuing education hours to be independent study.
- 2003 The Nurse Practice Act amended for Schools of Nursing including increasing the resurvey visits from five (5) years to five to ten (5-10) years.
The office moved from the 5th floor to the 10th floor of Landon State Office Building.
- 2005 The Nurse Practice Act was amended to clarify the language for the issuance of a temporary permit and decreasing classroom hours from 40 to 30 and required a minimum of 8 hours supervised clinical practice for the I.V. Therapy course.
- 2007 Increased fees for reinstatement licenses, revisions to the Advanced Registered Nurse Program requirements and changed the composition of the board to remove the requirement of a licensed mental health technician as well as adding the third (3) public members which at least one (1) public member shall not have been involved in providing health care.
- 2008 Requirement of original applicant for licensure as a professional nurse, practical nurse or mental health technician to be fingerprinted and submit to a state and national criminal history record check.
- 2010 Gave Registered Nurse Anesthetist the authority to order necessary medications and tests in the peri-anesthetic or peri-analgesia period.
- 2011 Title of the Advanced Registered Nurse Practitioner (ARNP) changed to Advanced Practice Registered Nurse (APRN).
- 2012 Changes to the Advanced Practice Registered Nurse regulations including title change, categories to roles, and certification to licensure.
- 2013 Celebrated 100 years of regulation for Kansas nurses.