KBN CONNECTION

Fall 2013
Edition 37

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It is time to renew all nursing licenses and credentials.

See pages 15-18 for renewal information.

Background checks now required if license lapses.

2013 ANNUAL LICENSE RENEWAL NOTIFICATION

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RENEWAL DATES:
SEPT. 15 - OCT. 31, 2013

Official Publication of the Kentucky Board of Nursing

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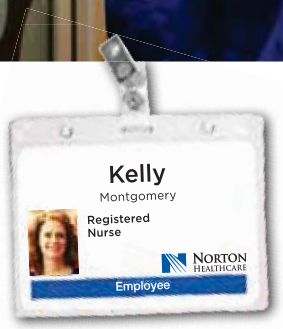

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The Kentucky Board of Nursing protects the well-being of the public by development and enforcement of state laws governing the safe practice of nursing, nursing education, and credentialing.

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Statistics Corner

As of September 19, 2013 KBN records show:

RN Active: 64,215

LPN Active: 15,716

Advanced Practice Registered Nurses: 5,192

Dialysis Technicians Active: 510

SANE Active: 253

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PRESIDENT'S MESSAGE

Summer is coming to a close. As this magazine is prepared weeks before publication, the leaves haven't yet started changing colors as I write. Just like the seasonal transition from summer to fall, our health care system is in the beginning stages of significant change. As many of you know, certain parts of the national Affordable Care Act will go into effect in October of 2013, while other parts will be implemented over the next few years. As a result of the law, our state will see a significant increase in Medicaid recipients as well as in new privately insured patients. The increased number of insured people will have an effect on health care delivery in our state. Among other changes, the Board of Nursing has struggled with delegation regulation, or in other words, determining whether or not certain high-skill care tasks should be assigned by nurses to subordinates. As an example of such regulation, last winter, the board was asked to come to Frankfort to discuss how children with diabetes are cared for in a school setting, including the administration of insulin. Procedures like this carry rare but sometimes critical patient risks and many highly-skilled nurses tell the KBN that only their properly trained colleagues should be authorized to perform them. On the other hand, the rollout of the Affordable Care Act may make it necessary to expand delegation regulation to lower-skilled employees as more patients require care from a much burdened system. This issue remains a top priority for KBN as we work diligently to find a safe, reasonable resolution so that Kentucky's children receive the care they need while at school.

I have so far discussed mainly the issue with delegation in a school setting but nursing is changing along with our entire health care delivery system. For example, I have been told that nursing schools no longer use the term "bedside" nursing since very little nursing takes place at a bedside. Due to the increased need for healthcare providers and many other factors, we will be faced with more and more questions relating to delegation to unlicensed assistive personnel. As nurses, we need to be ready to meet the challenges of the evolving health care system.

The Commonwealth of Kentucky has a beautiful fall season. Please consider attending a Board meeting and becoming involved with the organization that will shape the future of Kentucky Nursing.

Sally Baxter, RN

Sally Baxter,RN
President, Kentucky Board of Nursing

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EXECUTIVE DIRECTOR'S MESSAGE

In August 2013, the National Council State Boards of Nursing (NCSBN) Delegate Assembly met in Providence, Rhode Island. I am proud to announce that Nathan Goldman, General Counsel, was elected to the role of Director-at-Large on the NCSBN Board of Directors We are delighted to have Nathan represent KY in this significant policy making role with NCSBN.

In addition, the Member Boards approved the following actions: Adoption of the 2014–2016 Strategic Initiatives; Adoption of the 2014 NCLEX-PN Test Plan; Adoption of the revised membership agreement and setting the membership fee to zero; Adoption of the revisions to the NCSBN Bylaws; and Approval of the Association of Registered Nurses of Newfoundland & Labrador, College of Licensed Practical Nurses of Manitoba, Saskatchewan Association of Licensed Practical Nurses, and the Nursing & Midwifery Board of Ireland as associate members of NCSBN.

The Journal of Nursing Regulation (JNR) is the official publication of the NCSBN. The JNR provides a means of sharing research, evidence -based nursing practice and strategies related to nursing regulation, with the ultimate goal of public protection. There are several articles of interest in the Volume 4, Issue 2, July 2013 issue of the JNR. In particular, "Highlights of the National Workforce Survey of Registered Nurses" (J. Budden PhD; E. Zhong PhD; P. Moulton PhD; and J. Cimiotti, DNSc, RN). NCSBN and the Forum of State Nursing Workforce Centers (FSNWCs) worked collaboratively in the design and analysis of the data collected. Between January 2013 and March 2013, over forty two thousand (42,000) nurses participated in this study. The full report of study results can be found as a supplement to this issue of the Journal of Nursing Regulation.

Another article entitled "Professional Boundaries: When Does the Nurse-Patient Relationship End?" (D. Benbow MSN, RN) appears in this issue of the JNR. The article presents information related to the investigation of a complaint against a nurse and the subsequent findings leading to disciplinary action taken against the nurse's license. Legal and ethical implications for practicing nurses, regardless of their area of practice, are reviewed. To find these articles online, the website address is www.ncsbn.org.

The Board has continued its work on reviewing and revising, as needed, the Board's Administrative Regulations pertaining to prelicensure nursing education, advanced practice registered nursing and doctoral nursing programs preparing APRNs. Appreciation is expressed to the numerous contributors to this review process, in particular the program of nursing administrators and faculty in KY! It is the goal of the Board to assure that these regulations reflect the most current minimal and essential requirements needed to insure that the graduates of these nursing programs will ultimately be safe and competent practitioners of nursing.

The Board and staff bid farewell to another staff member wishing to retire. Lila Hicks, Education Assistant, served the Board for ten (10) years. In her role as Education Assistant, Lila provided support to the Education Consultant and all the prelicensure programs of nursing in the Commonwealth. We wish Lila the very best in this new and exciting phase of life! We also welcomed Ronald "Chuck" Ballou who joined KBN staff as a Nurse Investigator in the Investigation and Discipline Section of the Board.

Paula S. Schenk MPH, RN

Paula Schenk MPH, RN
Executive Director

KASPER Tips:

by **Amanda J. Ward, PharmD, CGP**
Drug Enforcement and Professional Practices Branch
Kentucky Cabinet for Health and Family Services

Interpreting KASPER Reports

The KASPER report is a great tool for you to use to guide your patient interaction. The majority of KASPER reports are self-explanatory and easy to read. However, you may have found one that contained unusual or incomplete information that you were unsure how to interpret. Here are some common examples and their explanations:

1. Numbers where the drug name should be. These numbers correspond to the National Drug Code (NDC) of the medication that was dispensed. Sometimes, the NDC submitted by the dispenser did not match a NDC in the KASPER database; for example, a brand new generic medication may not match. With no match found, the KASPER system will show the NDC number that was reported in the drug name field. In this case, you can always call the dispenser to determine what medication was dispensed to the patient and verify the information with the patient. Please note that the NDC database used by KASPER is updated often to minimize these occurrences.
2. A Drug Enforcement Administration (DEA) number where the prescriber name should be. In this instance, the prescriber's DEA number submitted by the dispenser did not match a DEA number in the KASPER system database. Our DEA number database is loaded directly from the DEA. If this is your DEA number showing in the KASPER report, please call your local DEA office to verify that your information is correct in their system. Again, you can call the dispenser to verify the prescriber of the medication and verify the information with the patient.
3. A DEA number where the pharmacy name should be. This typically happens when a physician is dispensing medication out of their office. In this case, it might be difficult to verify the information with the dispenser because you may not recognize that DEA number. However, if the prescriber is dispensing medication out of their office, the dispenser and the prescriber should be the same. You should be able to call and verify the information from the provider. As always, the patient can also verify the information.
4. I don't see the medication I prescribed to the patient. Prior to July 1, 2013, dispensers had 7 days to submit their data to KASPER. This resulted in lag time in information showing up on the report. Effective July 1, 2013, dispensing data MUST be submitted to the KASPER system by close of the next business day. This will allow KASPER reports to show the most recent data available in a timelier manner. You can always verify information by having

the patient show their prescription bottle and call the dispenser to verify.

5. I see my prescription was filled twice; why did the dispenser do that? There is a good chance that this is simply a duplication error on the KASPER report, and that the prescription was only filled once. Before jumping to conclusions, discuss with the patient and call the dispenser to verify.

Each dispenser should be vigilant about submitting data for the KASPER program. Remember, the KASPER report is only as accurate as the information submitted to it. The more accurate the KASPER report, the better treatment you can provide to your patients.

Remember KASPER staff is available to help with any questions or problems you may encounter. For support please contact the KASPER Help Desk at eKASPERHelp@ky.gov or (502) 564-2703, or the Drug Enforcement and Professional Practices Branch at (502) 564-7985.

See page 24 for KASPER Tips #3: Controlled Substance Prescribing Tips Part I.

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SEE PAGE 26-28 FOR APPROVAL STATUS

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KASPER Tips:

by **Amanda J. Ward, PharmD, CGP**
Drug Enforcement and Professional Practices Branch
Kentucky Cabinet for Health and Family Services

Controlled Substance Prescribing Tips Part I

The Drug Enforcement and Professional Practices Branch (DEPPB) is responsible for enforcing the Kentucky Controlled Substances Act (Kentucky Revised Statute 218A) and operation of the KASPER program. The DEPPB would like to provide the following guidance to all prescribers of controlled substances to assist you in your everyday practice:

1. Clearly identify yourself. If you practice in a setting with multiple practitioners, and the prescription pad is pre-printed with the names and DEA Numbers of all prescribers, be sure to clearly identify yourself as the prescriber. This can be accomplished by circling only your name and DEA Number on the prescription. Additional ways to clearly identify yourself include printing your name, DEA Number, and/or state license number under your signature. All of these can assist pharmacy staff in identifying the correct practitioner, which leads to accurate KASPER data.
2. Clearly identify the patient. Be sure to write the patient's full name on the prescription, including any suffixes (Sr., Jr., III, etc.). Also, it will greatly reduce the incidence of any fraudulent activity if you include the patient's address, date of birth and Social Security Number. Many electronic medical records (EMR) systems already populate this information on prescriptions that are printed from the EMR. Clear identification of the patient also improves the accuracy of KASPER data.
3. Know the limits. Take a few minutes to review the state and federal statutes and regulations regarding controlled substances. For example, in Kentucky, a prescription for a Schedule II medication is only valid for 60 days from the date of issuance; an Advanced Practice Registered Nurse (APRN) who practices in Kentucky is not permitted to write refills for schedule III medications. Familiarizing yourself with these laws and regulations can lead to fewer phone calls for clarification and delays in patient treatment. Call your licensing board, the DEPPB, or the DEA if you have any questions.
4. Be specific with your combination medications. As you may know, the Food and Drug Administration (FDA) has given manufacturers until January 14, 2014, to remove prescription medications containing more than 325mg of acetaminophen per tablet/capsule from the market. New combination products are coming to market including various strengths of acetaminophen under the 325mg limit. Be as specific as you can when prescribing combination products that include acetaminophen. For example, do not write only hydrocodone 10mg; this will lead to a phone call for clarification on the acetaminophen strength. Including the strength of both ingredients will reduce confusion for all parties involved.
5. Pre-signed or post-dated prescriptions. A prescription may NOT be pre-signed or post-dated and left for an office staff member to complete at a later time. Title 21 in the Code of Federal Regulations (CFR) §1306.05(a) states that "all prescriptions for controlled substances shall be dated as of, and signed on, the day when issued…"

Also, please keep in mind the controlled substance prescribing regulations of your licensure board in regards to requirements that stemmed from HB1 and HB217.

Remember DEPPB staff is available to help with any questions or problems you may encounter with controlled substances. For support please contact DEPPB staff at (502) 564-7985.

Next time: Controlled Substance Prescribing Tips Part II.

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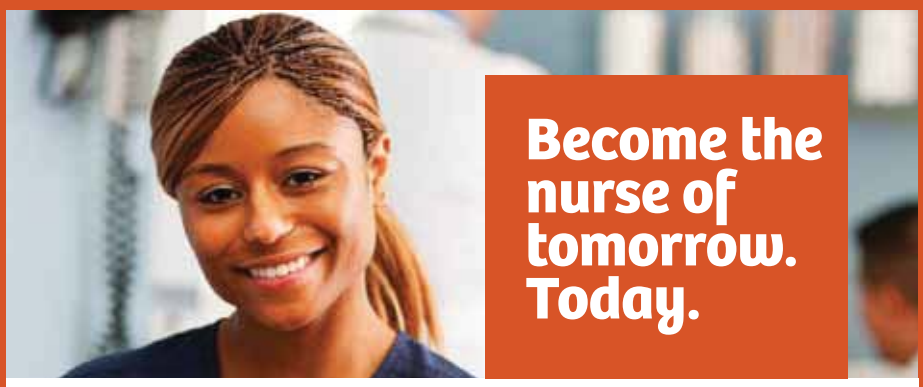

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Update on Regulation Permitting the Delegation of Insulin Administration in School Settings

by Pamela Hagan, *Practice Consultant*

The Kentucky Board of Nursing's regulation 201 KAR 20:400 Delegation of nursing tasks was amended at the July 9, 2013 meeting of the Administrative Regulations Review Subcommittee which would allow, following training, the delegation of the administration of insulin or glucagon in the school setting within specified parameters. Following discussion at the Kentucky Board of Nursing meeting held on August 21, 2013, the Board communicated to the Interim Joint Health and Welfare Committee a request to withdraw 201 KAR 20: 400 from consideration on the Committee's agenda. The Board felt the regulation could be implemented more effectively with the development of the training program as part of the regulation.

The Board voted to "convene a workgroup of experts and interested parties to develop the [insulin administration in school settings] curriculum. This workgroup shall report its findings and recommendations to the KBN Practice Committee."

The Insulin Administration Content Writing Expert Workgroup comprised of nurses and certified diabetes educators has begun its work. In addition to KBN members, representatives from the Department of Education (DOE), Department of Public Health (DPH), KY Diabetes Program Prevention and Control, American Diabetes Association (ADA), Kentucky Association of School Nurses (KASN), Kentucky School Boards Association (KSBA), Kentucky Nurses Association (KNA), Parent Teachers Association (PTA), a local Health District, Kentucky Association of Elementary School Principals (KAESP), Kentucky Education Association (KEA), Kentucky Education Support Personnel Association (KESPA), and physicians specializing in pediatrics and endocrinology have agreed to serve on an Advisory Group to review the curriculum prior to its approval through the KBN Practice Committee in November and then to the full Board at its December meeting.

SEE PAGE 26-28 FOR APPROVAL STATUS

The Board's intent is to incorporate by reference the training curriculum and re-file the regulation by the end of the year. For more information contact Pam Hagan, MSN, RN, APRN/Practice Consultant, pamelac.hagan@ky.gov or (502) 429-7181.

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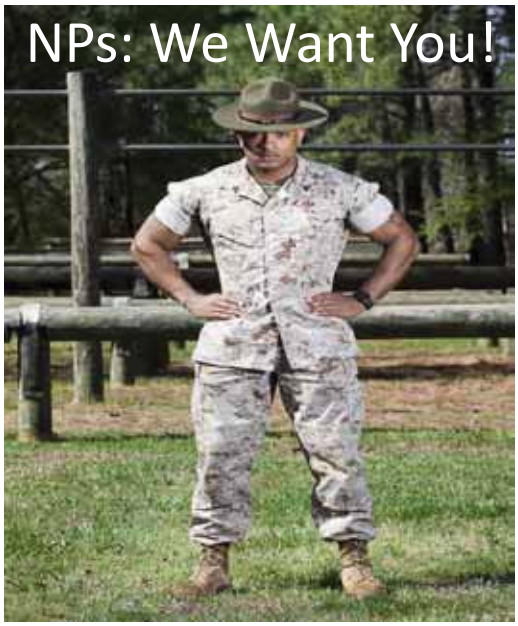

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by Nathan Goldman, *General Counsel*

LEGAL CORNER: APRN RECERTIFICATION

KBN administrative regulation 201 KAR 20:056, Section 7(2)(b) was recently amended to change the KBN policy on APRN recertification. Kentucky statutes require all APRNs to be currently certified by a national certification organization in order to practice as an APRN. The new language reads as follows:

"An APRN whose certification or recertification lapses prior to the expiration of the APRN license and who does not provide evidence of current certification or recertification after a request by the board shall have the APRN license voided. This action shall not be considered to be a disciplinary action. The APRN may request a hearing on this action by submitting the request in writing. If the action is upheld or not challenged, the APRN may seek reinstatement of the license in accordance with Section 6 of this administrative regulation."

The license will be voided immediately after the certification period has ended. For example, if the certification period ends July 31, the APRN license will be voided on August 1.

It is the individual APRN's responsibility to make sure that the Board is provided with a copy of the current recertification before its expiration date. The Board will attempt to send a reminder email and letter. If a copy of the current recertification is not remitted and the APRN license is voided, the APRN shall not practice and must reinstate or seek a hearing. Reinstatement also requires a state and federal criminal background check, which could take several weeks to complete.

If a hearing is requested, the Board will treat the request as an emergency hearing under KRS 13B.125. It will be held before a hearing officer. The hearing officer's decision is final and can be appealed to Jefferson Circuit Court.

The Board works with the several national certifying organizations to automate this process as much as possible.

Some organizations will automatically send in proof of recertification for an APRN. However, not all certifying organizations do this. The individual is still responsible for assuring any third party has submitted the information and in a timely manner.

For more information, contact Ruby King at Ruby.King@ky.gov or (502) 429-3329.

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2013 RENEWAL INFORMATION

BEGINS: September 15, 2013 at 12:01 a.m.

ENDS: Midnight October 31, 2013, Eastern Time

RENEWAL WEB ADDRESS: www.kbn.ky.gov/renewal

NOTIFICATION OF RENEWAL: When your license has been renewed you will receive an email notification to the email address you listed with KBN. You can also validate the expiration date of your license at http://kbn.ky.gov/onlinesrvs/bulkvalidation/

RENEWAL APPLICATION: Clicking on the submit button at the end of the renewal application does not renew your license. Renewal Application Processing time is dependent on information provided by the licensee. See article below for more information.

RENEWAL FEES: Print the confirmation page for your record of payment for your license renewal.

RN: $50
LPN: $50
APRN: $40 for each designation
(plus $50 for the RN license)
SANE: $35

CONTINUING COMPETENCY

Clicking on the "submit" button at the end of the renewal process is an attestation that you have or will have met the continuing competency requirements by midnight, October 31. See article on pages 20-21 for continuing competence requirements.

LAST DAY OF RENEWAL

A license that is not renewed before 4:30 p.m. on October 31 will lapse at midnight on that date. Working on a lapsed license is a violation of Kentucky Nursing Law and subjects the individual to disciplinary action. See FAILURE TO RENEW on page 16..

If an application is received before midnight on October 31st and an individual answers "No" to the disciplinary and conviction questions, a license MAY be renewed by noon on the next business day. Failure to provide complete and accurate information on the renewal application is a violation of Kentucky Nursing Law and subjects the individual to disciplinary actions.

REQUIRED RENEWAL DOCUMENTATION

If you answered "yes" to the discipline, criminal, and/or the APRN national certification revocation questions, your license will not be renewed until KBN receives and reviews the required documents. If your license has not been renewed before midnight, Eastern Time, October 31, your license will lapse. You cannot practice as a nurse in Kentucky if your license has lapsed.
Required documentation includes:

1. Certified court records and letters of explanation, if you answer "yes" to the criminal activity question
2. Board certified orders and letters of explanation, if you answer "yes" to the disciplinary question
3. Documentation from your APRN national certification organization if you answer "yes," that your national certification was revoked or issued on a provisional or conditional status
4. Other documentation requested by KBN staff.

AFFIRMATION OF KBN DOCUMENTS

Affirmation statements appear at the end of all KBN applications for licensure and other KBN forms. The attestation statement is a confirmation that the information provided is truthful and accurate.

Be sure to read the attestation carefully. The individual whose name is on the application or form is accountable for all information the document contains and for understanding the additional information contained within the attestation statement itself. Accountability extends not only for the purpose for filing the form, but may also be compared to information provided on other forms filed with KBN.

Allowing another party to complete and submit a KBN form does not relieve the nurse or applicant of the accountability from incorrect or inadequate information provided and may be the basis for disciplinary action for falsification of a board of nursing form.

Each individual nurse or applicant should complete all forms and applications submitted to KBN himself/herself.

CURRENT ADDRESS

Kentucky Nursing Laws require nurses to notify the board of a change of address within thirty days of the change. Address changes made from the KBN web site update the board's data base in real time. A change of address may also be mailed to the board office.

An address change form is located on the KBN web site.

NURSE LICENSURE COMPACT AND KENTUCKY LICENSE RENEWAL

If your primary state of residence is another compact state you will not be able to renew your Kentucky RN or LPN license unless you indicate that you practice ONLY in a military/federal facility.

APRN RENEWAL

If you do not intend to practice as an APRN and want to relinquish your APRN license (allow it to expire) but do want to renew your RN license, access the RN/APRN renewal application. There will be a drop down selection for you to renew only your RN license.

If your national certification has expired, you will not be able to renew your license(s). You cannot practice as an APRN in Kentucky with an expired national certification.

To renew your APRN license in only one designation and your Kentucky RN license, you MUST use the RN-APRN link on the renewal web page (http://kbn.ky.gov/renewal/default). From this link, you will renew your RN and APRN licenses simultaneously, for the combined fee of $90 (RN-$50 and APRN-$40).

To renew your APRN license in more than one designation and your Kentucky RN license, use the link listed above and select each designation that you want to renew by clicking on the appropriate radio button. The fee for renewing each APRN designation is $40 per designation, plus the $50 RN renewal fee. You must maintain current national certification in each designation.

If your primary residence is in a compact state and you hold a current RN multistate license in that state, you must use the "APRN Renewal Only (with RN license in another compact state)" link. You must provide the name of the state and the expiration date of your multistate RN license before you will be able to renew your Kentucky APRN license. You must keep your multistate RN license active in the state of your primary residence while you are practicing as an APRN in Kentucky. If your compact RN license and/or your national certification lapse, you may not practice as an APRN in Kentucky.

Current national certification from a Board recognized national certification organization in addition to current APRN and RN licensure is required to practice as an APRN in Kentucky. If your national certification lapses for any period of time while your APRN license is current, you may not practice as an APRN during the period of lapsed certification. KBN does not give a grace period for lapsed national certification.

All Advanced Practice Registered Nurses must complete 5 continuing education hours in pharmacology as part of the continuing competency requirement for renewal. DO NOT submit evidence of continuing competency earnings unless requested to do so. For questions about the APRN continuing competency requirement, e-mail Mary Stewart at MaryD.Stewart@ky.gov.

APRNs holding a current license with a population focus in oncology or critical care who fail to renew their APRN license in those foci will be unable to reinstate in these foci.

APRNs - Please see APRN NEWS on Page 18.

SANE RENEWAL

Before you will be able to renew your SANE credential, you must renew your RN license. When you have completed that process, proceed to the SANE link to renew your SANE certification. If you are a SANE and an APRN, renew your RN-APRN first (see information in APRN Renewal above) and then renew your SANE credential from the SANE link.

If your primary residence is in a compact state, you must provide the state name and the expiration date of the multistate RN license you hold before you will be able to renew your Kentucky SANE credential. You must keep your multistate RN license active in the state of your primary residence during the period of time that you practice as a SANE in Kentucky. If your multistate RN license lapses, you may not practice as a SANE in Kentucky, even though your Kentucky SANE credential is current.

All Sexual Assault Nurse Examiners must complete 5 continuing education hours related to the role of the sexual assault nurse examiner as part of the continuing competency requirement for renewal. DO NOT submit evidence of continuing competency earnings unless requested to do so. For questions about the SANE continuing competency requirement, e-mail Mary Stewart at MaryD.Stewart@ky.gov.

RETIRE A LICENSE

You may choose to retire your license rather than renewing the license if you will not be practicing as a nurse. To retire a license please visit the KBN website at http://kbn.ky.gov/apply/retired.htm to complete an online retirement request. The cost is a one-time $25 fee and retired licenses are not eligible for renewal. You must reinstate a retired license to active status prior to practicing on the license. The reinstatement process is outlined in the FAILURE TO RENEW section below.

FAILURE TO RENEW

If you fail to renew by midnight, Eastern Time, October 31, or you fail to submit all requirements for renewal, you will be required to reinstate your license. The Reinstatement process typically takes 4 to 8 weeks.

Before a license will be reinstated, KBN must receive:

- A reinstatement application
- Fee of $120
- Kentucky criminal history report (in all surnames you have ever used) from the Administrative Office of the Courts
- Federal background report from the FBI obtained via fingerprinting
- Continuing Competency Requirements

ACTIVE DUTY MILITARY NURSES

KRS 36.450 and KRS 12.355 require KBN, upon request of an active