

KBN **CONNECTION**

Spring 2012 • Edition 31



**Meet the
members
of the Kentucky
Board of Nursing**

see page 17

Continuing Competency FAQs

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NEW! Online Complaint Reporting

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Official Publication of the Kentucky Board of Nursing

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KBN CONNECTION

Spring 2012, Edition 31

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KBN MISSION

It is the mission of the Kentucky Board of Nursing (KBN) to protect public health and welfare by development and enforcement of state laws governing the safe practice of nursing.

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KBN Connection circulation includes over **70,000** licensed nurses and nursing students **in Kentucky.**

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Statistics Corner

As of March 1, 2012, KBN records show:

RN Active: 59,693

LPN Active: 14,997

Advanced Registered Nurse Practitioners: 4,451

Dialysis Technicians Active: 476

SANE Active: 236

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PRESIDENT'S MESSAGE

As KBN Board members, we often find ourselves trying to balance our nursing advocate roles for education and practice with our primary mission, "public protection." Across the gamut, beginning with nursing education at various levels to transitioning and advancing nursing practice, boards of nursing are faced with difficult decisions that impact safe, competent care.

Certainly, as a board member, I support advanced practice for nurses. However, a recent personal experience has made me direct my focus to the "valor" of the bedside nurse. Therefore, it is with full appreciation and awe of the bedside nurse that I want to dedicate this page of the KBN Connection to the RNs, LPNs and CNAs that cared for my 95 year old father in Lexington, Kentucky. His admission, following a few hours in the emergency room, followed by two weeks in the hospital allowed me to witness competent nurse-teams that went about their daily routines with professional demeanor, embracing compassion for his age and illness. This same wonderful bedside care continued when he was transferred to a rehabilitation hospital and eventually to a skilled nursing care facility. Unfortunately, Dad had to be readmitted to the hospital the middle of February. He spent his remaining days on a palliative care unit until his death on March 6, 2012. Even in his final stages, the nursing care continued with respectful devotion and genuine compassion, a true testament for the "art" of nursing.

It is no wonder that nurses have the respect and trust from consumers. This recent personal experience affirmed for me that service on the Kentucky Board of Nursing reaches far beyond committee discussions and regular board meetings. Like boards of the past, consumers entrust their loved ones to the care of competent nurses and rely on board members to make the best decisions that impact nursing education and nursing practice. Today, I feel very good about nursing's future in Kentucky! And, kudos to all who are part of a professional nursing team, especially those at the bedside of patients.

NEWLY APPOINTED BOARD MEMBERS

It is my honor to welcome the following new members, appointed by Governor Steve Beshear to the Kentucky Board of Nursing:



Nick Hammonds, RN, CEN, CFRN resides in Morehead, Kentucky and graduated from Morehead State University in 1998 with an AD in Nursing. Following a Critical Care Internship at the University of Kentucky where he worked in the Emergency Department for 2 years, Nick left to return to St. Claire Regional Hospital where he held various positions, including Nurse Manager of the Emergency Department. He left that position to work as a Flight Nurse for 7½ years with PHI Air Medical. Returning to St. Claire in 2010, he was promoted to Director of Critical Care Services, his current position. Nick was nominated by the KNA and will serve through June 30, 2015.



Makeda Harris resides in Louisville, Kentucky and is a representative for Citizens at Large. Currently, she is a public health administrator with the Louisville Health Department. She holds degrees from American University in International Relations and from the University of Maryland in Public Policy. Her term will run through June 30, 2015.



Jimmy Isenberg resides in Glasgow, Kentucky and is the Campus Director, and Dean of the Allied Health and Nursing at Bowling Green Technical College, Glasgow Campus. Jimmy returns to the Board after previously serving for 2 terms. Jimmy was nominated by the Kentucky Association of Licensed Practical Nurses as an LPN Educator to fill a vacancy. His term will expire June 30, 2014.



Kelly R. Jenkins, RN, BSN resides in Waverly, Kentucky and was nominated by the Kentucky Organization of Nursing Leaders. Kelly graduated from USI in Evansville and is currently working on her MSN in Nursing Leadership and will graduate this December. She is the Director of Patient Care and Magnet Program Director at Methodist Hospital in Henderson, Kentucky, having experienced various practice settings within the hospital, such as the ICU, staff education, house supervisor, unit Manager, and critical care director. Her term will expire June 30, 2015.

Carol A. Komara, RN, MSN

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- Emergency Department



EXECUTIVE DIRECTOR'S MESSAGE

"If we were really interested in the health of the nation's citizens, we would address current public policy that has a greater effect on health than much of healthcare policy.This type of effort focusing on healthy public policies could be spearheaded by nurses, along with other healthcare professionals, in collaboration with consumers."

Patricia Gerrity, RN, PhD, FAAN, Drexel University, Philadelphia, PA

As you read this issue of the KBN Connection, Kentucky nurses once more greet spring following a challenging session of the Kentucky General Assembly. A number of bills were introduced during the 2012 legislative session that had direct impact on your nursing practice. Once again it was important that the voices of nurses be heard and once again, too few nurses responded to this call. Too few KY nurses and nursing students seem willing to accept their roles in public policy formation. Yet who is better at recognizing the healthcare needs of our citizens, our communities, schools or our healthcare systems. Shaping public policy is a necessary and valuable role for which nurses are uniquely qualified. It is an ongoing activity – not confined to the months in which the KY General Assembly is meeting and I encourage each of you to seriously consider how you can influence healthcare and social policy to improve the status of citizens in the Commonwealth.

All nursing roles provide an opportunity to influence social and healthcare policies - and I am preparing to retire from one of the best. As the Executive Director of the Kentucky Board of Nursing, I have been privileged to work with individuals and organizations across the state to ensure the highest quality of nursing care through policy formation, enhancing nursing education and practice and through regulatory enforcement. This is a fantastic job, which comes with responsibilities for asserting the roles that KY nurses must share in policy formation, healthcare reform, resource allocation and all other activities that enable optimal healthcare and protection for Kentucky citizens. I want to encourage those of you with strong executive skills, a passion for your profession and a passion for your state to consider taking on what I believe to be one of the best of all roles in the state. You can obtain information on applying for the position of Executive Director, Kentucky Board of Nursing by contacting Diane Thomas at Diane.Thomas@ky.gov

UPDATE on NCSBN resources:

The National Council of State Boards of Nursing provides a number of educational, information and research opportunities to nurses in all practice and education roles. Below are two such initiatives that will be of interest to readers. Additional information on the items noted below can be found at www.ncsbn.org.

NCSBN Center for Regulatory Excellence Grant Program – offers an excellent opportunity for nurse researchers in the state. The Center for Regulatory Excellence grant program provides funding for scientific research projects that advance the science of nursing regulation and build regulatory

expertise worldwide. Grants are awarded to qualified researchers who are interested in NCSBN research priorities.

Award Information:

- Ceiling of Award Range: \$300,000
- Submission Due Date: June 15, 2012
- Anticipated Project Completion Date: 12-24 months after start date, to be specified by applicant based on project plan.

Geographic Considerations: The Center for Regulatory Excellence provides nonresidential grants to support researchers nationally and throughout the world.

Research Priorities:

- Patient Safety
- Practice (LPN/VN, RN and APRN)
- Nursing Education
- Continued Competence
- Discipline and Alternatives to Discipline
- National and International Regulatory Issues and/or Portability

LEADER TO LEADER is an NCSBN publication that provides valuable regulatory information to nurses in all roles. The current edition offers a highlight of Mindy Schaffner, nurse education advisor, Washington State Nursing Care Quality Assurance Commission, in a feature titled "A Day in the Life of a Nursing Regulator," a new series that provides readers valuable insight into the world of nursing regulation from those who live it every day. This issue also discusses NCSBN's social media guidelines, provides an update about NCSBN's Simulation Study and Transition to Practice Study, invites nurse educators to volunteer as NCLEX item writers, and discusses the new NCSBN Learning Extension course "Righting a Wrong: Ethics and Professionalism in Nursing." Finally, Jessica L. Kamerer, Francis T. Brophy III and Joseph A. Corvino of Lancaster General College of Nursing & Health Sciences discuss their development of short, e-learning modules called simulation learning interactive modules (SLIMs) to better prepare students for simulation sessions. The NCSBN **LEADER TO LEADER** publication may be accessed at https://www.ncsbn.org/L2L_Fall2011.pdf


Charlotte F. Beason, Ed.D., RN, NEA

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COLLABORATIVE AGREEMENTS FOR PRESCRIPTIVE AUTHORITY FOR CONTROLLED SUBSTANCES

by **Joyce A. Bonick, JD, RN**, *Licensure and Nurse Aide Registry Manager*

A Collaborative Agreement for Prescriptive Authority for Controlled Substances (CAPA-CS) must be entered into before an APRN may prescribe Schedule II through V controlled substances (KRS 314.011(8)).

The agreement must be written, must define the scope of the prescriptive authority for controlled substances, and must be signed by both the APRN and the collaborating physician. The collaborating physician must be licensed in Kentucky. The APRN should be aware of any restriction(s) on the physician's license. A copy of the CAPA-CS must be available at each practice site where the APRN practices.

Additionally, the APRN must notify KBN, using the CAPA-CS Notification form, of the existence of the agreement. The notification form must be complete and signed by the APRN and the collaborating physician.

Before engaging in the prescribing of controlled substances, an APRN must have been licensed as an APRN for at least one year with KBN or nationally certified as an APRN and licensed, registered, or certified in good standing as an APRN in another state for one year before becoming licensed in Kentucky.

An APRN with a KY multistate RN license must still obtain APRN licensure in all other states of practice, including other compact states. A CAPA-CS for practice in KY is not valid in any other state, again, including other compact states. It is the responsibility of the APRN to know and adhere to the nursing laws in the state of practice, as well as the nursing laws of Kentucky.

A CAPA-CS may be rescinded by either party. Written notice of a rescission must be sent by registered mail to the other collaborating party, KBN, and the Kentucky Board of Medical Licensure. A rescission form is available on the KBN web site.

When the practice site changes, but the CAPA-CS agreement and collaborating physician do not change, KBN must receive notification of the change to the practice site. A form is available upon request from the

APRN program coordinator:

To familiarize yourself with the laws and regulations regarding CAPA-CS agreements, review KRS 314.042 (9) and 201 KAR 20:057 available at the Kentucky Legislative Research

Commission webpage (<http://lrc.ky.gov/law.htm>).

Legal Corner (page 14) discusses further CAPA-CS requirements.

SEE PAGE 13 FOR APPROVAL STATUS

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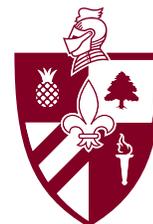
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Advisory Opinion Revisions



Revisions to the following Advisory Opinion Statements were approved by the Kentucky Board of Nursing during their June 8, 2011, Board meeting:

- AOS #27, Components of Licensing Practical Nursing Practice – revised 6/2011

Revisions to the following Advisory Opinion Statements were approved by the Kentucky Board of Nursing during their December 1, 2011, Board meeting:

- AOS #21, “Roles of Nurses and Technicians in Dialysis” – revised 12/2011
- AOS #26, “Roles of Nurses in the

Delivery of Prehospital Emergency Care Via Ambulance Services” – revised 12/2011

Revisions to the following Advisory Opinion Statements were approved by the Kentucky Board of Nursing during their February 10, 2012, Board meeting:

- AOS #15, “Roles of Nurses in the Supervision and Delegation of Nursing Acts to Unlicensed Personnel” – revised 2/2012
- AOS #20, “Roles of Registered Nurses in Invasive Cardiac Procedures” – revised 2/2012
- AOS #33, “Roles of Nurses in the Delegation of Tasks to Paramedics in a Hospital Emergency Department” – revised 2/2012

Advisory Opinion Statements are available for review at the KBN Advisory Opinion Statements webpage (<http://kbn.ky.gov/practice/AOS>).

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<http://uofl.me/treatingtobacco10>

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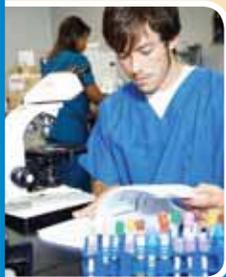


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Approval Status Information

- **D - Developmental:** The designation granted to a proposed program of nursing to continue development of plans for implementation.
- **I - Initial:** The designation granted to a new program of nursing upon admission of the first class.
- **F - Full:** Full approval status is the designation granted to program of nursing that is in compliance with Kentucky Board of Nursing education regulations.
- **C - Conditional:** The designation granted to a program if one or more of the standards in the regulations have not been met.
- **P - Probational:** The designation granted to a program of nursing if one or more standards have continued to be unmet. Programs on Probational Status cannot admit new students.

NOTE: KBN does not regulate RN to BSN programs.

Approval Status as of 2/10/12

DNP Degree

Bellarmino Univ. (I)
 Eastern KY Univ. (I)
 Frontier Nursing Univ. (F)
 Murray State Univ. (I)
 Northern KY Univ. (I)
 Univ. of KY (F)
 Western KY Univ. (I)

MSN Leading to APRN

Bellarmino Univ. (F)
 Eastern KY Univ. (F)
 Frontier Nursing Univ. (F)
 Indiana Wesleyan Univ. (F)
 Murray State Univ. (F)
 Northern KY Univ. (F)
 Spalding Univ. (F)
 Univ. of KY (F)
 Univ. of Louisville (F)
 Western KY Univ. (F)

Baccalaureate Degree Nursing

Bellarmino Univ. (F)
 Berea College (F)
 Eastern KY Univ. (F)
 KY Christian Univ. (F)
 Lindsey Wilson College (I)
 Morehead State Univ. (F)
 Murray State Univ. (F)
 Northern KY Univ. (C)
 Spalding Univ. (F)
 Thomas More College (F)
 Union College (D)
 Univ. of KY (F)
 Univ. of Louisville – Louisville (F)
 Univ. of Louisville – Owensboro (I)
 Western KY Univ. (F)

Associate Degree Nursing

Ashland C&TC (F)
 Beckfield College (F)
 Big Sandy C&TC (C)
 Bluegrass C&TC – Cooper Dr. (F)
 Bluegrass C&TC – Lawrenceburg (F)
 Bowling Green TC – Glasgow (F)
 Campbellsville Univ. (F)
 Daymar College (I)
 Eastern KY Univ. (F)
 Elizabethtown C&TC (F)
 Galen College of Nursing (F)
 Gateway C&TC (F)
 Hazard C&TC – Hazard (F)
 Hazard C&TC – Lees Campus (F)
 Henderson CC (F)
 Hopkinsville CC (F)
 ITT Technical Institute (I)
 Jefferson C&TC (F)
 KY State Univ. (F)
 Lincoln Memorial Univ. – Corbin (F)
 Madisonville CC (F)
 Maysville C&TC (F)
 Maysville C&TC – Licking Valley (C)
 Midway College (F)
 Morehead State Univ. (F)
 Morehead State Univ. – Mt. Sterling (I)
 National College (C)
 Owensboro C&TC (F)
 Somerset CC (F)
 Somerset CC – Laurel (I)
 Southeast KY C&TC (F)
 Southeast KY C&TC – Pineville (F)
 Spencerian College (P)
 St. Catharine College (F)
 Univ. of Pikeville (F)
 West KY C&TC (F)
 Western KY Univ. (F)
 Western KY Univ. – Glasgow (F)

Practical Nursing

Ashland C&TC – Roberts Dr. (F)
 ATA College (C)
 Beckfield College (C)
 Big Sandy C&TC – Mayo (F)
 Big Sandy C&TC – Prestonsburg (F)
 Bluegrass C&TC – Leestown (F)
 Bluegrass C&TC – Danville (F)
 Bowling Green TC – Glasgow (F)
 Bowling Green TC – Bowling Green (F)
 Brown Mackie Coll. – N. KY (F)
 Brown Mackie Coll. – Louisville (F)
 Elizabethtown C&TC (F)
 Galen College of Nursing (F)
 Gateway C&TC (F)
 Hazard C&TC (F)
 Henderson CC (F)
 Hopkinsville CC (F)
 Jefferson C&TC (F)
 Jefferson C&TC – Shelbyville (F)
 Jefferson C&TC – Carrollton (F)
 Lincoln College of Technology (I)
 Madisonville CC (F)
 Maysville C&TC (F)
 Maysville C&TC – Rowan Campus (F)
 Maysville C&TC – Licking Valley (F)
 Maysville C&TC – Montgomery (F)
 Owensboro C&TC (F)
 Somerset CC (F)
 Somerset CC – Clinton Center (F)
 Somerset CC – Laurel Campus (F)
 Southeast KY C&TC (F)
 Southeast KY C&TC – Pineville (F)
 Spencerian College (F)
 West KY C&TC (F)
 West KY C&TC – Murray (F)

CAPA-CS: Practice Specialty

that certification is not required as a condition of physician licensure, nor is the physician's scope of practice limited by certification. Concerning physician specialties, the ABMS states:

Some specialists are primary care doctors, such as family physicians, general internists, and general pediatricians. Other specialists concentrate on certain body systems, specific age groups, or complex scientific techniques developed to diagnose or treat certain types of disorders.

The requirement stated in KRS 314.042(9)(d) raises additional questions as follows:

1. How is the term "similar specialty" defined?
2. Whom may the APRN collaborate with for controlled substance prescriptive authority?
3. Based on this collaboration, what, if any, further limitations to the controlled substance prescriptive authority exist?

As a general guideline for APRNs and Kentucky licensed physicians, and for the purpose of prescribing scheduled drugs, the Board of Nursing will expect the APRN's certification and the physician's specialty to have an overlap in order to qualify as "a similar specialty." This means that the populations served or the disorders treated by the APRN are similar to that of the collaborating physician's populations served or disorders treated. For example, a Family Nurse Practitioner (FNP) who treats children has an overlap in practice with that of a pediatrician or a family physician, and thus, shares a similar specialty of practice. Similarly a Pediatric Nurse Practitioner (PNP), who by statute already has a limited scope of advanced practice and can only treat children, has an overlap in practice with a pediatrician or a family physician.

The Board has also determined that the collaborating physician's certification or specialty does not, in and of itself, limit the APRN's controlled substance

For an Advanced Practice Registered Nurse (APRN) to enter into a Collaborative Agreement for the Advanced Practice Registered Nurse's Prescriptive Authority for Controlled Substances (CAPA-CS), an APRN and the physician must be qualified in the same or a similar specialty. The KBN has adopted a guideline to assist in the determination of what constitutes a similar specialty. It is reproduced below:

KRS 314.042(9)(d), sets the following requirement:

The APRN who is prescribing controlled substances and the collaborating physician shall be qualified in the same or in a similar specialty.

How is "specialty" determined?

The APRN's specialty is determined by his or her certification. The physician's specialty is determined by either the physician's certification from the American Board of Medical Specialties (ABMS), or as individually established by the physician. It should be noted



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prescriptive authority. The scope of controlled substance prescriptive authority, other than what is set out in the statutes, must be written in the Collaborative Agreement for APRN Prescriptive Authority for Controlled Substances (CAPA-CS)*. Subsequently, if an FNP treats children and collaborates with a pediatrician, and if the parties wish to limit the FNP to controlled substance prescriptions for children only,

that must be set forth in the CAPA-CS. If a PNP collaborates with a family physician, then the PNP is already limited to writing controlled substance prescriptions for children only. If the parties wish to further limit the PNP's controlled substances prescriptive authority, then the limitations must be set forth in the CAPA-CS.

If no further limitations are listed in the CAPA-CS, other than those limitations

listed in KRS Chapter 314, then the APRN may prescribe the controlled substances as specified by KRS Chapter 314 that are within the APRN's scope of practice. (201 KAR 20:057 Scope and standards of advanced practice registered nurses).

Note that KRS 314.042(9)(c) states that the CAPA-CS shall describe the arrangement for collaboration and communication between the APRN and the physician regarding the prescribing of controlled substances.

In summary, when an APRN and Kentucky licensed physician do not have the same specialty area of practice, then the APRN is encouraged to establish the CAPA-CS with a Kentucky licensed physician who has a substantial overlap in practice with that of the APRN. By law, the APRN and physician must minimally share a similar specialty area of practice.

Prior to prescribing controlled substances, the APRN should assure that all the requirements specified in KRS 314.042 are met. Additional information on APRN prescriptive authority and a copy of the statute is on the Board's website at www.kbn.kv.gov

Specific questions should be addressed to Sharon Eli Mercer, MSN, RN CNA, BC Nursing Practice Consultant, at (502) 429-3307, or email Sharon E. Mercer at (SharonE.Mercer@ky.gov).

*KRS 314.042(9) states:

"Before an APRN engages in the prescribing of Schedules II through V controlled substances as authorized by KRS 314.011(8), the APRN shall enter into a written "collaborative agreement for the APRN's prescriptive authority for controlled substances" (CAPA-CS) with a physician that defines the scope of the prescriptive authority for controlled substances..."

Section (a) through (h) of this same statute state further requirements for the CAPA-CS. In addition, KRS 314.042(9)(i) states:

"The CAPA-CS shall state the limits on controlled substances which may be prescribed by the APRN as agreed to by the APRN and the collaborating physician. The limits may be more stringent than either the schedule limits on controlled substances established in subsection (8) of Section 1 of this Act, or..."



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