

KBN

CONNECTION

Spring 2013
Edition 35

KASPER TIPS

Page 8

KBN'S HOUSE BILL I REGULATIONS

Page 12

MEGAN'S SECOND CHANCE

Page 14

MISUSE AND LOSE

Page 22

BOARD HIGHLIGHTS

Page 26

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KBN MISSION

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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12 Legal Corner

14 April is Donate Life Month:
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12 Legal Corner

14 April is Donate Life Month:
Megan's Second Chance

17 Continuing
Competency FAQs

Contents

Spring **2013** Edition 35

5 President's Message

6 Executive Director's Message

8 KASPER Tips

10 Practice Corner

Statistics Corner

As of March 12, 2013, KBN records show:

RN Active: 61,781

LPN Active: 15,071

Advanced Registered
Nurse Practitioners: 4,858

Dialysis Technicians Active: 480

SANE Active: 237



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PRESIDENT'S MESSAGE

Around the turn of the century, Florence Nightingale established that observations and their accurate interpretation are the hallmark skills of a trained nurse. Today's nurses continue to practice under this central idea in order to provide the highest standards for comprehensive patient care.

However, it has been suggested recently, for example, that trained volunteers could be an answer to the problem of nursing practice concerning chronically ill children who need consistent care in school settings in which budgetary constraints don't allow for the hiring of enough nurses for the job. A trained nurse's particular skills of honed assessment and critical thinking are essential for the overall delivery of excellent patient care to these children, even if volunteers can perform single necessary tasks. This assertion and others will be vital as the KBN works to protect the public's well-being in part by developing and enforcing state laws governing the safe and effective practice of nursing.

The KBN will face challenges and opportunities on other fronts as well. For example, starting in 2014, millions of Americans will be added to the Medicaid rolls because of the enactment of the Affordable Care Act. This comes amidst a documented national shortage of primary care physicians, and nurses in every state will need to consider expanding the Scope of Practice for APRN's and other steps as answers to this shortage.

Moving on, part of KBN's mission is to develop and enforce state laws governing nursing education and credentialing. I received a letter recently from a colleague concerning entry into

practice for Registered Nurses. He pointed out that in 1978, it was projected that entry into nursing practice would require a baccalaureate degree by 1985, and the latest proposal is that by 2020, 80% of all RN's will possess a BSN. With the precipitous greying of America driven especially by the Baby Boomers, the RN workforce is expected to grow by 26% from 2010 to 2020. Nationally, 59% of RNs hold an Associate's degree, 37% a BSN degree and 4% a diploma. I am certain that these statistics are dated and will change as hospitals look to hire RN's with BSNs and believe that while this argument will not be solved anytime in the near future, there is room for all levels of nursing practice. Furthermore, for those who choose to advance their degrees, we should provide a seamless transition from one level of education to the next.

Finally, it is my pleasure to introduce the Kentucky Board of Nursing's new Executive Director, Paula Schenk. Paula will not be a stranger to many Kentucky nurses as she has served the KBN for the past 22 years in various capacities, having held a variety of positions including Education Consultant, Nursing Practice Consultant, Compliance Section Supervisor and her most recent position, Manager of the Consumer Protection Branch. Paula lives in Louisville with her husband Garry. Please join me in welcoming Paula to her new position.

A handwritten signature in black ink that reads "Sally Baxter RN". The signature is written in a cursive, flowing style.

Sally Baxter, RN
President, Kentucky Board of Nursing



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EXECUTIVE DIRECTOR'S MESSAGE

In preparation for writing my first message as Executive Director, I have reflected on many things, particularly the path of my professional life and the “gifts” that have been bestowed upon me on this journey. My nursing career began over thirty years ago, when as a novice RN, I was given the opportunity to work in a large metropolitan pediatric hospital, learning much about not only high intensity nursing care but also how to help families cope with the heartache of having a child with serious illnesses.

This was followed by working in a community setting, providing nursing care to older adults and others with disabilities. This “gift” experience was a wonderful opportunity to fully appreciate the impact nurses make in the community setting by employing the principles of community health nursing, primary care and education of patients to support their desire to live as independently as possible.

During this time, a nurse leader befriended me and became a mentor. It was this remarkably caring and giving colleague who encouraged me to pursue graduate nursing education. Soon after, I went to the University of North Carolina at Chapel Hill, to pursue a Master's Degree in Public Health, focusing on Public Health Nursing Administration. At the time, this “gift” experience was the most exciting and intellectually stimulating endeavor I had pursued in my career. I benefited greatly from learning about the multidisciplinary focus to the provision of public health care locally, nationally and internationally. I realized that, as nurses, we must be able to speak and listen to the perspectives of many disciplines.

At last, I came to the Kentucky Board of Nursing (KBN), where I have worked for over

the last twenty years. I cannot begin to count or describe the multitude of opportunities for both professional and personal growth since my arrival in 1991. Serving in several roles at KBN (Continuing Education Consultant, Practice Consultant, KARE for Nurses Program Manager, Compliance Section Supervisor and Consumer Protection Branch Manager), has given me the opportunity to learn and apply the fundamental principles of nursing regulation. Many may question how working at KBN fits the theme of this message. I believe that I have and will continue to fulfill the highest goals of our nursing profession by serving the Board and working to fulfill its mission of protecting the public by the enforcement of the Kentucky Nursing Laws. In my humble opinion, service to others is a gift of the highest magnitude.

I would be remiss if I did not mention that I follow in the footsteps of two exemplary nurse leaders, from whom I learned much and owe a great deal. They are Sharon Weisenbeck and Dr. Charlotte Beason. While I cannot, nor will I try to “fill their shoes,” in my pursuit to serve KBN, I will endeavor to utilize the knowledge that I gained from these two highly respected nurse leaders.

In closing, to serve as Executive Director of the KBN is the greatest “gift” of my professional life. My commitment to the Board and the citizens of the Commonwealth by working to assure that nurses provide safe, competent nursing care is as unwavering today as it was when I joined the staff of KBN.

Paula S. Schenk

Reducing your Reports that Require “Manual Processing”

It's Saturday. You have a new patient and need to check their KASPER prescription history. You request the report then see that dreaded phrase, “Manual Process.” NO! Now you have to wait until Monday to get the report because KASPER offices are closed.

Unfortunately, this situation happens more than it needs to. The following tips can be incorporated into your practice to reduce the number of reports that require Manual Processing.

1. Social Security Number. Use the entire Social Security Number. This is key for the computer to match and return your results quickly. If you make up a 9 digit number (e.g., 123456789), be prepared to see that request go to Manual Processing. If you do not know the SSN (or if the patient does not have a SSN), use only 000000000.

2. Name. Enter the first name in the first name field and the last name in the last name field. It sounds simple enough, but double check. Every day this results in hundreds of reports that are manually processed. Also, if you know that someone changed names recently, you can use the Alias field to enter this information. This can assist KASPER staff in recognizing that, yes, Mrs. Smith now goes by Mrs. Jones and they are indeed the same person.

3. Date of Birth. You would be surprised at how many typos are entered in the DOB field. 1/16/1981 can quickly become 11/6/1981 and result in Manual Processing because the DOB entered doesn't match KASPER records. Check very carefully. If you don't, you may receive a blank KASPER report, or one with a message that says check DOB and resubmit.

4. Address. Entering the entire patient address is most effective. Please do not use abbreviations for the city name (for example, “ville” could stand for Louisville or Barbourville). If you don't have the patient's entire address, an accurate zip code will be most helpful data to enter. This helps us regionalize the data and more quickly respond to your request. (Do you know how many John Smith's there are in KY?)

Finally, unless you are absolutely sure you submitted incorrect data that caused the Manual Processing please do not

request the report again. This only adds to the number of reports to process and may actually delay your receipt of the KASPER report in a timely manner.

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) 564-2815.

For more KASPER information please visit (<http://www.chfs.ky.gov/os/oig/KASPER.htm>).

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The following Advisory Opinion Statements were revised at the December 2012 Board Meeting:

- AOS #21, "Roles of Nurses and Technicians in Dialysis," revised 12/2012
- AOS #29, "Cardiopulmonary/Respiratory Nursing Practice," revised 12/2012
- AOS #30, "School Nursing Practice," revised 12/2012

The following Advisory Opinion Statements were revised at the February 2013 Board Meeting:

- AOS #13, "Roles of Nurses in Psychiatric-Mental Health Nursing Practice," revised 2/2013
- AOS #31, "Removal of Arterial and Venous Access Devices (Sheaths) and Use of Mechanical Compression Devices by Nurses," revised 2/2013

NURSING LEADERSHIP PROGRAM:

An Overview of the Kentucky Nursing Laws and the Kentucky Board of Nursing

SPONSORS/HOSTS REQUESTED FOR 2013

The Board is currently planning the schedule for presentation of its continuing education nursing laws and leadership programs for 2013, and is seeking sponsors/host sites for the offerings. The Board would like to develop a partnership with agencies or organizations to host this program in 2013.

To learn more about the Nursing Leadership program, please visit (<http://kbn.ky.gov/practice/leadership.htm>).

If you have questions or wish to host a program, please contact Sharon Eli Mercer, Nursing Practice Consultant, at 502-429-3307, or SharonE.Mercer@ky.gov.

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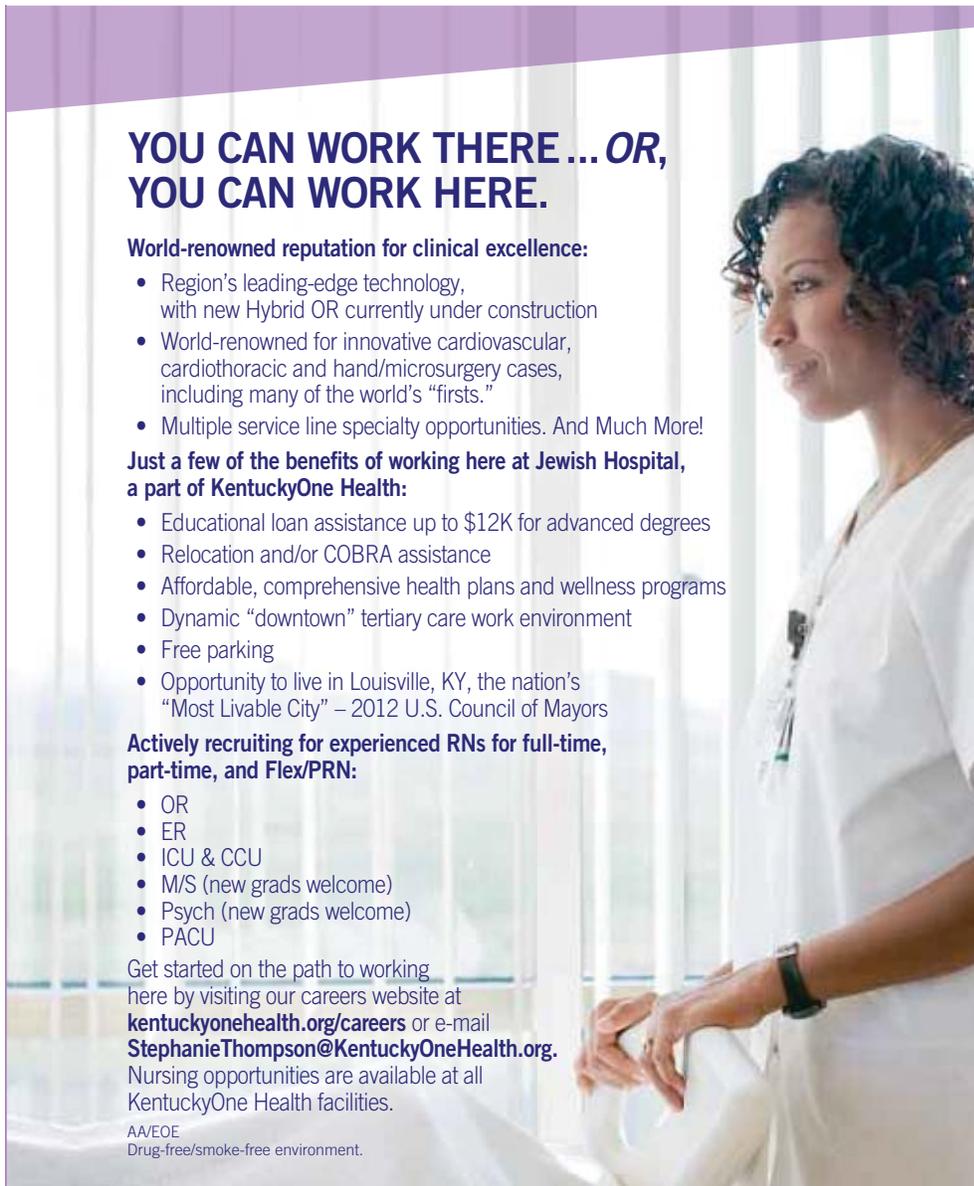
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KBN'S HOUSE BILL 1 REGULATIONS

House Bill 1 was passed by the General Assembly in 2012 in response to the prescription drug abuse epidemic in the state. All prescribers of controlled substances, including Advanced Practice Registered Nurses (“APRNs”), were affected by the legislation. An APRN with a Collaborative Agreement for the Advanced Practice Registered Nurse’s Prescriptive Authority for Controlled Substances (“CAPA-CS”) is required to register for a master account with the Kentucky All Schedule Prescription and Electronic Reporting System (“KASPER”) and to follow the standards set out in the governing statutes and regulations.

All affected licensure boards, including KBN, were required to promulgate administrative regulations on several matters. KBN has written those regulations which are now in effect. They are as follows.

201 KAR 20:056 – The Board is required to query its National Practitioner Data Bank (“NPDB”) reporting agent on all initial applications for APRN licensure. NPDB is a federal data bank created to serve as a repository of information about health care providers in the United States.

201 KAR 20:057 – An APRN with a CAPA-CS shall report all DEA numbers to the Board and any change in the status of the nurse’s DEA Controlled Substance Registration Certificate. Board staff may make an unannounced monitoring visit to an APRN’s practice location, and the APRN must make patient and prescribing records available for immediate inspection. HB 1 sets prescribing standards for Schedule II drugs and Schedule III drugs with hydrocodone. The regulation sets prescribing standards for all other scheduled drugs. There are certain specified exceptions to the standards, such as all Schedule V



drugs. If a prescription is not covered by an exception, the standards will apply. The standards, generally, are that the APRN shall:

- (1) obtain a history and conduct an examination;
- (2) query KASPER for all available data on the patient;
- (3) make a treatment plan stating the objectives of treatment and further diagnostic examinations required;
- (4) discuss the risks and benefits of the use of controlled substances with the patient, including the risk of tolerance and drug dependence;
- (5) obtain consent for treatment, specifically with regard to the prescribing of controlled substances; and
- (6) adopt an exit strategy with regard to the prescribing of controlled substances.

An APRN must appropriately document each of the foregoing actions. With regard to prescribing of controlled substances that continues for more than 90 days, the APRN shall:

- (1) update the medical history;
- (2) modify the treatment plan as appropriate;
- (3) discuss the risks and benefits of any new controlled substances pre-

scribed with the patient;

- (4) query KASPER every 90 days to obtain all available data on the patient; and
- (5) obtain a baseline drug screen and further random drug screens if clinically appropriate.

The foregoing requirements may be satisfied by other licensed practitioners in a single group practice only if each licensed practitioner has lawful access to the patient’s medical record, there is adequate documentation in the patient’s medical record documenting the actions performed by each practitioner, and each licensed practitioner performing an action to meet these requirements acts within the scope of practice of his or her profession.

201 KAR 20:161 – The Board shall expedite investigations of complaints of improper, inappropriate, or illegal prescribing of a controlled substance by an APRN, and shall complete the investigation within one hundred and twenty (120) days. With regard to the foregoing complaints, the Board shall notify the Kentucky State Police, the Office of the Attorney General, and the Cabinet for Health and Family Services, Office of the Inspector General. APRNs

convicted of a felony related to a controlled substance after July 20, 2012, shall be permanently banned from prescribing controlled substances. APRNs convicted of a misdemeanor relating to prescribing or dispensing a controlled substance after July 20, 2012, shall have their controlled substance prescribing authority suspended for at least three months. If a Kentucky APRN is disciplined in another state based upon improper, inappropriate or illegal prescribing, the Board shall institute the same disciplinary measures against the APRN's Kentucky license. An applicant for licensure as an APRN who has disciplinary action from another state which resulted from improper, inappropriate, or illegal prescribing or dispensing of controlled substances shall have their application denied. The Board shall accept anonymous complaints, so long as

the complaint is accompanied by sufficient corroborating evidence as would allow the Board to believe that a reasonable probability exists that the complaint is meritorious.

201 KAR 20:215 – An APRN with a CAPA-CS shall earn 1.5 hours of CE related to the use of the KASPER system, pain management, or addiction disorders as part of the required 5 hours of pharmacology required each year.

For specific exceptions or standards, please refer to the regulation. All the regulations may be accessed from the KBN web site: (<http://kbn.ky.gov>). Click on Laws and Regulations on the menu at the left; then click on Kentucky Administrative Regulations, Title 201, Chapter 20: Board of Nursing. For further information, please contact Nathan Goldman, General Counsel, at (502)429-3309 or Nathan.Goldman@ky.gov.

An established Neonatology group is looking for two experienced neonatal nurse practitioners to join our practice and provide clinical care in a major referral facility in South Central Kentucky. This state of the art facility delivers approximately 1600 babies each year and has a Level IIB NICU for those babies who require additional care. These NNPs would help provide care in the Well Baby Nursery and the NICU in collaboration with the neonatologist. Scheduling is flexible, salary and benefits are competitive. The successful candidates will possess neonatal experience, delivery room experience, excellent communication and teamwork skills, a Kentucky RN and APN license and be board certified as a Neonatal Nurse Practitioner by the National Certification Corporation. We look forward to discussing this exciting and family friendly position with you.

To learn more and schedule an interview, please contact Dr. Mark Hughes at 615.517.6838 or at mark.hughes1174@gmail.com.

KBN CONGRATULATES SCHOOLS WITH 100% NCLEX PASS RATE

The Kentucky Board of Nursing congratulates nineteen Kentucky programs of nursing on achieving a 100% NCLEX pass rate of its 2012 graduates. The programs are listed below by degree type. Several schools have consecutive years of 100% pass rate, and these years are also listed below. Congratulations to these programs and their graduates!

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Eastern Kentucky University
Kentucky Christian University *2011 and 2012*

ASSOCIATE DEGREE PROGRAMS

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PRACTICAL NURSING PROGRAMS

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Elizabethtown Community & Technical College *2009-2012*
Gateway Community & Technical College *2010-2012*
Henderson Community & Technical College *2007-2012*
Hopkinsville Community & Technical College *2010-2012*
Jefferson Community & Technical College – Carrollton
Owensboro Community & Technical College *2009-2012*
Somerset Community College *2009-2012*
Southcentral Kentucky Community & Technical College
Southcentral Kentucky Community & Technical College – Bowling Green *2009-2012*
West Kentucky Community & Technical College *2011 and 2012*
West Kentucky Community & Technical College – Murray *2009-2012*

Pass rates listed above are calculated on a calendar year basis for graduates taking the NCLEX for the first time within twelve months of graduation (201 KAR 20:360). For a complete listing of NCLEX pass rates of all Kentucky programs of nursing, please visit the KBN website at <http://kbn.ky.gov/education/pon/school/nclex.htm>.

APRIL IS DONATE LIFE MONTH

Megan's Second Chance

BE A REGISTERED



April is National Donate Life Month and a perfect time for Kentuckians to make their wishes known about organ donation by registering on the Kentucky Organ Donor Registry.

In 2013, Kentuckians who renew their driver's license have the option of having a small heart icon imprinted on the license that states "Organ Donor" when they join the Kentucky Donor Registry. This icon is a symbol of hope and generosity. It will also help emphasize that people don't need to sign the back of the license. They need to say "Yes," when they get their driver's license to become a registered donor or go to www.donatelifeky.org to join. Following is a story about a Kentuckian whose life was saved due to the "Gift of Life."

Many young adults experience the thrill that comes with moving into their own apartment and beginning to live on their own. Megan Morrison got a taste of that excitement -then experienced a major interruption.

However, the good news is that this interruption lead to the liver transplant that saved her life. The even greater news is that Megan, at the ripe old age of 27, now has a job she loves, working in the health care field, and is once again living happily on her own.

She is a strong advocate for the cause of organ donation.



Living with liver disease

Megan was 11 years old when she developed symptoms of excessive bruising, lethargy and nosebleeds. It took several years for doctors to diagnose the cause: autoimmune hepatitis.

She lived with constant pain and was placed on the transplant list. Initially her condition was considered "medically managed" but she became seriously ill at age 23 and was forced to move back to Louisville from Nashville, Tenn.

She developed ever-increasing ascites (excess fluid in her abdomen), coupled with a lack of energy, fatigue, a completely disrupted digestive system and encephalopathy.

It was a time of great suffering-some days she didn't know who she or anyone else was. And it was a scary time. She never expected to need a liver transplant, but that's one of the most important aspects of organ donation: It can happen to anyone.

That's why it's so important for everyone to join the Kentucky Organ Donor Registry. Saying "yes" at your circuit clerk's office or joining the registry online states your willingness to help people like Megan. More registered donors means more hope for those waiting. Everyone counts, and everyone can join the registry today. It only takes a moment!

Reclaiming life

On March 27, 2009, Megan was abruptly called to the hospital. An intended recipient had developed complications and could not receive the available liver. Ten minutes later, she was heading to surgery.

"Oh, my God" she said to her father, "this is really happening" Her mother and best friend reached the hospital just in time to tell her they loved her.

The transplant was a rousing success, and Megan began to reclaim her life. About nine months later, Megan went to Spencerian College to become a surgical technician. She now works at University of Louisville Hospital.

"My mom is a surgical nurse, and I've always known hospitals as my second home" she says. "It's my dream job."

Many times she works a 12-hour shift, mostly on her feet. She has developed severe fibromyalgia, possibly related to her transplant, and her legs ache constantly. But she tries not to let on.

"I am happy to go to work every day," she says. "Every now and then you have a pity party like everyone does, but I don't show it. I don't want anyone fussing over it."

Speaking to myths

Megan only learned later-when she was 22 - that her doctors had predicted she might not live until age 21. But throughout her illness, Megan never gave up.

Now she is in the unique position to help on the other side of organ donation. At U of L Hospital, she has participated

in several organ recoveries, which she describes as a profound experience.

“And she can speak directly to the myth that discourages many people from joining the Registry - that a doctor won’t save your life if you are a registered donor.” “When people come in to the trauma unit, we don’t even know their names. All we are concerned with is what’s going on with them. When someone comes in who is near death and we bring them back, that’s what we want to see.”

Megan loves shoe-shopping, decorating, hanging out with her family and spending time with her Dachshunds, Dolce and Berney. Receiving a new liver turned her life around.

“It made me feel like a productive member of society,” she says, “I was obsessed with being normal, and this makes me feel normal. It sounds silly to say for someone my age, but I lost some time.”

She spreads the word about the importance of organ donation, both with the general public and her co-workers. “I don’t think you can talk about it too much,” she says.

And she is optimistic about a bright future: a long full life, marriage and children and “a white picket fence with dogs.” She will never forget it was only possible because someone said

“yes” to organ donation.

“I encourage everyone to sign up for the registry,” she says, “We need 100 percent participation.”

Article provided by the Kentucky Circuit Court Clerk’s Trust for Life and the Kentucky Organ Donor Affiliates.

Join the registry

1. Say “yes” when you get a license or ID at your county’s Circuit Court Clerk’s Office.

2. Have the Donor Heart icon imprinted on your drivers license.

3. Join anytime! www.donatelifeky.org

4. Tell your family & friends how important it is to register now. Be hope!

Do you have questions about registering?

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Give Hope to people like Megan.



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