

KBN

Spring 2016
Edition 47

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Official Publication of the Kentucky Board of Nursing



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Respiratory Step Down

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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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As of March 30, 2016 KBN records show:

RN Active: 67,033

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Advanced Practice

Registered Nurses: 6,489

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PRESIDENT'S MESSAGE

I am continually amazed how time quickly passes. Soon the Kentucky Board of Nursing (KBN) Nominating Committee will be meeting to prepare for the election of officers during the April 2016 Board Meeting. Officers include the president, vice-president, secretary, and financial officer. It has truly been an honor to serve the Commonwealth and its public as the president of the KBN this past year. I offer my sincere thanks to the Board Members for their time, effort, and commitment to fulfill the mission of KBN to protect the well-being of the public by development and enforcement of state laws governing the safe practice of nursing, nursing education, and credentialing.

The Board consists of 16 members who serve four-year terms. The term begins July 1 and ends June 30. Each year four Board members' terms expire. These Board vacancies may be replaced by the same individual or by a new Board member. There are four Board Members including myself whose terms expire June 30, 2016. I would like to recognize the three other Board Members for their exemplary service.

John Nordgauer, LPN graduated with a certificate in practical nursing. He has worked in a variety of settings in several states. John is currently employed in nursing at Boys and Girls Haven in Louisville, KY as a LPN primarily responsible for quality assurance. John states, "Being a Board member has been a wonderful educational experience, and I certainly appreciate the opportunity to help ensure public safety through nursing regulation." John is a member of the Kentucky Licensed Practical Nurses Organization and was appointed representing this organization. He is currently serving as chairperson of the Consumer Protection Committee as well as serving on the Education Committee, KBN Connection Editorial Committee, and hearing panels. His continuing willingness to effectively serve where needed has been beneficial to the Board.

Dina Byers, PhD, APRN, ACNS-BC was nominated by the Kentucky Nurses Association (KNA) representing APRN practice. Dina has served as chairperson of the Practice Committee, is currently chairperson of the APRN Council, and serves as a member of the Practice Committee, Controlled Substances Formulary Development Committee, and on hearing panels. Using her experience in advanced practice nursing, nursing education, and nursing research Dina adds insightful perspectives in the decision-making process as a Board member. Dina is an associate professor of nursing at Murray State University and has published numerous peer-reviewed articles.

Sonia Rudolph, APRN is a Family Nurse Practitioner and Nursing Division Chairperson at Jefferson Community and Technical College in Louisville, KY. Sonia's continuing "hands-on" nursing practice provides current knowledge that offers direction as she chairs the Practice Committee. She has also served on other KBN Committees. Her willingness to serve on many hearing panels is appreciated. Sonia, as a KNA member, was nominated by that association to represent practice on the KBN.

As my term expires, I also express my appreciation to the Board Staff. The Board staff are called upon to carry out the day-to-day operations of the agency. Without their expertise and diligence, the work of the Board would not be accomplished. Again, it has been an honor to be President of this dedicated and talented Board of Nursing.

A handwritten signature in cursive script that reads "Gail L. Wise". The ink is dark and the signature is fluid and legible.

Dr. Gail Wise, EdD, MSN, RN
President, Kentucky Board of Nursing



EXECUTIVE DIRECTOR'S MESSAGE

Dear Colleagues in Nursing and Others,

Frequently, I am asked by nurses, other healthcare professionals, legislators, government officials and the public to describe the Board's function. Simply put, the mission of KBN is to **protect the public** by development and enforcement of state laws governing the safe practice of nursing, nursing education and credentialing.

The Kentucky Board of Nursing (KBN) is the state government agency that has legal authority pursuant to KRS Chapter 314 (*Kentucky Nursing Laws*) (<http://www.lrc.ky.gov/Statutes/chapter.aspx?id=38813>) to:

- issue licenses (by examination, endorsement, reinstatement and renewal) to applicants for licensed practical nurse, registered nurse and advanced practice registered nurse licensure;
- regulate the scope of licensed practical, registered and advanced registered nursing practice;
- regulate preclicensure nursing programs;
- investigate complaints against applicants for licensure, licensed nurses and dialysis technicians;
- impose disciplinary action against applicants for licensure, licensed nurses; and dialysis technicians when violations of KRS 314 are proven;
- monitor nurses practice while on probation or while participating in the KARE for Nurses Program;
- administer programs such as the Nursing Incentive Scholarship Fund (NISF) and the alternative to disciplinary action program, the KARE for Nurses Program; and
- issue credentials to qualified dialysis technicians, and sexual assault nurse examiners.

It is within the purview of nursing professional organizations to **promote and advocate** for the profession, articulate standards of nursing practice and address other professional nursing related matters. In the Commonwealth, the Kentucky Nurses Association (KNA), KY Licensed Practical Nurses Organization (KLPNO), KY Coalition of Nurse Practitioners and Nurse Midwives (KCNPNM), the KY Association

of Nurse Anesthetists (KyANA) and the KY Organization of Nurse Leaders (KONL, formerly known as KON Executives) are among the various organizations that represent and advocate for registered nurses, licensed practical nurses and advanced practice registered nurses.

All too frequently, KBN's authority and mission is confused with that of nursing professional organizations. **The Board serves to protect the recipients of nursing care, the public, across settings and locations, both urban and rural, in the Commonwealth.**

Who makes up the Board of Nursing? The Board is comprised of sixteen members appointed by the Governor to function in that capacity. Board members are appointed for a four year term. According to KRS 314.121(1):

- (a) Nine members shall be registered nurses licensed to practice in the Commonwealth, with the Governor ensuring that the appointees represent different specialties from a broad cross-section of the nursing profession after soliciting and receiving nominations from recognized specialty state component societies;
- (b) Three members shall be practical nurses licensed to practice in the Commonwealth;
- (c) One member shall be a nurse service administrator who is a registered nurse licensed to practice in the Commonwealth;
- (d) One member shall be engaged in practical nurse education who is a registered nurse licensed to practice in the Commonwealth; and
- (e) Two members shall be citizens at large, who are not associated with or financially interested in the practice or business regulated.

I recently received an email from a licensee inquiring as to how they might be able to serve on the Board. KRS 314.121 (3) (a)-(g) specifies the organizations authorized to submit nominations to the Governor for possible appointment to the Board.

The organizations which submit RNs for potential appointment are KNA, KONE (now known as KY Organization of Nurse Leaders), KY Association of Health Care Facilities, and KY Association of Nonprofit Homes and Services for the Aging (now known as Leading Age KY). The KY Licensed Practical Nurse Organization submits LPN nominations to the Governor.

The statute further identifies the qualifications for each RN and LPN member of the Board which includes being a United States citizen; a resident of KY; and a graduate of an approved school of nursing. The nominee must hold a RN or LPN license in KY and have had at least five years of experience in nursing, three of which shall immediately precede their appointment.

Five members shall be engaged in nursing practice; three shall be engaged in nursing education; and one shall be engaged in advanced practice registered nursing and one shall be in nursing administration.

I provide this information as you may have considered pursuing this form of public and professional service. Should that be the case, please contact the respective organizations listed above for more information about their nomination processes for potential Board of Nursing appointment by the Governor.

I am pleased to announce that KBN has welcomed several new staff since the last issue of the *KBN Connection*. They include Jennifer Wilson RN and Wendy Johnson RN as Nurse Investigators; and Joanna Neubert as Human Resources (HR) Manager. Also, we bid farewell and best wishes to Sandra Coffey who served as the former HR Manager.

Best Regards,

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INTRODUCTION OF KBN MEMBER



Natalie Tate, LPN, is serving her second term as a Board member. She was appointed to her first term by Governor Beshear in March 2011.

Mrs. Tate graduated from her Practical Nurse education program in 1979; at that time it was a one (1) year program. She

has practiced full time since then, totaling over 37 years. Her practice over the years included working in a wide variety of clinical areas. She began her career in the newborn nursery/post-partum area. Natalie also worked on the orthopedic and surgery floors, as well as, with home hospice care for 11 years. In addition, she has also worked for an individual providing private duty nursing care to a child with a traumatic brain injury. She is currently employed with Lourdes Home Care. Natalie describes her nursing practice as not only taking care of many different generations but also having the opportunity to see life begin and the privilege of caring for those at the end of life.

As a member of the Kentucky Licensed Practical Nursing Organization, she was requested to have her name submitted to the Governor for appointment to the Board. Subsequently, Natalie met all the qualifications to serve and was selected for appointment. She has served on various Board Committees and hearing panels, and is thanked for her many contributions while serving as a Board member.

Natalie describes her service on the Board of Nursing as "... a very enriching experience, and I encourage all nurses to consider it at some point in their career..."

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NURSE EXTERNS – CULTIVATING THE NEXT GENERATION OF NURSES

Every day across the Commonwealth unlicensed personnel provide a vital component to achieving high quality care for Kentucky citizens. A significant portion of these unlicensed personnel are either current nursing students or are interested in pursuing nursing as a career. Many organizations wish to take advantage of the opportunity to assist unlicensed personnel in developing as care providers through a variety of avenues including but not limited to onsite educational offerings; tuition reimbursement; and/or offering them opportunities to further develop their clinical skills when appropriate. This is particularly true for organizations that employ nursing students who have completed clinical rotations and been deemed competent in certain nursing tasks by their schools of nursing.

For many years the Board has received inquiries regarding appropriate utilization, employment, and delegation of acts to individuals who are employed as nursing personnel and are coincidentally enrolled in or have completed a portion of a prelicensure nursing education program. In addition, employers have expressed interest in developing positions and job descriptions whereby these individuals can gain additional clinical practice to enhance their preparation as future licensed nurses, and also be recruited as future licensed nursing staff.

While the Board strongly supports the development of employment opportunities which would enhance the experiential preparation of prelicensure nursing students, the Board must assure that safe and effective nursing care is provided for the citizens of the Commonwealth, and enforce the statutes governing nursing licensure, education and practice. The Board issued Advisory Opinion Statement (AOS) #18 Employment of Nursing Students As Nursing Personnel Using Either an Academic or a “Nurse Extern” Service Model to assist nurse leaders and organizations in pursuing these opportunities. It is the advisory opinion of the Board that these employment opportunities and goals could be accomplished through various models,

including an independent study academic course model or a “nurse extern” or service model as described in AOS #18.

Foundations of an Academic or “Nurse Extern” Model

Regardless of the model utilized, there are key components that must be understood by all who may participate in these models including leadership, preceptors, nursing schools and students. These key components include:

- **Supervision:** The nurse extern would provide nursing assistance under the continuous, direct, onsite supervision of a registered nurse. The nurse should be immediately available and assigned to the unit with the employee. A licensed practical nurse may participate with the registered nurse in providing supervision of a practical nursing student/extern.
- **Clear definition of routine duties:** If qualified, the nurse extern may perform acts that are routinely a part of any nursing assistant’s job description.
- **Value added experiences:** Nurse externs may also perform additional acts that have been taught in their nursing education program provided that they are individually educationally prepared and clinically competent to perform the acts.
- **Verification of qualifications:** The employer should verify current enrollment of the student in nursing school and have the employee/student provide an official copy (sent by the school directly to the employer) of the student’s skills performance evaluation documenting the skills that the student has successfully completed in his/her program of nursing.
- **Verification of competency:** It is incumbent upon the employer to independently verify and document the competencies of the student to successfully perform the acts that are included in a nurse extern position description.

Position Description

The position description may include the performance of specific acts to directly assist the supervising nurse in accordance with 201 KAR 20:400, Delegation of Nursing Tasks and in accordance with facility policy:

- It may include withdrawal of blood specimens via phlebotomy as long as solutions are not injected in a patient during the process
- The administration of medications³
- Receipt of verbal orders

Revisions- February 2016

AOS #18 was revised in February 2016 as follows:

“The position description may include the placement of IV infusion devices under the direct supervision/immediate presence at the bedside of the supervising nurse.”

Nurse externs may not substitute for licensed nursing staff.

Nursing externs may not be required to independently assume the role, function or responsibility of licensed personnel.

The opportunity to utilize nursing students in the extern model is valuable to both students and organizations. It is important that the model be implemented in accordance with the guidelines of the opinion statement to ensure safe patient care and an optimal experience for the student. AOS #18 may be found in its entirety on the Board’s website at: <http://kbn.ky.gov/practice/Documents/aos18.pdf>.

³ Based on 902 KAR 20:016 governing the operations and services of hospitals, only nurses, physicians, dentists, physician assistants or paramedics shall administer medications in hospitals. Based on 902 KAR 20:048 governing the operation and services of nursing homes, select medications may be administered by a qualified medication aide (medication technician) under the supervision of a nurse. If a nurse extern is qualified as a medication aide, then the extern may administer medications in that capacity if permitted by the employing facility.

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KASPER TIPS: MORPHINE EQUIVALENT DOSE AND NALOXONE INFORMATION ON KASPER REPORTS

By **David R. Hopkins and Jill E. Lee, R.Ph.**
*Office of Inspector General
Kentucky Cabinet for Health and Family Services*

In an effort to provide prescribing practitioners and pharmacists with additional information to help reduce the risk of controlled substance abuse and unintended overdose deaths, KASPER patient reports have been enhanced to provide Morphine Equivalent Dose (MED) information. The new change took effect December 3, 2015. The MED information is included to assist prescribing practitioners and pharmacists with their opioid prescribing or dispensing decision, and is not intended to limit opioid prescribing or dispensing, or to replace prescribing practitioners' and pharmacists' professional judgment on how to treat their patient.

The daily Morphine Equivalent Dose is shown for each opioid prescription record and indicates the morphine milligram equivalent value assigned to the daily opioid dose. The daily MED is calculated using a conversion formula from the U.S. Centers for Disease Control and Prevention (CDC), and is a measure that equates different opioid potencies (based on route and dose) to a standard morphine dosage equivalent. This information makes it easier for healthcare providers to determine whether the amount of opioid medications the patient is receiving could place the patient at a greater risk of a drug overdose.

If the KASPER report contains opioid prescription records, at the top of the KASPER patient report users will now see an Active Cumulative Morphine Equivalent (ACME) number. This information will not be included on reports showing "No records found." The ACME number represents the daily MED level for active opioid prescriptions in effect for the patient on the last day of the date range selected for the report request (the "To Date"). Underneath the ACME number will be a chart showing the MED for each day included in the report date range overlaid upon a 100 MED baseline. All prescription records (opioid and non-opioid) that are active as of the "To Date" of the report are now highlighted in bold text. It is important to note that the ACME is calculated based on prescription data reported to KASPER only and does not include prescription data from other states that may be included on the KASPER report as a result of the user requesting data from other states.

If the report contains opioid prescription records, the last page of the report will

provide information regarding the MED and ACME calculations. A table of opioid morphine equivalent conversion factors is available on the KASPER public web site: www.chfs.ky.gov/KASPER.

If the ACME is 100 or greater, a warning symbol will appear along with a note that

increased clinical vigilance may be appropriate. This warning threshold was established by consensus of the KASPER Advisory Council members based on a recommendation from the Kentucky Injury Prevention and Research Center. According to the CDC, a patient with a daily MED level of 100 or greater



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has an overdose risk nine times higher than a patient with a level of 20 or less. For patients with an ACME of 100 or greater, the last page of the report will also include information and links to additional resources about naloxone prescribing and dispensing to help in situations where a provider believes the patient may be at risk of an overdose. The Kentucky Board of Medical Licensure advises that when a patient's MED level reaches the 100 threshold, prescribers are expected to increase safeguards (such as increased monitoring and the use of naloxone) and that ongoing treatment be supported by increased documentation of clinical reasoning.

Naloxone is an opioid antagonist medication that can be used to counter the effects of an opioid overdose if administered in time. Kentucky statutes allow licensed health-care providers to prescribe or dispense naloxone by a standing order to an individual or to a third party capable of administering the drug for an emergency opioid overdose. For additional information regarding naloxone prescribing and dispensing refer to Kentucky statute KRS 217.186 (<http://www.lrc.ky.gov/Statutes/statute.aspx?id=44004>). The American Medical Association encourages physicians to co-prescribe naloxone to a patient or prescribe naloxone to a family member or close friend when it is clinically appropriate and provides guidance at: <http://www.ama-assn.org/ama/pub/advocacy/topics/preventing-opioid-abuse/increase-naloxone-access.page>.

Questions for prescribing practitioners to consider before co-prescribing or prescribing naloxone:

- Is my patient on a high opioid dose?
- Is my patient also on a concomitant benzodiazepine prescription?
- Does my patient have a history of substance use disorder?
- Does my patient have an underlying mental health condition that might make him or her more susceptible to overdose?
- Does my patient have a medical condition, such as a respiratory disease or other co-morbidities, which might make him or her susceptible to opioid toxicity, respiratory distress or overdose?
- Might my patient be in a position to aid someone who is at risk of opioid overdose?

The Drug Enforcement and Professional Practices Branch staff is available to help with any questions regarding the Morphine Equivalent Dose information. For support please contact DEPPB at (502) 564-7985.



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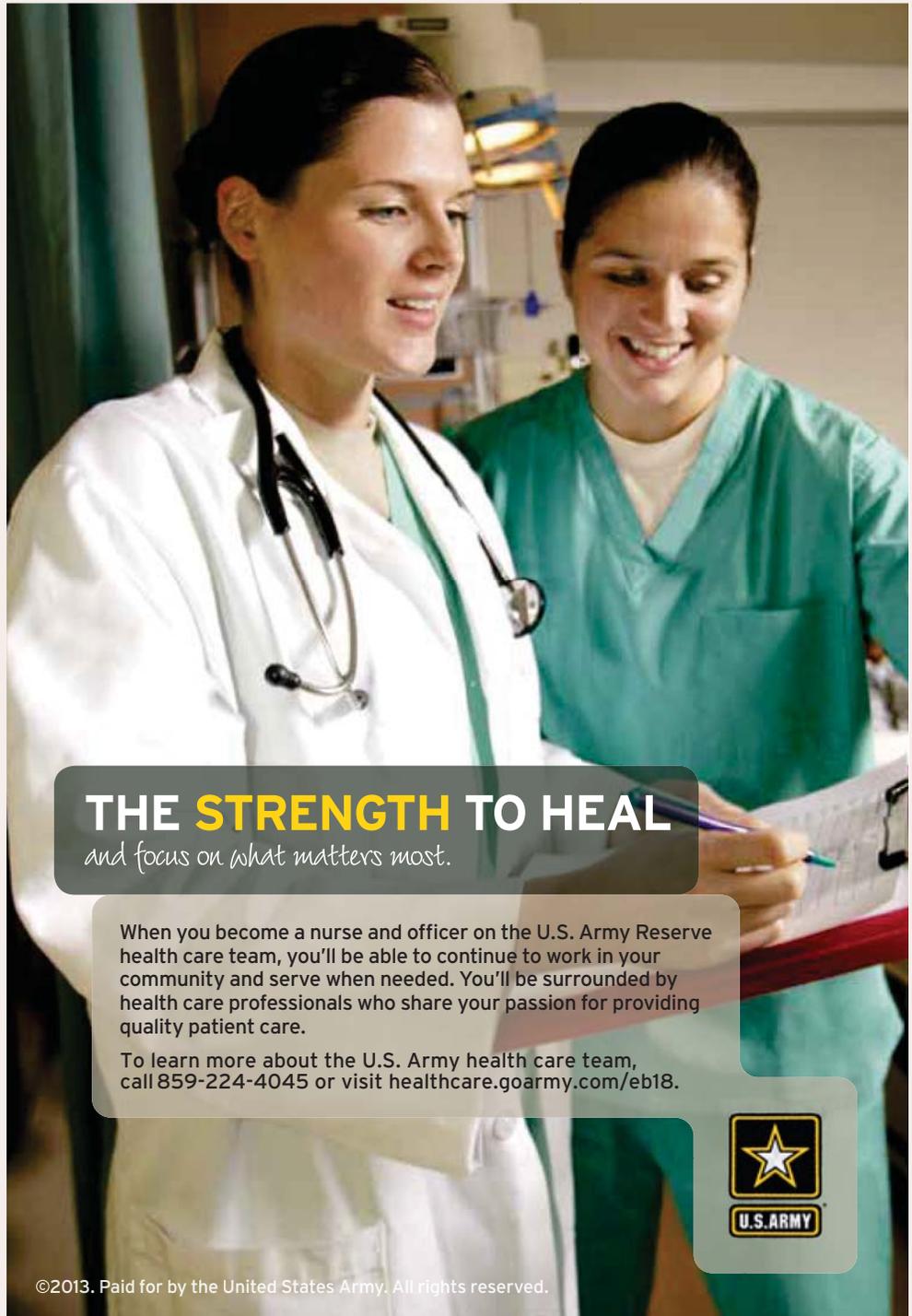
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IDENTIFYING YOUR APRN PRECEPTORS



Start early in your graduate program to plan for your clinical experiences. Identify what you are seeking to accomplish and what the objectives are.... for yourself and your APRN program.

Work with your school and your faculty to make the best decision possible for you. If you have identified APRN(s), a physician, or a PA with whom you would like to have a relationship as a preceptor, develop that relationship early. Speak with them about the possibility of working with them as a student APRN for your clinical experience(s). Bring that person's name to your APRN program for vetting. Your school has identified and developed relationships with providers who are willing to be preceptors. However, the list may be short, the preceptors may already be committed, or the preceptor may not be a great fit for you. Additionally you may have to be flexible where you obtain your clinical experience. Preceptors don't just practice within 5 miles of your home. Make sure the preceptor understands your role and teaches you skills and procedures that are within your scope of practice in the role and population focus for which you are preparing.

Kentucky-based APRN programs of nursing have been approved by the KBN. The programs must also comply with KY Administrative Regulations (KAR) issued by KBN. An excerpt from **201 KAR 20:062 Standards for advanced practice registered nursing (APRN) programs of nursing** requires the following:

"Section 4. Preceptor Standards. In addition to the standards of the national

nursing accrediting body, the APRN program shall comply with the preceptor standards established in this section. (1) The APRN program shall secure all necessary preceptors to students enrolled in the program. A student shall not be required to obtain their own preceptor, but may have input into the process.

(2) During the student's enrollment in the program, the student shall have some clinical experience with a preceptor who is an APRN with the same role and population focus for which the student is preparing.

(3) The preceptor who is an APRN shall have at least one (1) year of clinical experience in the role and population focus for which the student is preparing.

(4) (a) A physician or a physician assistant (PA) may serve as a preceptor.

(b) The physician or PA who serves as a preceptor shall have at least one (1) year of clinical experience and shall practice in the same or similar population focus for which the student is preparing.

(5) A preceptor shall not precept more than two (2) students at a time.

(6) The APRN program shall have a written plan for orienting and evaluating a preceptor.

(7) This section shall become effective on January 1, 2016."

Talk with your program coordinator or communicate with the KBN APRN Education and Practice Nurse Consultant, pamelac.hagan@ky.gov, (502-429-7181) if you have questions.

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KBN CONGRATULATES PROGRAMS OF NURSING WITH A 100% NCLEX PASS RATE

The Kentucky Board of Nursing congratulates twenty-two Kentucky programs of nursing on achieving a 100% NCLEX pass rate in 2015. The programs are listed below by degree type. Several programs have consecutive years of 100% pass rate and the years are also listed below. Congratulations to these programs and their graduates.

BACCALAUREATE DEGREE PROGRAMS

- Berea College
- Morehead State University
- Thomas Moore College

ASSOCIATE DEGREE PROGRAMS

- Eastern KY University
- Hazard Community & Technical College, Jackson/Lees Campus, 2015
- Maysville Community & Technical College, Cynthia/Licking Valley Campus
- Southeast KY Community & Technical College, Cumberland Campus, 2014 & 2015
- Southeast KY Community & Technical College, Pineville Campus
- University of Pikeville
- Western KY University, Glasgow Campus, 2015 & 2016

PRACTICAL NURSING PROGRAMS

- Big Sandy Community & Technical College, Paintsville Campus, 2014 & 2015
- Elizabethtown Community & Technical College, 2009 through 2015
- Hazard Community & Technical College, 2013 through 2015
- Henderson Community College, 2014 & 2015
- Hopkinsville Community College
- Maysville Community & Technical College, Mt. Sterling/Montgomery Campus, 2013 through 2015
- Maysville Community & Technical College, Maysville Campus
- Somerset Community College, Albany/Clinton Campus
- Somerset Community College, Laurel/London Campus
- Somerset Community College, Somerset Campus, 2009 through 2015
- Southeast KY Community & Technical College, Cumberland Campus

- West KY Community & Technical College, Murray Campus, 2009 through 2015

The 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://ky.gov/education/pon/school/nclex.htm> and click on the NCLEX pass rate link.

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IMPORTANT TIPS IN CHOOSING AN APRN NURSE PRACTITIONER PROGRAM

There are many factors to consider as you begin the process of choosing an APRN program. These include deciding the type of degree you wish to pursue, MSN or DNP, and teaching format, bricks and mortar or online/distance learning. It is important that you do your “due diligence” in identifying the program that is the best fit for you and meets Kentucky licensure requirements. In this issue of the *KBN Connection* are some tips to assist in the process.

#1 Program focus: The type of program you choose will affect your practice setting and the type of role in which you may be employed. Choose wisely – find a program that prepares you for what you want to be doing for the next 10 years or more.

- If you currently work in ICU and enjoy the “adrenalin rush” when intervening in acute, crisis-type situations, will you miss working in the ICU/acute care setting and caring for those critical, unstable patients. If you choose a primary care role (FNP) will you be satisfied to work in a primary care setting and take care of chronic illnesses and conditions and help maintain one’s health? Perhaps you should consider Acute Care Nurse Practitioner programs in either pediatric or adult-gerontology populations.
- Do you enjoy building ongoing relationships with your patients and thrive on helping them be healthy, involved in chronic disease management and keeping them out of a crisis situation, then maybe the Family Nurse Practitioner or other primary care roles will be for you.
- Take the time to find a program that meets your needs and your desires, not just one that may be geographically close.

#2 Accreditation counts: Ensure your proposed program is nationally accredited.

- KBN accepts graduates of nationally accredited programs for APRN licensure. Search the university or school’s website for “accreditations and approvals” looking for national accrediting bodies such as CCNE – Commission on Collegiate Nursing, ACEN – Accreditation Commission for Education in Nursing, or a new accrediting body which will be launched in the near future CNEA – Commission for Nursing Education Accreditation.
- An accredited program will offer three distinct courses in advanced pathophysiology, advanced physical assessment, and advanced pharmacology.
- You will also be required to complete at a minimum, 500 clinical hours with a qualified preceptor.

#3 Clinical pearls: Plan early for obtaining your clinical hours with a qualified preceptor and remember you are not alone in your clinical setting.

- APRN programs in KY shall secure all necessary preceptors to students enrolled in the program. A student shall not be required to obtain their own preceptor, but may (and should) have input into the process.
- You may find yourself scrambling if you don’t work with your APRN program to identify appropriate preceptors early enough in the educational process. The purpose of your clinical hours is to apply your knowledge and develop competence in your population focus to ensure you can practice safely and competently.
- Some of your clinical hours shall be with an APRN preceptor who is edu-

cated, certified, and licensed with at least one (1) year of clinical experience in the role and population focus for which you are preparing.

- Qualified physicians and physician assistants who serve as preceptors shall have at least one (1) year of clinical experience and shall practice in the same or similar population focus for which you, the student, are preparing. Experiences with interdisciplinary providers will meet part of your clinical hour requirements.

#4 Special considerations for on-line/distance education

If you are utilizing an on-line program for your education, you should determine if your program has been approved by the KY Council on Postsecondary Education (CPE) in order to determine if your “out-of-state” institution is licensed to operate in KY <http://dataportal.cpe.ky.gov/acadprog.aspx>. The CPE licenses not-for-profit postsecondary education institutions and for-profit baccalaureate degree granting institutions to protect bona fide institutions and citizens of the Commonwealth from fraudulent practices, unfair competition, and substandard educational programs.

CPE approval includes private colleges located in Kentucky, private colleges located outside of Kentucky but which operate in Kentucky, and public colleges located outside of Kentucky but which operate in Kentucky, to ensure that out-of-state APRN programs are in compliance with KY CPE requirements per 13 KAR 1:020. http://kbn.ky.gov/pon_resources/Pages/out-of-state-programs-seeking-to-utilize-kentucky-clinical-sites.aspx