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Edition 26

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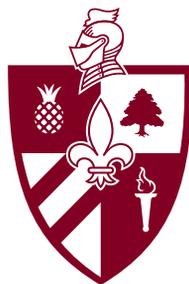
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KBNursing CONNECTION

Winter 2010, Edition 26

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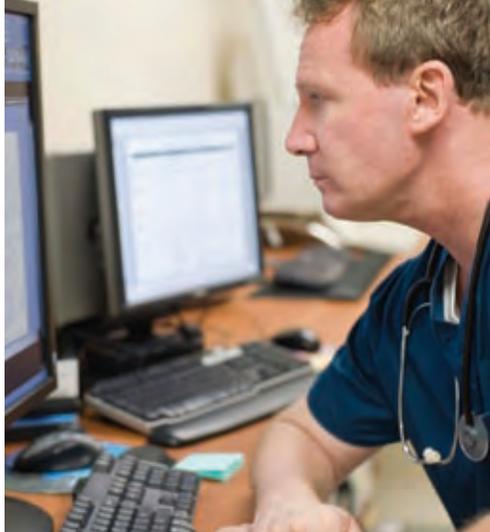
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Statistics Corner

As of November 7, 2010, KBN records show:

RN Active: 55,579
LPN Active: 13,943
Adv. Reg. Nurse Practitioners: 3,910
Dialysis Technicians Active: 518
SANE Active: 224

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EXECUTIVE DIRECTOR'S MESSAGE

The Future of Nursing

On October 5, the Institute of Medicine (which is the health advisory arm of the National Academy of Sciences) issued a landmark report titled *the Future of Nursing - Leading Change, Advancing Health*. Commissioned by the Robert Wood Johnson Foundation, the report comes from two years of study by healthcare and policy experts who reviewed scientific literature and information gathered from stakeholders through a series of national public forums. The report identifies nurses as being key to the future health and welfare of the nation. However, it also makes the strong pronouncement that nurses and nursing are prevented from responding effectively to an evolving healthcare system due to a variety of barriers ranging from restrictive educational models to regulatory, legislative, and policy barriers that prevent full scope of practice. The discussion and recommendations which appear in this 562-page report are comprehensive and provide a dynamic framework for action in all aspects of practice, policy and leadership. Much of the report is available free of charge from the National Academy's website (www.nap.edu/catalog.php?record_id=12956#toc).

The report contains four major recommendations –

1. Nurses should practice to the full extent of their education, training and licensure.

Advanced practice nurse functions and levels of independence vary significantly by state. The Consensus Model for Advance Practice Nursing is cited as a seminal work in achieving consistent practice parameters across the nation. Congress, and federal entities such as Medicare, Medicaid, and the Federal Trade Commission are also cited as being positioned to promote the reform of barriers to nursing practice at the state level. The important relationship of transition-to-practice programs to nurse retention is also noted.

(Note: The APRN Consensus Model has been adopted by the Kentucky Board of Nursing and much of the model language is now incorporated into our statutes and regulations.)

2. Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.

A significant increase in the number of nurses with baccalaureate, masters and doctoral degrees is required to care for patients with increasingly complex care needs, to provide leadership and policy development in the healthcare arena and to provide a cadre of educators as faculty to the next generation of nurses.

3. Nurses should be full partners, with physicians and other health professionals, in redesigning health care in the United States.

If they are to provide effective care and decision making, nurses must “be accountable for their own contributions to delivering high quality care and work collaboratively with leaders from other health professions.”

4. Effective workforce planning and policy making require better data collection and an improved information infrastructure.

Projected nurse workforce requirements cannot be accurately determined in the absence of ongoing collection of accurate data.

The actions detailed in this Institute of Medicine report will not be accomplished easily; indeed, implementing the recommendations and sub-recommendations is sure to meet with opposition from a number of sectors. Change will require strategic planning and collaboration among nurses, as well as collaboration between nurses and all stakeholders in the healthcare arena. I hope that you, Kentucky's nurses, will read the executive summary and/or the full report and that you will decide to be active participants in bringing about the changes that are illustrated in this excellent roadmap to the future. There are over 70,000 nurses in Kentucky - imagine the changes that could be accomplished by a group of that number if they joined together in a concerted effort.

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



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Nursing Student



Jennifer Jones
Nursing Student



PRESIDENT'S MESSAGE

This message comes with holiday greetings from your Kentucky Board of Nursing. May each of you find some

time during this festive season to enjoy family and friends and celebrate the holidays with your personal beliefs and customs.

In this article, I want to share with you some current developments since our fall publication. In October, I had the privilege to speak at the annual KNA conference in Louisville. I was asked to share the latest developments regarding the "Transition to Practice" regulatory model proposed by the National Council of State Boards of Nursing (NCSBN). As many of you know, there has been much interest in assisting new nurse graduates during their first year of practice as they transition into various practice settings. While proposed as a regulatory model, there has been no formal decision to adopt it as such, but rather to conduct an in-depth, two-year research study. The NCSBN research study will have two phases. Phase one will begin in 2011 with RNs in hospital settings, followed by phase two in 2012 with both RNs and LPNs in various practice settings.

The primary research objective is to determine whether newly licensed nurses' participation in the transition model improves patient safety and quality outcomes.

While we won't know the results of this national study for some time, we are pleased that many state boards of nursing agree with educators and practice stakeholders that we need to do better in transitioning and retaining our new nurse graduates. Three states will be chosen as pilots for the study, and 25 varied practice settings within each state will be represented. For more information on this model, you can access the NCSBN website (www.ncsbn.org/363.htm).

As many of you know, Kentucky has two current regulations in place governing the entry into practice for new graduates: the Clinical Internship and the Integrated Practicum. Because of these regulations (KRS 314.041 and KRS 314.051), the KBN decided not to volunteer as a pilot state for the NCSBN research pilot study. With renewed interest in how to best transition new graduates with recent licensure, the Board at its regular October meeting decided to appoint a task force of various members from education and practice as well as consumers and KBN representatives to begin looking at these current regulations. Designed primarily as protection for new graduates, as well as consumers, the mandatory 120-hour clinical internship (direct, supervised patient care) was intended to provide the new graduate with supervised clinical practice with a licensed nurse before receiving a license. The task force will be appointed in December and convene after the first of the year. As a point of interest, we have licensed 2,904 new nurse graduates for 2010. Of those, 2,142 are RNs and 762 are LPNs.

On another note, congratulations are in order for one of our KBN Board members, Beth Partin, RN, ARNP. Beth received one of the KNA's "Nurse of the Year" awards. Additionally, Beth has been appointed to serve on the Medicaid Advisory Committee for a four-year term. Kudos to Beth!

Concluding another year always comes with reflection and feedback for what we have accomplished, whereas 2011 provides many opportunities for us to re-evaluate and set new goals. On behalf of your Board of Nursing, may our future endeavors be positive for accomplishing our mission!

Happy New Year!

Carol A. Komara, RN, MSN

Esthetician Licensure in Kentucky

by **Charles Lykins**, Executive Director, Kentucky Board of Hairdressers and Cosmetologists

Note: The Kentucky Board of Hairdressers and Cosmetologists licenses estheticians. Charles Lykins, Executive Director of that Board, asked the Kentucky Board of Nursing (KBN) to publish the following information about esthetician licensure in Kentucky. For information

on nurses performing cosmetic and dermatological procedures, please refer to KBN Advisory Opinion Statement (AOS) #35. This AOS may be accessed via the KBN website (www.kbn.ky.gov/practice/aos/aosindex.htm). -- **Nathan Goldman**, KBN General Counsel

Anyone holding herself or himself out as an esthetician shall be licensed by the Kentucky Board of Hairdressers and Cosmetologists. Anyone holding herself or himself out as an esthetician shall practice in a place licensed as an esthetic salon by the Kentucky Board of Hairdressers and Cosmetologists. An esthetic salon owned by an individual not licensed as an esthetician shall be managed at all times by an esthetician. Esthetician and esthetic salon licenses are renewed in July of each calendar year. An esthetician must complete six (6) hours of appropriate continuing education to renew a license.

An esthetician may give facials or skincare, tweeze or wax, apply makeup or cosmetic preparations, and provide preoperative or postoperative skincare referred or supervised by a medical professional.

An esthetician may give facials or skincare, tweeze or wax, apply makeup or cosmetic preparations, and provide preoperative or postoperative skincare referred or supervised by a medical professional. An esthetician practicing **under the immediate supervision of a licensed physician** may perform Botox or collagen injections, laser treatments, electrolysis, tattooing, permanent makeup, microdermabrasion or piercing. Visit our website (www.kbhc.ky.gov) for further information.



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APRN CONSENSUS MODEL: Frequently Asked Questions

by **Sharon Eli Mercer, MSN, RN, NEA, BC**, *Nursing Practice Consultant* and **Charlotte Beason, Ed.D., RN, NEA**, *Executive Director*

As the Kentucky Board of Nursing (KBN) has publicized before, we are in the process of implementing the national Advanced Practice Registered Nurse (APRN) Consensus Model. Many authorities point to the advanced practice role as being essential to providing safe and expert healthcare to individuals across the country. An Oct. 5, 2010, report released by the Institute of Medicine (IOM) recommends a variety of stakeholders - from state legislators to the Centers of Medicare and Medicaid Services to the Congress - to ensure that nurses can practice to the full extent of their education and training. The role of the APRN is also essential to Kentucky, particularly as various national healthcare reform initiatives are implemented in the state. The KBN has received a number of inquiries about the proposed changes. The most frequently asked questions are:

Why change ARNP to APRN?

Advanced Practice Registered Nurse (APRN) is a nationally accepted title. The current title of Advanced Registered Nurse Practitioner (ARNP) is confusing, since not all advanced practice nurses are nurse practitioners.

When should I change my title to APRN?

The Advanced Registered Nurse Practitioner (ARNP) title will change to Advanced Practice Registered Nurse (APRN) on Jan. 10, 2011. The KBN licensure web validation system will change to validation of APRN on Jan. 10, 2011. APRNs will receive new licensure cards by Mar. 2011.

Why require education and certification in population foci instead of a specialty?

The six population foci were defined in a national agreement among educators, accreditors, the National Council of State Boards of Nursing and credentialing bodies. Boards of Nursing across the

country are now implementing this common licensing process.

The foci are:

- Family or individual across the lifespan
- Adult health and gerontology
- Neonatology
- Pediatrics
- Women's health and gender-related health; and
- Psychiatric mental health

Education in the six population foci will ensure a more generalist practitioner across the lifespan of the patients in the APRN practice. This generalist education will better meet the evolving healthcare needs. The advanced nurse will need to obtain certification in one of the population foci in order to be licensed as an Advanced Practice Registered Nurse in Kentucky.

What if I currently hold certification in an area that is not one of the six foci?

ARNPs who now hold *registration* in a specialty currently recognized by KBN can continue to be *licensed* as an APRN in that same specialty as long as their certification and Kentucky APRN licensure remains current. Should the certification or KY APRN licensure lapse after the new regulations become effective, the advanced practice nurse will only be eligible for licensure in one of the six population foci.

What is the difference between KBN's current registration of advanced practice nurses and licensure of advanced practice nurses?

On Jan. 10, 2011, KBN will move from "registering" to "licensing" advanced practice nurses. Licensure status reflects a higher level of credentialing which is consistent with the activities the Board now performs, such as reviewing education and credentials of the advanced practice nurse. Under the licensure model,

KBN will continue to review credentials in the same way. New to the process, APRNs will be issued a license and license number unique to their advanced practice and separate from the RN license number. The APRN license number can be validated on the KBN website beginning Jan. 10, 2011, and the license number will be listed on new APRN license cards.

Will a doctorate be required as entry education level to Advanced Practice Registered Nurse (APRN)?

The Kentucky Board of Nursing has NO regulation pending that mandates a doctorate as entry education level for APRNs. The nurse may wish to contact the professional organization or national certifying body to find out if that group plans to require a doctorate in order to sit for their certifying examination. KBN does not require national certification in one of the population foci from a KBN approved certifying organization.

Can I hold APRN licensure in more than one designation and/or in more than one population foci?

An APRN may hold more than one designation and/or APRN licensure in more than one population foci. For each designation and for licensure in each population foci, the APRN must have the appropriate education. An application must be filed for each designation and certification type, and transcripts must be sent to KBN directly from the educational institution. Once approved, the information may be validated online. An APRN will receive only one APRN license number, which will reflect all approved designations and population foci certifications.

Questions regarding APRN licensure may be sent to Joyce Bonick, KBN Credentials Branch Manager (JoyceA.Bonick@ky.gov). APRN practice questions may be sent to Sharon Mercer, KBN Practice Consultant (SharonE.Mercer@ky.gov).

Scope of Licensed Practical Nursing Practice in the Role of Advanced Life Support

It was the advisory opinion of the Board that it is within licensed practical nursing practice for the licensed practical nurse who has received appropriate training and demonstrated competency to provide Basic Life Support activities during a cardio/respiratory arrest situation.

The Board further advised that CPR is a major focus of Advanced Life Support, and can be administered while awaiting arrival of emergency personnel.

Scope of Licensed Practical Nursing Practice in the Administration of Local Anesthesia in a Dental Setting

The Board reaffirmed the advisory opinion issued in June 2004, in part ...

“It was the advisory opinion of the Board that the administration of local anesthesia to dental patients is within

the scope of registered nursing practice for the nurse who possesses the requisite educational preparation and current clinical competency to perform the act in a safe, effective manner. The nurse’s practice should be consistent with the *Kentucky Nursing Laws* and established standards of practice, and be evidence based.”

It is the advisory opinion of the Board that the administration of local anesthesia to dental patients is **not** within the scope of the licensed practical nurse.

ARNP Scope of Practice – Delegation to RNs or LPNs the Handing of Sample Medications to a Patient

It was the advisory opinion of the Board that it is within the scope of the Advanced Registered Nurse Practitioner to delegate to a registered nurse or licensed practical nurse the handing of a sample medication to a patient.



Revision of Advisory Opinion Statements

The following Advisory Opinion Statements were revised 10/2010:

- AOS #9, The Performance of Wound Debridement by Nurses
- AOS #14, Roles of Nurses in the Implementation of Patient Care Orders
- AOS #22, Roles of Nurses Who Provide “Private Duty” Nursing
- AOS #35, Cosmetic and Dermatological Procedures by Nurses

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Violation of Patient Confidentiality

by **Sandy Johanson, RN**, Manager, Consumer Protection Branch

It is the right of every patient to expect that their healthcare and personal information will be protected. Further, it is the duty of every nurse to maintain confidential patient information.

This is addressed in the American Nurses Association (ANA) *Code of Ethics for Nurses*, Provision 3.2, which provides: "The standard of nursing practice and the nurse's responsibility to provide quality care require that relevant data be shared with those members of the health care team who have a need to know. Only information pertinent to a patient's treatment and welfare is disclosed, and only to those directly involved with the patient's care."¹ Failure to do so is in direct violation of the Health Insurance Portability and Accountability Act (HIPAA).

The Board of Nursing has an Advisory Opinion Statement (AOS), #34, related to the role of the nurse in maintaining confiden-

Protect your license - protect the rights of your patient!

tiality of patient information and it includes ANA's position on confidentiality.

Over the past several years, the Board has received an increased number of complaints related to nurses who violate patient confidentiality. The complaints have included accessing a patient's medical record when the patient was not assigned to the nurse, making copies of portions of a medical record and/or discussing a patient with another individual who is not involved in the care of the patient, and posting information on Facebook regarding a patient. The Board has also received complaints in which a

nurse has obtained protected information of a patient, such as a social security number or date of birth, and used this data in an illegal manner.

Given the seriousness of these complaints, Chapter 314.091 of the *Kentucky Nursing Laws* was amended in July 2010, to include paragraph (n), "has violated the confidentiality of information or knowledge concerning any patient, except as authorized by law." If, after the investigation is complete, the nurse is found guilty of having breached a patient's confidentiality, the nurse's license will be subject to disciplinary action.

Protect your license - protect the rights of your patient!

REFERENCE

- 1) American Nurses Association (2001). *Code of Ethics for Nurses with Interpretative Statements*. Available at <http://www.nursingworld.org/MainMenuCategories/EthicsStandards/CodeofEthicsforNurses.aspx>.

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LET US KNOW: Nurse Appreciation Recognitions

Nurse Appreciation Week is May 6-12, 2011. We invite employers to let us know how you will celebrate Nurse Appreciation Week. Although space is limited, we plan to dedicate a page in our spring edition to highlighting the various ways nurses will be recognized in Kentucky for their valuable contribution to the health and safety of our citizens. Let us know how you plan to say "thank you" to nursing staff by sending an e-mail (kbnwebmaster@ky.gov) by Monday, Feb. 28, 2010.

ABOUT THE COVER

by **Sue Derouen, RN**, Operations Manager

The Norton School of Nursing (also known as the Norton Infirmary), which first opened in 1886, was the first program of nursing in Kentucky and the second in the South. By 1900, the school had graduated 43 nurses, and grew in size until the 90th and final class graduated in 1976. In total, 1,540 nurses graduated from Norton School of Nursing during the 90 years it was in operation. In contrast, in 2010, there are a total of 86 programs of nursing in Kentucky (34 PN, 38 ADN, and 14 BSN). The Kentucky programs of nursing graduated a total of 3,543 nurses in 2009 (1,050 PN, 1,727 ADN, and 766 BSN).

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NURSING EDUCATION: Moving Kentucky into the Forefront of Tomorrow

by **Patricia Spurr, Ed.D., MSN, RN, CNE**, Education Consultant

The Kentucky Board of Nursing (KBN) has sponsored or co-sponsored three conferences in celebration of nurse educators from across the Commonwealth. On Oct. 8, the KBN joined with the Kentucky Nurse Capacity Consortium and the Kentucky Association of Baccalaureate and Higher Degree Programs to explore issues that are influencing nursing education across the commonwealth. The conference, "Nursing Education: Moving Kentucky into the Forefront of Tomorrow," welcomed over 100 educators from across Kentucky to the Carroll Knicely Center in Bowling Green. In addition to education sessions on balancing work and family and mentoring of new faculty members, participants were able to voice

On Oct. 8, the KBN joined with the Kentucky Nurse Capacity Consortium and the Kentucky Association of Baccalaureate and Higher Degree Programs to explore issues that are influencing nursing education across the commonwealth.

suggestions and challenges facing nursing education across Kentucky. Conferences of educators are always exciting times, as everyone asks questions and shares thoughts and ideas with colleagues and speakers.

KBN Furlough Notice

by **Charlotte Beason, Ed.D., RN, NEA**, Executive Director

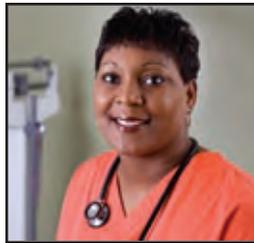
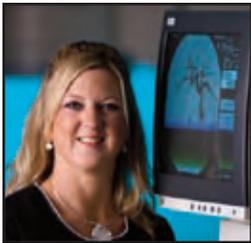
State executive branch employees are to be furloughed during fiscal year 2011 in order to achieve the savings required by the budget passed by the General Assembly. There will be a total of six (6) furlough days which apply to all employees. Three of the furlough days have already occurred.

The Kentucky Board of Nursing office will be closed in compliance with the state's mandated furlough on the following days:

- **March 4, 2011**
- **April 1, 2011**
- **May 27, 2011**

License validation will be available on the above dates from the KBN website (www.kbn.ky.gov) and the NurSys website (www.nursys.com).

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Attention Dialysis Technicians and Dialysis Training Program Administrators

The Kentucky Board of Nursing has amended the administrative regulation that governs the dialysis technician credentialing and training programs, 201 KAR 20:470, *Dialysis technician credentialing requirements and training program standards*.

These changes to 201 KAR 20:470, *Dialysis technician credentialing requirements and training program standards* will be implemented on January 10, 2011.

Below are the substantive changes to this Administrative Regulation:

Section 2. Requirements for Dialysis Technician Credential

4. Provide a criminal record check report from the Kentucky Administrative Office of the Court, CourtNet Disposition System, that is dated within six (6) months of the date of the application.

5. Provide a completed Federal Bureau of Investigation (FBI) Applicant Fingerprint Card and the fee required by the FBI that is within six (6) months of the date of the application. Fingerprint cards may be obtained from the Board office. The applicant must specify that it is for DT Credentialing.

Section 3. Renewal

(3) A dialysis technician shall report to the Board at the time of renewal the name of the national certification program that has issued the technician's certification and provide a copy of the certification certificate to the Board.

Section 4. Reinstatement

(1)(c) Provide a criminal record check report from the Kentucky Administrative Office of the Courts, CourtNet Disposition System that is within six (6) months of the date of application.

(2)(f) Provide a completed Federal Bureau of Investigation (FBI) Applicant Fingerprint Card and the fee required by the FBI that is dated within six (6) months of the date of application.



Section 12. Fees

(3) The credential reinstatement fee shall be one hundred dollars (\$100).

Section 14. Incorporation by Reference

(1)(b) "Application for Dialysis Technician Credential", Kentucky Board of Nursing, 12/09

The above changes will require both the dialysis technician applying for their initial credential and those who are seeking reinstatement, to provide a Criminal Background Report (CourtNet) and a FBI fingerprint card. They must provide the fee required by the FBI at the time the fingerprint card is submitted to KBN. The fee for the reinstatement of a credential has changed to one hundred dollars (\$100). The Application Form has been revised to remove the requirement of a picture and notary.

Any individual who applies for a Dialysis Technician credential must submit the completed application, the Criminal Background Report (CourtNet), the FBI fingerprint card and all fees. If the CourtNet is negative, a Dialysis Technician Applicant (DTA) status will be issued. If the CourtNet is positive, the report will be forwarded to the KBN Consumer

Protection Branch for follow-up. DTA status will not be approved until the follow-up is satisfactorily completed. The individual cannot work until the DTA status is issued.

After issuance of the DTA status, the DT Applicant may work in the Applicant status until the FBI fingerprint card report is received by the Kentucky Board of Nursing. If the FBI report is negative, the Dialysis Technician credential (DTC) will be issued. If the FBI report is positive, the report will be forwarded to the KBN Consumer Protection Branch. The Applicant will not be issued a DTC until this follow-up is successfully completed.

The KBN website will validate the Dialysis Technician status as DTA, or an active DTC. When the Dialysis Technician Trainee completes their program, they CANNOT work as a Dialysis Technician until they have been issued a DTA or DTC.

The Administration Regulation may be viewed in its entirety on the LRC's website (www.lrc.state.ky.us/kar/201/020/470reg.htm).

If you have additional questions or need additional information, please contact Sharon Eli Mercer, Nursing Practice Consultant, at 502-429-3307 or Richelle Livers, Program Coordinator, at 502-429-7180.

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Disclaimer: Although disciplinary action taken by KBN is a matter of public record, the identity of any nurse referenced in this article will not be revealed.

The primary mission of the Kentucky Board of Nursing (KBN) is to protect the citizens of the Commonwealth by ensuring that safe and effective nursing care is provided to the public. As you may recall, the previous articles in this newsletter referred to nurses who committed boundary violations against patients, nursing students, or other nurses. This article is along the same vein of boundary violations, except the hospitalized patient was sexually violated by a visitor. The nurses involved failed to recognize the incident as a sexual assault, and failed to respond and follow up appropriately.

Patient safety should always be a top priority for health care providers in all settings across the continuum of care. Hospitals are considered “safe places” and an environment where one would not expect to have their safety threatened in any fashion. According to The Joint Commission’s *Sentinel Event Alert*, the key factor in “protecting patients from harm is the caregiver – security is a people action and requires staff taking responsibility, asking questions, and reporting any and all threats or suspicious events.”¹

The elderly are at greater risk for injury merely due to the physiological changes associated with aging. The female patient involved in this incident was seventy-three (73) years old and admitted to an adult medical-surgical unit of a hospital with a diagnosis of altered mental status. Other diagnoses included Alzheimer’s, dementia, liver failure, and a history of cardiovascular accidents with admission for long-term care placement evaluation. The patient was aphasic and required assistance with her activities of daily living. She weighed less than ninety (90) pounds.

Nursing assistants on the floor were

Nurses need to intercede for their patients by asking questions and advocating for the patients. If the answers you receive still do not feel right, keep probing and follow your facility’s chain of command.

doing their required rounds and entered the patient’s room to find the patient unclothed with an unknown male visitor on top of her possibly having sex. The two (2) aides immediately went to the nurses’ station where the primary LPN, RN team leader and RN clinical supervisor were located. The LPN sought guidance from her clinical supervisor and was instructed not to intervene. The LPN then gave the clinical supervisor additional information regarding the patient’s age, size, and inability to verbally communicate. Again, the LPN was instructed not to intervene. At this point, the LPN remained at the nurses’ station.

The RN team leader was aware of the event and aware that their clinical supervisor advised the LPN not to do anything. The day-shift clinical supervisor finished her duties and left for the evening, failing to pass information related to this event to the next shift. The LPN went to give report to the oncoming shift. She relayed to the oncoming clinical supervisor what had been reported to her and that she was directed twice by her clinical supervisor that they should not go back to the patient’s room. The oncoming clinical supervisor recognized the severity of the situation and advised the team leader to assess the situation while the LPN contacted the family.

The team leader entered the patient’s room after being told to do so. The first time she entered the room, the patient was nude in bed with the male partially clothed on top of the patient. The team leader was able to ascertain that the male visitor was not the patient’s hus-

band, but she did not make any attempt to ensure the safety of the patient or remove the perpetrator. The second time she entered the patient’s room, the patient was now dressed with a blanket covering her and the partially dressed man was sitting in a chair. At this time, appropriate measures were instituted.

The LPN was suspended for five (5) days without pay for patient neglect. Initially and under the direction of her clinical supervisor, she did not act in the patient’s best interest. However, she did take further action in the best interest of the patient by reporting the incident to the oncoming clinical supervisor.

The team leader’s employment was terminated. As the RN team leader, she was responsible to perform shift assessments on the LPN’s patients. She was responsible to review the LPN’s observations and ensure their accuracy. She was aware that the patient could not give consent due to her altered mental status. Even after she was directed to assess the situation, her assessment was minimal and she failed to respond appropriately.

The day-shift RN clinical supervisor failed to acknowledge the severity of the incident not once, but twice when it was reported to her by the LPN. She completed her shift and duties and left the building. As the supervisor, she was ultimately responsible for the welfare and safety of all the patients on the floor, and she failed to protect this patient. She was also terminated from the facility.

These three (3) cases were presented to the Credentials Review Panel (CRP) for their direction. At that time, the