

KBN

Winter 2016
Edition 46

CONNECTION

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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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Statistics Corner

As of December 4, 2015 KBN records show:

RN Active: 65,435

LPN Active: 14,211

Advanced Practice

Registered Nurses: 6,195

Dialysis Technicians Active: 527

SANE Active: 234



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PRESIDENT'S MESSAGE

As a professor of nursing, I frequently teach a nursing issues and trends course. One of the topics in this class deals with how a board of nursing differs from a nursing professional organization. I also find outside the classroom, nurses are sometimes unsure of the difference.

In this article, I offer a few details about boards of nursing. Professional nursing organizations represent the interests of nurses along with other related services. Conversely, Boards of Nursing are state governmental agencies that are responsible for the regulation of nurses, and nursing education and practice. Boards of Nursing were established to protect the public's health and welfare by overseeing and ensuring the safe practice of nursing.

The Kentucky Board of Nursing (KBN) as well as other Boards of Nursing promulgate/develop regulations for safe nursing care and issue licenses to practice nursing. After a license is issued, the Boards monitor licensees' compliance to state nursing laws and regulations. Additionally, all state Boards of Nursing, the District of Columbia, and four U.S. territories hold membership in the National Council of State Boards of Nursing (NCSBN). There are 21 associate members in the NCSBN as well. Boards work collaboratively, but independently of NCSBN to provide regulatory excellence for patient safety and public protection. Member Boards are divided into four geographical areas of the nation; KBN is located in Area III.

Each year in August the NCSBN's voting body or Delegate Assembly, convenes to discuss and vote on NCSBN business items and candidates running for office. The Delegate Assembly is composed of two representatives from each member Board of Nursing. KBN staff and Board members attend these meetings; two serve as delegates. The Annual and Midyear NCSBN Meetings deal with issues in assuring safe and competent nursing care. A few of the issues discussed during the last annual meeting in August 2015 included topics such as non-technical skills and competence assessment, medical marijuana, and the Enhanced Nurse Licensure Compact.

KBN strategically proceeds to work on these concerns and other items of business that affect nursing practice in the Commonwealth through the Board Committees. Specific KBN Committees include Education, Practice, Consumer Protection, Governance, KBN Connection, APRN Council, and Controlled Substances Formulary Development. Board members who compose these committees bring recommendations forward to the full Board for a vote. Please feel free to attend KBN Committee and Board Meetings that are all open to the public. The dates and times of these meetings are available on the KBN website.

A handwritten signature in black ink that reads "Gail L. Wise". The signature is written in a cursive, flowing style.

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



EXECUTIVE DIRECTOR'S MESSAGE

Dear Colleagues in Nursing:

As you receive this edition of the KBN Connection, we will have celebrated several holidays and the beginning of a New Year! Although the Board operates on a fiscal year time frame (July 1 – June 30), this is an opportune time to reflect upon the Board's past year (FY14-15) accomplishments as well as looking forward to the work ahead. The Board, in accordance with its mission of public protection through the development and enforcement of laws governing the safe practice of nursing, has engaged in significant undertakings during that period including, but not limited to:

- approved the 2015 – 2018 KBN Strategic Plan;
- enforced regulations as it pertains to eighty six (86) prelicensure undergraduate nursing programs and twelve (12) prelicensure advanced practice registered nurse programs;
- issued five (5) practice opinions pertaining to licensed practical nursing; registered nursing, and advanced registered nursing practice;
- reviewed and revised fifteen advisory opinion statements including one advisory opinion statement which was retired from publication;
- received and entered over one thousand seven hundred (1,700) complaints against nurses;
- resolved over one thousand eight hundred (1,800) investigations against nurses;
- entered fifty six (56) disciplinary decisions; approved one hundred fifty six (156) Agreed Orders; and issued three hundred seventy eight (378) consent decrees;
- monitored over three hundred seventy six nurses (376) either in the KARE for Nurses Program, on limitation/probation or other compliance requirements to be met via an Agreed Order or Board Decision.
- approved funding for 185 NISF Awards (31 continuation and 154 new awards, respectively) with total funding for FY 2015-2016 NISF Awards projected to be \$495,000; and

- continued to conduct a thorough and comprehensive review of its regulations pertaining to regulation of prelicensure nursing education programs with proposed revisions to be considered by the Board's Education Committee meeting in November 2015.

As you can tell, FY 2014-2015 was a very busy period for the Board and its staff.

In addition to the above noted short list of Board activities, I would be remiss in not reporting on a major activity of the Board, licensure renewal! I am pleased to report that almost 76,000 renewal applications (LPNs, RNs, APRNs, and SANEs) were received and processed by the Board between September 15 and October 31, 2015. Appreciation is expressed to all the nursing organizations and employers of nurses for supporting the Board's message to renew early in the renewal period!

Looking forward in this New Year, it is anticipated that the Board will have a significant legislative initiative to be introduced in the 2016 session of the Kentucky General Assembly. This proposed legislation would seek to enact the Enhanced Nurse Licensure Compact (NLC) in the Commonwealth, becoming effective only when the Enhanced NLC is passed in a total of twenty six (26) states or by no later than December 31, 2018. As previously discussed in the KBN Connection, some of the significant enhancements to the NLC are as follows:

- biometric based (fingerprint) criminal background checks for eligibility as a party state;
- the applicant/licensee must hold an active, unencumbered license;
- the applicant/licensee must not have been convicted of a felony;
- the applicant/licensee must not have been convicted of a misdemeanor offense related to the practice of nursing as determined on a case-by-case basis;
- the applicant/licensee must not be currently enrolled in an alternative program;
- the applicant/licensee is subject to self-disclosure requirements regarding current participation in an alternative

- program, and
- the applicant/licensee must have a valid United States Social Security number.

Passage of this significant legislation will have an impact upon the nursing profession and its regulation for many years to come. The Enhanced NLC contains requirements, which are reflective of high licensure standards for public protection, for issuance of a multistate license by those jurisdictions who become party to the new NLC. For those applicants or licensees who do not meet these requirements, they may still be eligible for a single state license according to current regulatory requirements in KY. You may learn more about the provisions of the Enhanced NLC by either referring to the Summer 2015 edition of the KBN Connection or by visiting the National Council of State Boards of Nursing (NCSBN) website at www.ncsbn.org. Should you have specific questions about the Enhanced NLC and the Board's legislative package moving forward in the 2016 session of the General Assembly, please feel free to contact either Nathan Goldman (Nathan.goldman@ky.gov), General Counsel, or me (PaulaS.Schenk@ky.gov) at the Board office.

Since the last issue of the KBN Connection, several staff have retired from state and agency service. They are Di Snawder, Compliance Program Coordinator; Lou Johnson, KNAR Administrative Specialist, and Judy Amig, Nurse Investigator (this is actually Judy's second retirement). On behalf of the Board and their fellow staff members, appreciation for Di's, Lou's and Judy's dedication and commitment to the mission of the Board is expressed. While they will be greatly missed, they are wished the very best in this new chapter of their lives!

We welcomed to KBN the following new staff members: Lisa Gaw, Legal Secretary; Martha Bolineaux, Compliance Program Coordinator and Susan Callihan, Education Assistant.

Wishing all of you a healthy and happy New Year!

Paula S. Schenk RN, EN

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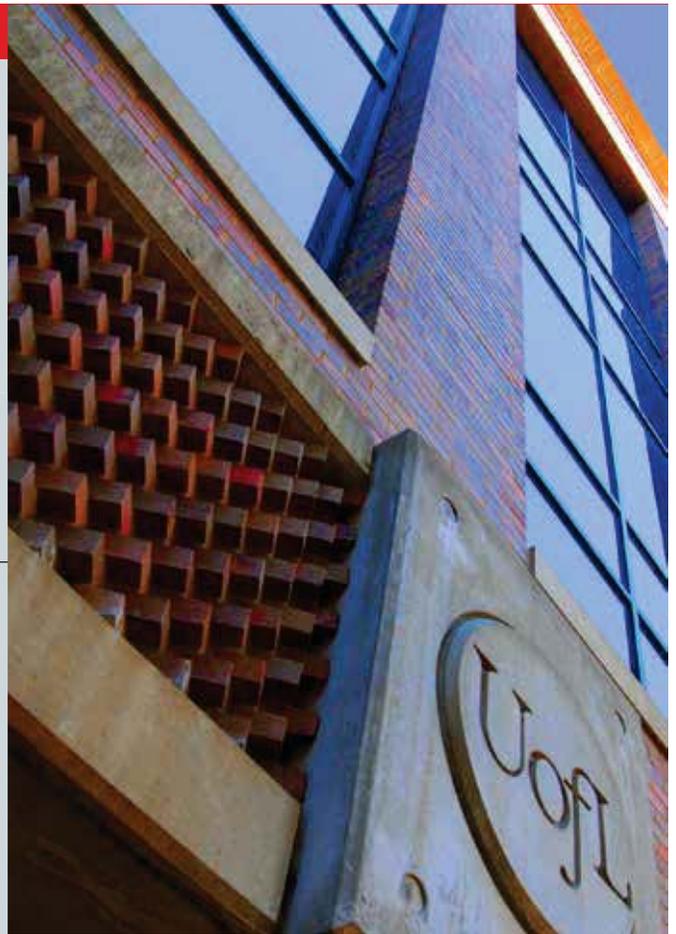
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CELEBRATING ADVANCED PRACTICE REGISTERED NURSES

by Pamela C. Hagan, MSN, RN
APRN Education and Practice Consultant



The Kentucky Board of Nursing acknowledges and recognizes the development and advancement of the various roles of advanced practice registered nursing practice. In 1978, the Kentucky Nursing Laws were revised and granted expanded responsibilities for registered nurses who had completed post-basic educational programs and obtained national certification in nursing specialties. These nurses were recognized as Advanced Registered Nurse Practitioners (ARNPs) and could voluntarily register with KBN as ARNPs. In 1982, ARNPs were required to have registration and records indicate there were 83 nurse practitioners, 87 nurse anesthetists, and 44 nurse midwives. By 1989 there were approximately 800 ARNPs registered with the state.

To further enhance advanced nursing practice in Kentucky, prescriptive authority with a collaborative agreement for non-scheduled legend drugs was authorized in 1996. In 2006 prescriptive authority with a collaborative agreement for controlled substances was achieved. In 2010, to conform with the APRN Consensus Model, the advanced practice title was changed by law to "Advanced Practice Registered Nurse" (APRN) and an APRN license was required in addition to the registered nurse license. Additionally, in 2014, Kentucky Nursing Laws were changed, eliminating the requirement of a collaborative agreement for non-

scheduled legend drugs (CAPA-NS) after four years.

In 2015 the advanced practice nursing community celebrates the 50th Anniversary of the development of the Nurse Practitioner (NP) role. Fifty years ago, at the University of Colorado, the first NP program was established by Dr. Loretta Ford. There are currently more than 205,000 NPs licensed to practice in the United States. **National Nurse Practitioner Week was November 8-14, 2015.**

The first formal educational program for nurse anesthesia was established in 1909 at St. Vincent's Hospital in Portland, Oregon. There are approximately 49,000 CRNAs licensed to practice in the United States. **National Certified Registered Nurse Anesthetist Week is January 24-30, 2016.**

There are more than 11,000 certified nurse midwives (CNMs) in the United States. Mary Breckinridge founded the Frontier Nursing Service (FNS) in Hyden, Kentucky in 1925, which celebrated its 90th anniversary this year. **National Nurse Midwifery Week was October 4-10, 2015.** It is celebrated annually the first full week of October, Sunday through Saturday (October 2-8, 2016).

Frances Reiter coined the term nurse clinician in specialty-care in 1943 and Hildegard Peplau established the first master's prepared psychiatric clinical nurse specialist program at Rutgers University in 1956. An estimated 72,000 RNs have the education and credentials to practice as a clinical nurse specialist (CNS). Approximately 14,689 are prepared as both a NP and as a CNS. (HRSA, March 2004 National Sample Survey of RNs). **National Clinical Nurse Specialist Week was celebrated September 1-7, 2015.**

As of November 15, 2015:

CURRENT KY ADVANCED PRACTICE REGISTERED NURSE

(APRN) LICENSES	TOTAL	KY RESIDENTS
Nurse Anesthetist	1264	806
Nurse Practitioner	4613	3882
Nurse Specialist	176	153
Nurse Midwife	109	94
TOTAL	6162	4935

KBN INFORMATIONAL VIDEOS

The KBN has recently posted eight short informational videos which can be accessed from the homepage of the KBN website. Each video is approximately 5-10 minutes long and will provide the viewer with helpful information. Topics include:

- **Fingerprinting Information** (http://youtu.be/BmUFx_bz-5I)
- **Licensure By Examination Part 1** (http://youtu.be/br_WDaPncbg)
- **Licensure By Examination Part 2** (<http://youtu.be/UFu8e3axmaM>)
- **National Certification Information** (<http://youtu.be/Svis4ttSiEY>)
- **Substance Use Disorder in Nursing** (<http://youtu.be/KF4YCyMODbo>)
- **Nursing Scope of Practice** (<http://youtu.be/62WemS-5XlC>)
- **Student Complaints** (<http://youtu.be/ujtQyfSeY84>)
- **Using APRN Credentials Correctly** (<http://youtu.be/ab0w-TzJQ4>)

Watch for more video topics to be posted in the near future.



- **AOS #09 – The Performance of Wound Debridement by Nurses** – Approval of Editorial Revisions
- **AOS #14 – Roles of Nurses in the Implementation of Patient Care Orders** – Approval of Editorial Revisions

These Advisory Opinion Statements may be accessed on the KBN website at <http://kbn.ky.gov/practice/Pages/aosindex.aspx>



Revisions to the following Advisory Opinion Statements were approved by the Kentucky Board of Nursing during the October 15, 2015 Board meeting:

- **Reaffirmation of the Board's 2006 Advisory Opinion Related to the Determination of False Labor by Nurses:**

Recognizing the term “false labor” as a term common to both nursing and medical practice, it was the advisory opinion of the Board that the determination of false labor is within the scope of registered nursing practice. The registered nurse, as a qualified medical person, must be educationally prepared and clinically competent in the determination of false labor, and would perform this act according to established protocol officially approved by the facility's medical and nursing staff.

- **Republication of the following advisory opinion statements:**

AOS #01, Role of the Registered Nurse/ Licensed Practical Nurse in Spinal Screening for Detection of Common Abnormal Curvatures of the Spine.
AOS #02, Role of the Advanced Registered Nurse Practitioner, Registered Nurse, and Licensed Practical Nurse in Gynecological Cancer Detection.
AOS #06, The Performance of Arterial Puncture by Registered Nurses.
AOS #07, Roles of Nurses in Superficial Wound Closure.



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During the October 2015 meeting of the Kentucky Board of Nursing, the following actions were taken

- **APRN Scope of Practice in the Utilization of Fluoroscopy for the Performance of Fluoroscopic-Guided Procedures**

It was the advisory opinion of the Board that:

The utilization of fluoroscopy and the operation of the equipment in the performance of fluoroscopic-guided procedures is within the scope of advanced practice registered nursing practice for the APRN who is currently educationally prepared and clinically competent in performing fluoroscopic-guided procedures.

Additionally, 1) the fluoroscopic-guided procedure and the utilization of fluoroscopy is performed according to an established, approved policy and procedure in the health care facility; and 2) the APRN has been granted clinical privileges to perform the fluoroscopic-guided procedure and utilize fluoroscopy through the health care facility's credentialing process.

Further, it is within the scope of practice of the APRN to supervise the medical imaging technologist when assisting the APRN in the performance of the fluoroscopic-guided procedure.

- **Defining Same or Similar Specialty for the APRN Choosing a Collaborating Physician**

The Board approved the revision of the resource document entitled "Defining Same or Similar Specialty for the APRN Choosing a Collaborating Physician," which can be located on the KBN website at http://kbn.ky.gov/practice/Pages/aprn_practice.aspx.

At a previous KBN meeting, the Board took the following action:

- **Endorsement of Documents**

Endorsement of the "Association of periOperative Registered Nurses (AORN) Position Statement on Advanced Practice Registered Nurses in the Perioperative Environment" – 01/2015.
Endorsement of the "Emergency Nurses Association (ENA) Advanced Practice in Emergency Nursing Position Statement" – 01/2015.

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By **Pamela C. Hagan, MSN, RN**
APRN Education and Practice Consultant

A prescription drug monitoring program (PDMP) is an interactive database that facilitates the sharing of health information related to controlled substances prescriptions. PDMPs provide the clinician with information on a patient's controlled substance prescription history. Additionally, the monitoring program can provide information about the prescribing practices of individual APRNs which may be helpful to his/her practice.

The Kentucky All Schedule Prescription Electronic Reporting System (KASPER) tracks controlled substance prescriptions dispensed within the state. A KASPER report shows all filled prescriptions for controlled substances for an individual patient over a specified time period, the name of the prescriber and the dispenser (pharmacy). APRNs who prescribe controlled substances are required to register with the KASPER prescription drug monitoring program.

The APRN who prescribes controlled substances typically reviews a KASPER report for a patient to monitor the patient's behavior on obtaining and filling prescriptions for controlled substances. However, the APRN should regularly (monthly, quarterly, etc.) review the report for his/her own prescribing practices, and identify and correct data errors, if any are noted. This process is called running a Reverse KASPER report.

Sometimes provider names are confused and another prescriber's prescriptions have been attributed to a different provider. Additionally, the APRN may identify that he/she has prescribed Schedule II, III, IV medications outside the prescribing authority of the APRN. If the APRN reviews his/her own prescribing practices and identifies an error in prescribing, this violation should be reported to the KBN by the

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APRN (self-reporting).

Kentucky Nursing Law (KRS Chapter 314) includes a “mandatory reporting” section with which every licensed nurse should have familiarity:

KRS 314.031 Unlawful acts relating to nursing, which states among several provisions that:

“(4) It shall be unlawful for any nurse, employer of nurses, or any person having knowledge of facts to refrain from reporting to the board a nurse who:

...(c) Is suspected of negligently or willfully acting in a manner inconsistent with the practice of nursing, or

...(e) Is suspected of violating any provisions of this chapter; ...

In the one year timeframe from July 1, 2014 – June 30, 2015, only 266 individual APRNs (of the 2,291 licensed by the KBN and holding a DEA registration for prescribing controlled substances), requested a total of 1,454 Reverse KASPER reports. Each APRN who queried KASPER requested an average of 5.5 Reverse KASPERs for this one year period or one (1) Reverse KASPER (per APRN) every 2 months.

The KBN encourages APRNs to review their personal prescribing patterns regularly in order to be aware of prescribing practices and to stay in compliance with the prescribing laws and regulations in Kentucky.

KBN previously published KASPER Tips on how to conduct a Reverse KASPER in “The Prescriber Report – Reverse KASPER.” It is located at the following site: <http://kbn.ky.gov/practice/Pages/KASPERinfo.aspx>



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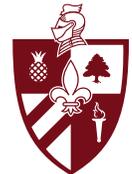
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KBN BOARD MEMBER: GAIL WISE



Dr. Gail Wise serves on the Board of Nursing representing Education and will complete twelve (12) years of service effective June 30, 2016. Gail was nominated by the

Kentucky Nurses Association (KNA) to the Governor of Kentucky for three different appointments, each appointment being four years in length.

Throughout the eleven (11) years of service, Gail has served multiple terms as Chairperson of the Education Committee, Credentials Review Panel, and KBN Connection Editorial Panel. She has also served on the Consumer Protection Committee and Governance Panel as well as being chair of and actively involved in a variety of ad hoc committees. Gail is currently serving as President of the Board. Additionally, she has served as a delegate to the National Council of State Boards of Nursing and been a site visitor to programs of nursing as a Board representative.

Having graduated from the University of Kentucky in 1975, Gail has been a nurse for over 40 years, practicing initially in medical-surgical nursing and now in community health nursing, and nursing and allied health administration and teaching.

Dr. Wise holds an EdD in Health Promotion, a MSN in Adult Health with an education component, and a BSN from the University of Kentucky. She also holds a certification in public/community health nursing through the American Nurses Credentialing Center.

When asked what motivated Dr. Wise to serve the Commonwealth in this significant way, she responded:

I joined KNA as soon as I graduated from nursing school, in 1975. I was intrigued by the professional practice issues that nursing was facing at that time. I was involved in the organization both at the local and state level. During my early years of practice, I also attended KBN conferences and was impressed with the work required to assure regulations and advisory opinions were current. I often referred to both regulations and advisory

opinion statements in my work.

When I had the opportunity to develop a baccalaureate nursing program, I became even more involved with KBN regulations and the Board in general. I started questioning how to become a Board member and viewed serving on the KBN as a way to help protect the well-being of the

public by development and enforcement of state laws governing the safe practice of nursing, nursing education, and credentialing. I certainly have learned much as a Board member and hope that my experience as a nurse has assisted in fulfilling the mission of the Board of Nursing.

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KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES DRUG ENFORCEMENT & PROFESSIONAL PRACTICES BRANCH

By **Jill E. Lee, R.Ph.**
Pharmacist Consultant

The Office of Inspector General (OIG) would like to remind all pharmacists and practitioners of **902 KAR 55:105 Controlled substance prescriptions blanks.**

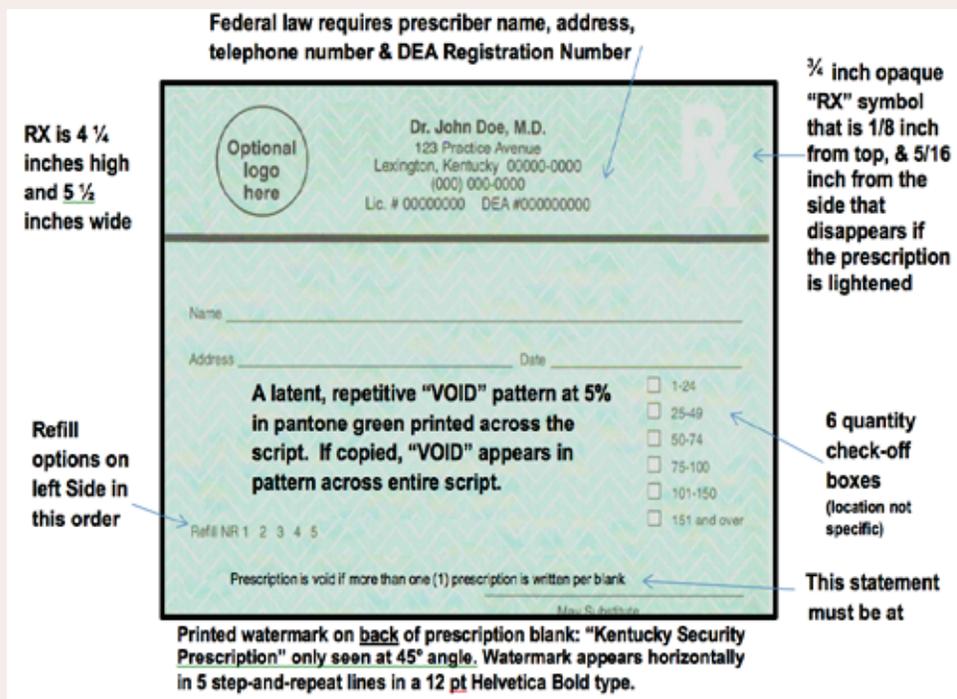
With the advancement of computer generated prescription blanks and new CMS tamper resistant requirements, the OIG

has recently received several calls about the compliance of certain controlled security blanks. As a reminder, all practitioners in Kentucky are mandated by law to utilize a security prescription blank when prescribing a controlled substance while practicing within the Commonwealth. Please use the diagram below to assist in determining if your **controlled substance**

prescription blanks meet all of the requirements established in 902 KAR 55:105. Please note this is for **controlled substance prescription blanks ONLY.**

Additional guidance regarding controlled substance prescriptions:

- A controlled substance prescription may **NOT** be pre-printed or written, typed or rubber stamped with the name of the controlled substance until issued to patient.
- All prescriptions shall be dated and signed by the practitioner **on the date issued.**
- The practitioner may **only write one prescription per blank.**
- If the prescription is sent via fax: Prior to transmission, the practitioner or practitioner's agent shall write or stamp "FAXED" on the face of the original prescription along with the date and the person's initials.
- The original prescription shall be filed in the patient's record.



Disclaimer: This is not an all-inclusive list. Please refer to 902 KAR 55:105, 21 CFR §1306.05, and KRS 217.216 for further details. Call the Drug Enforcement and Professional Practices Branch with any questions, (502) 564-7985

LICENSURE REQUIREMENTS FOR NURSES PROVIDING CARE THROUGH TELEHEALTH ROUTES

October 2015

The Kentucky Board of Nursing advises that it interprets KRS Chapter 314 to mean that nursing care occurs in the location of the patient and therefore any nurse providing care via telehealth routes to patients in Kentucky is required to be licensed or hold the privilege to practice in Kentucky, effective October 30, 2015.

Out of state nurses who have already been practicing via telehealth routes should apply for Kentucky licensure immediately.

LPN SCOPE OF IV THERAPY WORKGROUP

In October 2015 the Board approved the creation of a work group to evaluate 201 KAR 20:490 LPN IV Therapy Scope of Practice for possible revision.

Anyone interested in participating on the work group should contact Lahoma Prather at lahoma.prather@ky.gov or (502)429-3307.