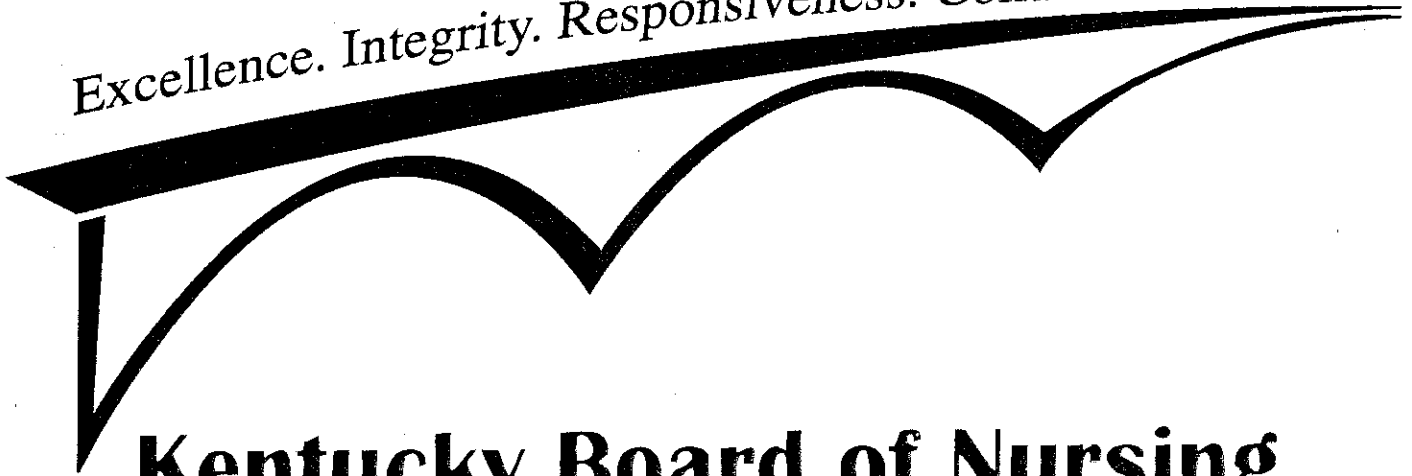


A Bridge to 2000

History of the Decade

Excellence. Integrity. Responsiveness. Collaboration.



Kentucky Board of Nursing
1989-1999

Commonwealth of Kentucky

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Message from the Executive Director

In 1989, on the occasion of the 75th Anniversary of the establishment of the Board of Nursing by statute, we celebrated years of evolving sound regulation of nurses, nursing education, and nursing practice in the Commonwealth of Kentucky.

The past decade has paralleled and exceeded the accomplishments began in the early 19th Century by those courageous and progressive nursing leaders who initiated standards for effective nursing services for the citizens of the Commonwealth. The many members of the Board of Nursing and staff throughout the years should indeed be proud of their contributions to public protection.

To our current members and staff of the Kentucky Board of Nursing, I extend my personal appreciation for their enduring commitment and diligence in achieving the mission of our agency which is to protect public health and welfare by development and enforcement of state laws that govern the safe practice of nursing.

To the numerous individuals who have served as members and staff of the Kentucky Board of Nursing during the past decade, gratitude is expressed for their efforts that promoted the work of the Board.

Each and every nurse in the Commonwealth of Kentucky is rightfully proud of our legacy.

As the present is reflective of the past, our efforts to ensure effective and sound regulatory practices for the future is an awesome responsibility. In looking to the future, I am confident that the needed leadership and dedication of nurses in Kentucky will not only provide for but will enhance the mission, values, and vision of our agency.

A thank you is extended to all our state officials, to the many professional nursing organizations, employers of nurses, educators, and those other individuals and groups who have supported the work of the Board.

We look forward to a future of continued progress towards achieving excellence, maintaining integrity, being responsive, and actively collaborating to meet our mandate of public protection.

Sharon M. Weisenbeck, MS, RN
Executive Director



Kentucky Board of Nursing Executive Director Sharon M. Weisenbeck, MS, RN (1980 - Present)

Sharon Weisenbeck was awarded the prestigious Meritorious Service Award of the National Council of State Boards of Nursing during the August 1991 meeting of the Delegate Assembly. She was nominated by the Maine Board of Nursing in recognition of her efforts to enhance the nursing regulatory community. In 1999, she was a recipient of the Spalding University Leadership in Nursing Lifetime Achievement Award.

Message from the Board President

How few men, or even women, understand, either in great, or in little things, what it is the being 'in charge'—I mean, know how to carry out a 'charge.' From the most colossal calamities, down to the most trifling accidents, results are often traced (or rather not traced) to such want of some one 'in charge' or of his knowing how to be 'in charge.'
Florence Nightingale

The Kentucky Board of Nursing (KBN) takes seriously its 'charge' to fulfill the statutory mandate set forth by the Kentucky legislature. The mandate to protect public health and welfare is fulfilled by developing and enforcing the laws governing the safe practice of nursing.

All Board actions are made with deliberate thought, debate, and counsel. Board members remain accountable to the responsibility of being 'in charge,' and recognize that these duties influence the quality of nursing care delivered to citizens of the Commonwealth.

The Board's articulated core values of excellence, integrity, responsiveness, and collaboration guide Board actions in meeting the challenges of a dynamic and ever-changing health care environment.

As the new millennium approached, KBN created a vision to deliver benchmark quality service in health care regulations. During the past 10 years, the nursing licensure examination progressed from paper and pencil administration to computerized adaptive testing.

The Board has actively engaged in the discussion about a new multi-state model for nurse licensure. As a more complex health care delivery system emerged, the Board has taken seriously its mandate to validate both initial and continued competency and to develop new ways of substantiating nursing competency.

Board members and staff, as well as board committees, have collaborated with the Kentucky Nursing Education Mobility Task Force to reduce barriers to nursing education. In addition, the Board has partnered with nursing educators and the Kentucky Commonwealth Virtual University to increase accessibility of baccalaureate nursing education across the state.

The disciplinary responsibilities of KBN continue as a most serious challenge. This area of regulatory authority is pivotal to the mission of public protection and involves monitoring practice, investigating complaints, and taking action. It is from these disciplinary deliberations, however, that the Board of Nursing has supported the development of a peer assistance program for nurses, disseminated advisory opinion statements on practice issues, and developed educational programs to communicate with nursing managers and administrators in the employment setting.

As KBN bridges into the new century, multiple and complex issues present unique regulatory challenges and opportunities.

Increasing demands for licensed nurses; retirements from nursing practice, particularly in the specialty areas; complexity and acuity of patient care; and the shifting of health care delivery to the home, school, workplace, and community all have attendant regulatory impact.

The Nursing Incentive Scholarship Fund remains crucial to support students in nursing education programs. Refining standards for the preparation of qualified entry level practitioners, validation of continuing nursing competence, and enforcement of the regulatory laws and regulations of the state remain paramount. With the changing health care environment, the Board remains committed to its mission and will continue to pursue its mission.

Florence Nightingale's quote "How few men, or even women, understand, either in great, or in little things, what it is the being 'in charge,'" eloquently captures the experience of being a member of KBN. Assuredly the new millennium will provide multiple challenges, as the Board commits to vigilant continuation of its efforts to protect the health and welfare of the citizens of the Commonwealth.

Susan H. Davis

Susan H. Davis, RN, EdD
KBN President, 1998-1999

The Structure

The Kentucky Board of Nursing is charged with administering the laws regulating the practice of nursing for the Commonwealth of Kentucky. The Board's mission is to protect public health and welfare by development and enforcement of state laws governing the safe practice of nursing. The Governor appoints the Board of Nursing, with each appointed member serving a four-year term. During this decade, Board membership was increased from 12 members to its current composition of 15 members. Ten members are registered nurses, three are licensed practical nurses, and two non-nurses serve as citizens-at-large/consumer members.

Often confused with professional associations, the Kentucky Board of Nursing exists to protect the public, rather than to promote the profession of nursing. The Board enforces public policy related to the safe and effective practice of nursing as authorized by Kentucky Revised Statutes (KRS) and related administrative regulations. Since 1989, 57 administrative regulations have been amended or promulgated by the Board in response to statutory mandates or changes in the practice environment.

The Board is more than its members and accomplishments. The work of the Board is augmented through committees, councils, and panels—Education, Practice, Study and Planning, Advanced Registered Nursing Practice, Nursing Incentive Scholarship Fund, and the Credentials Review and *Communiqué* Editorial Panels. It is also an agency of the Commonwealth, with staff and structure to support the important mission of public protection. An executive director, a deputy executive director, a general counsel, and a variety of managers and staff support the work of the Board. The functional organization of the staff includes administrative services, credentials, investigation and discipline, education, practice, and information resources (Table 1). Various organizational models have been used during this 10-year period to ensure the most efficient delivery of services.

A strategic planning initiative was undertaken in the early 1990s. Four core values—excellence, integrity, responsiveness, and collaboration—were adopted. These values are reflected in an agency commitment to quality and consistency in service; to honesty, fairness, and objectivity in developing and enforcing laws and regulations; to taking initiative, communicating openly, and demonstrating care and concern; and to working cooperatively and promoting teamwork while respecting individuals. In keeping with the mission, philosophy, and vision of the Board, annual goals are established as part of the strategic plan. Current agency goals include:

- Sound, defensible, regulatory practices that protect the public;
- Efficient delivery of services that meet the needs of consumers and regulated entities;

- Optimal use of technology that supports agency services; and
- An organizational culture that promotes job satisfaction and career development.

Improving services is a constant effort. The Kentucky Board of Nursing and the University of Louisville's Urban Studies Institute worked together in 1998-99 to survey nurses on customer satisfaction with KBN services and issues related to education, practice, and future nursing issues. The survey, *Kentucky Board of Nursing Survey of Nurses Holding Active Licenses in January 1999* (June, 1999), results will contribute to the design of the bridge to the next century.

Communication is very important to the Kentucky Board of Nursing. Communication technology added during this decade includes a toll-free telephone number, voice mail, an integrated voice response system, e-mail, and a website (www.kbn.state.ky.us). The Board's official publication, the *Communiqué*, is published three times annually and mailed to all licensees, employers of nurses, and others interested in nursing. This newsletter is used to inform nurses, employers, and the public of the Board's actions and activities directly affecting nurses, nursing education, and practice. An annual report is prepared at the end of each fiscal year for the Office of the Governor. Copies are distributed to other governmental agencies, and made available to the public. In keeping with the Kentucky Open Records Act, the minutes of the Board and committee meetings are also available. Open forums provide an opportunity for nurses, employers of nurses, nurse educators, and consumers of nursing care to address their concerns and regulatory issues to the Board. Beginning in the early 1990s, open forums were held routinely, twice a year, in conjunction with scheduled Board committee meetings at a Kentucky state park. The meeting sites were rotated to afford nurses and consumers from all areas of the state the opportunity to interact with the Board. The Board held annual conferences in 1989-1994. In 1995, the Board cosponsored a national conference with the Council on Licensure, Enforcement and Regulation (CLEAR) on emerging trends influencing healthcare regulation. In 1996, the Board initiated a series of regional programs targeting nursing managers. These conferences have continued through 1999.

The Work of the Decade

To our beginners good courage, to our dear old workers peace, fresh courage too, perseverance: for to persevere at the end is as difficult & needs a yet better energy than to begin new work. Florence Nightingale

Licensure, Registration, Credentialing and Regulation

The Kentucky Board of Nursing "believes that the protection of the public can best be accomplished through ensuring the competency of licensees who provide nursing care, and by

establishing standards that allow for the fullest development of nursing practice, commensurate with its potential social contribution." (Agency Philosophy, 1990.)

Licensure of registered nurses (RNs) in Kentucky dates back to 1914, while licensure of practical nurses (LPNs) was initiated in 1950. Licensing activity includes initial licensure by examination, licensure by endorsement, license renewal, and other related actions. Licenses may be active or inactive status, with administrative regulations governing movement between these two categories. During this decade, the total number of licensees increased by 26 percent. Only the inactive RN license status has steadily declined since 1989 (Table 2). By the middle of the decade, the Board had added an automated nurse licensure verification system using integrated voice response technology. This system, with fax-back capability, improved service by allowing people to determine, by telephone, a nurse's licensure status and the expiration date of the current license.

Since 1976, the Board had granted a limited license to nurses with disabilities. For compliance with the Americans With Disabilities Act, this category of licensure was eliminated by the 1994 Kentucky General Assembly.

In 1990-91, the United States sent troops to the Middle East as conflict with Iraq escalated. Nurses in reserve units in Kentucky and other states were activated into military service for Operation Desert Storm and were unable to comply with Board regulations for relicensure. In January of 1991, the Board contacted the Office of the Governor regarding the potential impact of license renewal on nurses on active military duty in the Gulf War (Desert Storm). On January 25, 1991, Governor Wallace G. Wilkinson issued an Executive Order allowing 90 days after an individual's return to the United States to meet relicensure requirements.

Each year in Kentucky, there are more than 2,000 nursing candidates for the licensure examination. Prior to April 1994, the licensure examination was a "paper and pencil" test. On April 1, 1994, with the advent of computerized adaptive testing (CAT), the National Council of State Boards of Nursing assumed the responsibility for the administration of the examination at two Kentucky sites (Sylvan Learning Centers, Louisville and Lexington). This dramatic change in testing allows candidates to move from a two-day to one-day testing time frame, and increases testing opportunities from two times per year to testing that is available Monday through Friday. The test results were made available to candidates within 15 days of testing where previously it was an average of two months for the candidate to receive the results.

Each CAT examination is tailored to the individual candidate's level of competence. The test is adapted as it is being administered, providing candidates with questions selected to measure their individual knowledge level. These questions vary among candidates in number,

content, and level of difficulty. However, the existing methodology maintains the comparability of each examination.

The registration and designation, "advanced registered nurse practitioner (ARNP)," was legislated in 1978, first conferred in 1980, and became a mandatory requirement in 1982. To obtain ARNP status, the registered nurse must apply in writing and provide evidence of having completed a post-basic program of study and clinical experience as prescribed by the Board. The Board recognizes a nurse anesthetist, clinical nurse specialist, nurse-midwife, or nurse practitioner as an ARNP. The overall number of ARNPs has increased during this ten-year period, and there are large increases in the categories of midwife, practitioner, and clinical specialist (Table 3).

Beginning in 1996, the Board became the first jurisdiction to authorize the issuance of credentials to sexual assault nurse examiners (SANE) who provide forensic examinations in hospitals for victims of sexual offenses. These registered nurses practice under a medical protocol issued by the state medical examiner. The duties include conducting the examination, collecting and preserving evidence, and testifying in legal proceedings. The examinations are performed only on individuals who are at least 14 years old. The law sets the rate of reimbursement for these services. The education for SANE must meet criteria established by the Board. The Board issued SANE credentials to 22 nurses in 1998 and to six nurses in 1999, bringing the total number of nurses holding SANE credentials in Kentucky to 28 at the close of the 1998-99 fiscal year.

Under the current system of nurse licensure in the United States, a nurse must hold a valid license in each state in which he or she practices. At a special session of the National Council of State Boards of Nursing (NCSBN) Delegate Assembly held in December 1997, the Board joined with other nursing boards in supporting proposed language for an interstate compact that would provide a standard approach to a mutual recognition model for nursing regulation and licensure. Under this model, nurses licensed by their state of residency could practice in any other state that had adopted the interstate agreement without being licensed in that state. The nurse would continue to be accountable for the laws and regulations of each state in which the nurse practices. The Board continues to evaluate the compact language and the progress of its enactment by other jurisdictions. By 1999, seven licensing jurisdictions had enacted the interstate mutual recognition compact language.

Throughout the decade, the Board has continued active participation in the NCSBN, and was selected to participate with the NSCBN and the Urban Institute in the Regulatory Excellence

Project. (NCSBN, *Commitment to Public Protection Through Excellence in Nursing Regulation Project*, 1998).

The Board continues to study the issues of defining and documenting the ongoing competent practice of nursing following the determination of competence at initial licensure. Mandatory continuing education requirements for relicensure have been one mechanism to promote continued competence. An attempt to broaden the competency validation mechanisms failed in the 1998 Kentucky legislative session. Subsequently, a Competency Task Force was formed by the Board in 1998 to debate competency issues from a regulatory perspective and to develop possible alternatives to mandatory continuing education. The Board charged the task force to build upon the Board's previous three years of internal study and discussion of the recommendations from the PEW Health Professions Report (1995), as well as other relevant documents. The task force includes representatives from the Kentucky Board of Nursing and state professional associations of registered and licensed practical nurses, and advanced registered nurse practitioners. It also includes representatives of nursing practice, nursing education, and employers of nurses. Following a year of work, the task force proposed an amendment to the *Kentucky Nursing Laws* (KRS Chapter 314—p.k.a. *Kentucky Nursing Practice Act*) that defined nursing competency and developed proposed regulations allowing multiple options for validating continued competence. The Board adopted the task force recommendations and anticipated introducing language for related statutory changes in the 2000 session of the Kentucky General Assembly.

Nursing Education

I do not pretend to teach her how, I ask her to teach herself, and for this purpose I venture to give her some hints. Florence Nightingale

The Kentucky Board of Nursing is the legally authorized body in Kentucky to approve educational programs of nursing preparing persons for eligibility for licensure as nurses. Provisions in the *Kentucky Nursing Laws* (KRS 314.011; KRS.031; KRS.111; and KRS.131) provide for establishing standards for schools of nursing preparing candidates for licensure as nurses, for school survey visits and other methods of determining program compliance with statutory and regulatory provisions, and for consultation to nursing education programs. Nursing education programs submit reports to the Board to show evidence of compliance with requirements. In addition to approving programs of nursing leading to licensure, the Board issues letters of concern and letters of warning to schools whose compliance is in question or

whose graduates fail to achieve the minimum standard on the National Council Licensure Examination (NCLEX). The Board also establishes faculty-to-student nurse ratios and faculty qualifications.

During this decade, the nation faced a shortage of nurses. The U.S. Secretary of Health and Human Services' Commission on Nursing published a report in December 1988, following work at the federal level. The report defined the shortage of registered nurses as an insufficient quantity of nurses to meet the demands of the market at the prevailing wage (Volume 1, p 3). By that definition, the shortage of registered nurses was significant and widespread (Volume 1, p 3). In Kentucky, Governor Wallace G. Wilkinson asked the Secretary of the Cabinet for Health Services (p.k.a. Cabinet for Human Resources) to convene a task force to look at the nursing shortage in Kentucky and to propose solutions. In early 1989, the final *Report of the Governor's Interdisciplinary Task Force on Nursing* was completed. The findings and recommendations were presented to more than 300 attendees at a May 1989 conference sponsored by the Board of Nursing.

The Board responded to the nursing shortage in other important ways. First, it issued *Guidelines for the Use of Preceptors* (1989). These guidelines gave direction for using nurses with practice expertise for instruction in clinical settings under the aegis of faculty. This action allowed schools of nursing to increase enrollment despite a shortage of nursing faculty. In addition, the 1988 General Assembly modified the requirements for nursing faculty prepared at the masters level in associate degree nursing programs. The 1989 legislation also declared that the associate degree program was a technical program and, as such, a minimum of 20 percent of the faculty must have a masters degree in nursing. Second, the Board participated in a coalition of 27 organizations from a variety of health care, education, and other organizations concerned about the nursing shortage in Kentucky. This group, the Kentucky Coalition on the Availability of Nurses (KCAN), was formed in 1989 and immediately developed a 1990 resolution, subsequently signed by the Governor, highlighting the need for additional resources to alleviate the nursing shortage. The coalition recommended improving the career-mobility opportunities and the ability to transfer courses. Schools of nursing in the Commonwealth embraced these recommendations, and over the decade, many increased enrollment, with some schools doubling the number of admissions. The trend toward lower enrollments and fewer graduates of nursing was reversed in the 1989-90 fiscal year (Table 4). Also, the coalition helped develop the Kentucky Nursing Incentive Scholarship Fund (NISF) established by the 1990 Kentucky General Assembly.

The NISF program created a pool of funds to be made available to Kentucky nursing students to increase the number of licensed nurses in medically underserved areas of the

Commonwealth. Priority for awarding scholarships was given to needy residents of Kentucky, licensed practical nurses pursuing registered nursing education, and those sponsored by rural health care facilities. In 1994, KRS 314.025-027 were amended to add nurses pursuing graduate nursing education as a preference category. Changes in 1996 eliminated the requirement for scholarship recipients to obtain a sponsor, and permitted recipients to attend any school offering a nursing program, not just those schools located in Kentucky. As prescribed by law, a committee selects the recipients, who must agree to work one year as a nurse in Kentucky for each academic year of funding received. Over 600 nurses have benefited from the program (Table 5).

The Kentucky Nursing Practice Project, a proposal for a state-wide demonstration project using a case management and differentiated nursing practice model, was submitted for review to the United States Department of Health and Human Services in 1990. Despite not receiving funding, the project received a highly favorable rating. Indeed, it was this work that set the stage for the competency efforts that followed in the last half of the decade.

Continuing Education

For us who Nurse, our Nursing is a thing, which, unless in it we are making progress every year, every month, every week, take my word for it, we are going back. Florence Nightingale

In 1978, a revision of the *Kentucky Nursing Laws* (KRS 314.073) mandated 30 contact hours of continuing education for relicensure of nurses each two-year licensure period. This requirement was viewed as a way of promoting ongoing competency. Beginning in 1981, the Kentucky Board of Nursing began approving continuing education providers (Table 6) to assure that continuing education meeting the requirements for relicensure would be available and accessible throughout the state and that it would meet the standards set by the Board. The 1982 licensure renewal period was the first requiring continuing education for renewal. In 1986, the Board stopped recording the continuing education of individual nurse licensees. To verify compliance, the Board began conducting a random audit in 1987, requiring licensees selected to show evidence that they had earned approved contact hours. Licensees failing to comply are referred for disciplinary action. Overall compliance with mandatory continuing education requirements is 97 percent or greater over this decade as verified by audit. Kentucky is currently one of 22 states mandating continuing education requirements for renewal of licensure.

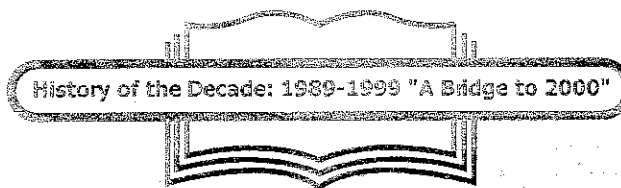
Several significant changes in requirements for mandatory continuing education were made during this decade. In 1990, the General Assembly required all health care licensees to complete a two-contact hour program on acquired immune deficiency syndrome (AIDS) each two-year licensing period. The Cabinet for Health Services approval of the program was recognized by the Board as comparable to Board approved continuing education. In 1996, the General Assembly mandated that all nurses holding an active license on July 15, 1996, obtain three contact hours of continuing education on domestic violence prior to July 1, 1999. Subsequent licensees have three years to earn the contact hours for this one-time requirement. Also in 1996, the General Assembly mandated that all advanced registered nurse practitioners are required to earn five contact hours of approved pharmacology continuing education in each renewal period.

Nursing Practice

***Let whoever is in charge keep this simple question in her head (not, how can I always do this right thing myself, but) how can I provide for this right thing to always be done?
Florence Nightingale***

One of the major functions of the Board is to regulate nursing practice. This mandate is accomplished through interpreting the legal scope of practice according to the *Kentucky Nursing Laws* and the administrative regulations of the Board. In response to inquiries, the Board publishes and disseminates advisory opinions as guidelines for safe practice (Table 7). The Practice Committee studies nursing practice and related issues to develop and revise advisory opinion statements on the role and scope of the practice of nursing. The Board published *Scope of Practice Determination Guidelines* (a decision tree chart; 1988) that is available to nurses as a guide for determining whether a specific action is within a nurse's scope of practice. This guide can be used when specific acts are not covered in the *Kentucky Nursing Laws* or by an advisory opinion of the Board.

At times, work at the federal level may dictate changes in state laws. In 1993, this was the case when the Board of Nursing proposed an administrative regulation regarding the transmission of HIV (human immunodeficiency virus) and HBV (hepatitis B. virus) by nurses. The proposed regulation required the use of universal precautions and the application of other guidelines established by the Centers for Disease Control. A special Board meeting was held in June 1993 to consider comments received at a public hearing regarding the proposed regulation. Following review of the comments, the Board revised the proposed regulation to



include a nurse who is HIV or HBV positive, and who performs exposure-prone invasive procedures, to ask the Board to convene an expert review panel to advise the nurse on his or her practice. The regulation (201 KAR 20:235, The Prevention of Transmission of HIV and HBV by Nurses) was approved and promulgated in September 1993.

The Omnibus Budget Reconciliation Act of 1988 created a federal mandate for certified nurse aides, including specific training requirements and maintenance of a state nurse aide registry. Following the passage of this act, issues related to public protection and the use of unlicensed assistive personnel, including the registered care technician (RCT) proposed by the American Medical Association, were studied in depth. That discussion, plus membership on the Nurse Aide Training Advisory Committee of the Cabinet for Health Services, resulted in a new administrative regulation (201 KAR 20:400) on the delegation of nursing tasks to unlicensed persons. In 1999, the Kentucky Department of Medicaid Services contracted with the Board to maintain and update the federally required Nurse Aide Registry.

Care provided by unlicensed personnel under the supervision and delegation of nurses continued to be studied. In 1992, the Board issued an advisory opinion supporting health care guidelines for local school systems to follow as a model for safe provision of care to children in schools. The Board determined that nursing care must be delegated only to personnel competent to perform the activities and that a licensed nurse must supervise care. The Board also met with interested parties to discuss the regulatory implications of non-nurse midwifery certification by the American College of Nurse Midwives Certification Council, and its relationship to advanced registered nursing practice and certification.

The Advanced Registered Nurse Practice Council (p.k.a. Nurse Practice Council) was established in 1978. This multidisciplinary council recommends performance standards for acts performed by advanced registered nurse practitioners that require additional education jointly recognized by the nursing and medical professions (KRS 314.193).

Advanced registered nurse practitioners have the legal authority to write prescriptions for nonscheduled legend medications, effective July 15, 1996, [KRS 314.011(8)] with the passage of House Bill 358 by the 1996 Kentucky General Assembly. The legislation requires ARNPs to have a written collaborative practice agreement with a physician that outlines the ARNP's scope of prescription authority. One provision of the bill exempts nurse anesthetists from the requirement for a collaborative practice agreement to deliver anesthesia care, and another provision requires all ARNPs to earn five contact hours of approved nursing continuing education in pharmacology for renewal of their registration beginning October 31, 1998. In spring 1998,

the Board expressed serious concern to the Kentucky Board of Medical Licensure about their published document that limited the number of ARNP collaborative practice agreements that a physician could execute. The Board of Nursing, in this important action, restated its statutory authority to regulate nursing practice, including collaborative practice agreements. In 1998, the General Assembly provided similar prescription authority to physician assistants. As a result, the definitions of registered nursing and licensed practical nursing practice were amended to include implementation of orders from physician assistants.

Investigation and Disciplinary Actions

***It is a noble calling, the calling of Nurses but it depends on you Nurses to make it noble.
Florence Nightingale***

Disciplinary actions of the Board related to licensure include denial, limitation, probation, revocation, suspension, or reinstatement of licenses. The Board may also require evidence of evaluation and therapy for licensees who have violated the *Kentucky Nursing Laws*. Nurses, employers of nurses, and members of the public who know of nurses who engage in unsafe or illegal practices must, by law, report the nurses to the Board. After reports are received, investigations are conducted and hearings may be held. The executive director may issue subpoenas requiring witnesses to attend hearings and documents to be produced. An assistant attorney general or other attorney designated by the Board serves as hearing officer at administrative hearings. During the past ten years, the number of decisions resulting from hearings has increased overall, reaching a peak of 108 in the fiscal year 1994-95. Complaints received have also increased, with the greatest number, 747, occurring in 1993-94 (Table 8). This sudden increase reflected the failure of nurses to meet the new requirement for HIV/AIDs continuing education prior to licensure renewal.

In 1983, in response to needs identified by the Board, the University of Kentucky College of Nursing developed a program, Nurses Assisting Nurses (NAN), to help nurses impaired by substance abuse or emotional stress. After 10 years of providing long-term services to nurses, it refocused its efforts on crisis intervention, referral, consultation, education, and research.

A 1996 law allowed the Board to establish or contract for a program to aid impaired nurses and to pay for the program by raising license renewal fees (\$5/licensee). The Board currently provides this service through a contract with the Kentucky Peer Assistance Program for Nurses,

Inc. (KPAPN), a successor to NAN. In addition to promoting early identification, intervention, treatment, and rehabilitation of Kentucky's nurses who are impaired, KPAPN promotes a resource manual, *Managing Chemical Dependency: A Resource Manual for Nurses*, published by the Kentucky Nurses Association (1994).

The Board and the University of Kentucky College of Nursing reviewed data from a six-year period to study nursing law violation trends and the rate of recidivism of nurses who had disciplinary actions in Kentucky. The findings were reported in 1996. These preliminary results found that nurses violating the law, other than for failure to comply with mandatory continuing education, make up less than one percent of the total nurse population. Further study was recommended.

Other Changes of the Decade Influencing the Board

No system can endure that does not march. Florence Nightingale

Despite massive spending on health care, many people are left without adequate access to care. In 1992, Kentucky Governor Brereton C. Jones made health care reform a priority for his administration. Governor Jones appointed a Task Force on Health Care Reform, which held a series of town meetings prior to submitting its report. On August 15, 1994, the Kentucky Health Care Reform Bill (House Bill 250) was enacted by the Kentucky General Assembly. The law provided for creation of a full-time Health Policy Board with responsibility for health data collection, quality of care issues, certificate of need administration, the creation of standard health benefit plans, and other aspects of health care reform. The law was changed in 1996, and the Health Policy Board was eliminated.

As the demand for nursing services increased, employers looked for ways to supplement registered nurses with other personnel, including unlicensed assistive personnel. Some employers removed the titles RN and LPN from nametags worn by nurses on duty, effectively concealing from the public the numbers and status of persons providing nursing care. In the 1998 legislative session, House Bill 187 passed requiring the wearing of badges or other identifiers indicating the employee's license, registration, or certification. That same year, House Bill 591 provided for employees to report matters involving patient safety without fear of adverse action by the employer. The bill also required the facility to investigate and respond to the employee regarding patient safety matters reported.

A New Beginning

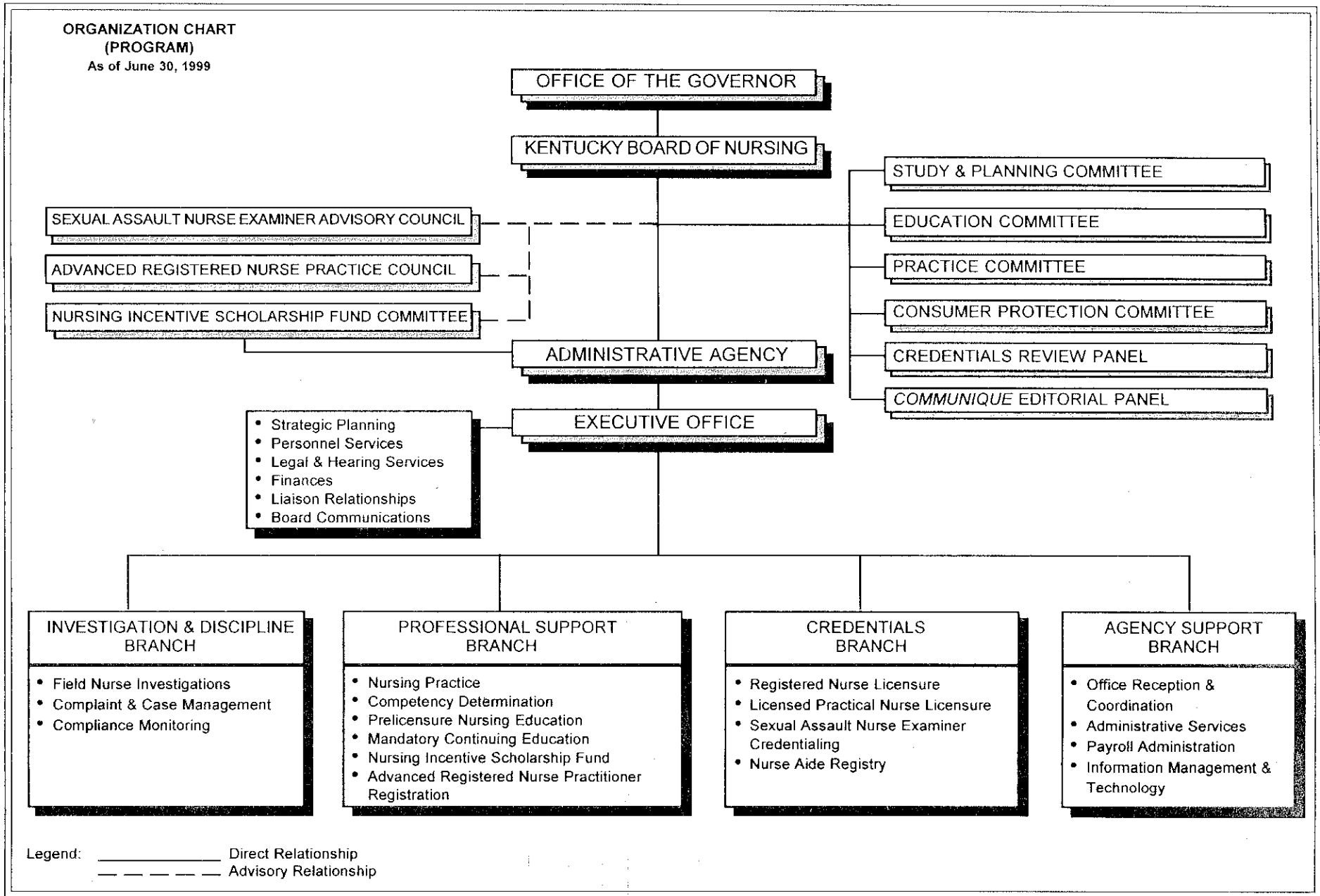
Let us each and all, realizing the importance of our influence on others—stand shoulder to shoulder—and not alone, in the good cause. Florence Nightingale

The past century has seen the establishment of the Kentucky Board of Nursing and its development. The next century is a new beginning that will bring advanced technology, innovations in the practice of nursing and the delivery of health care, and new challenges and issues. Unchanged will be the need to protect the public and, with it, the commitment of the staff and members of the Kentucky Board of Nursing to ensure that protection.

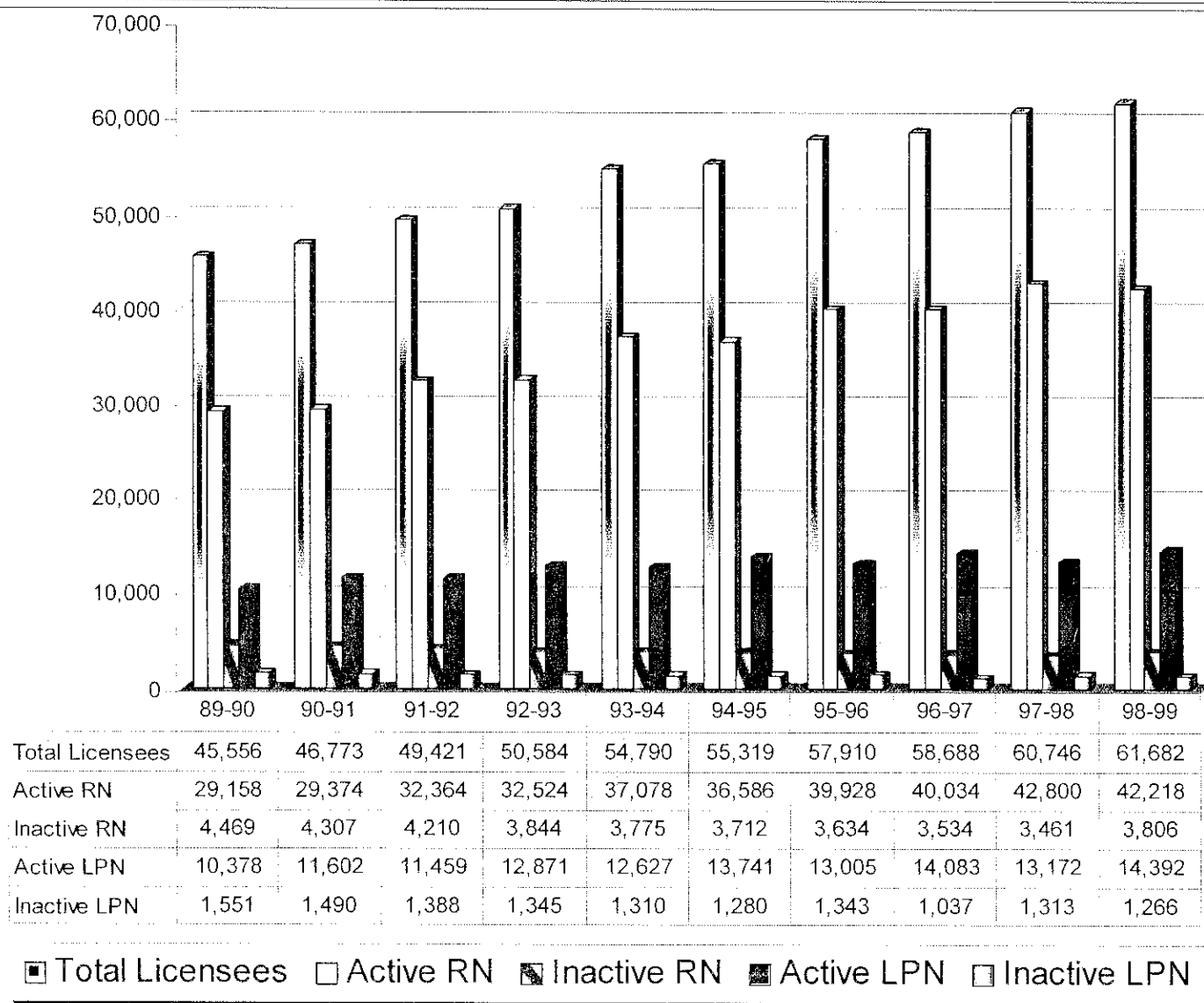
Tables

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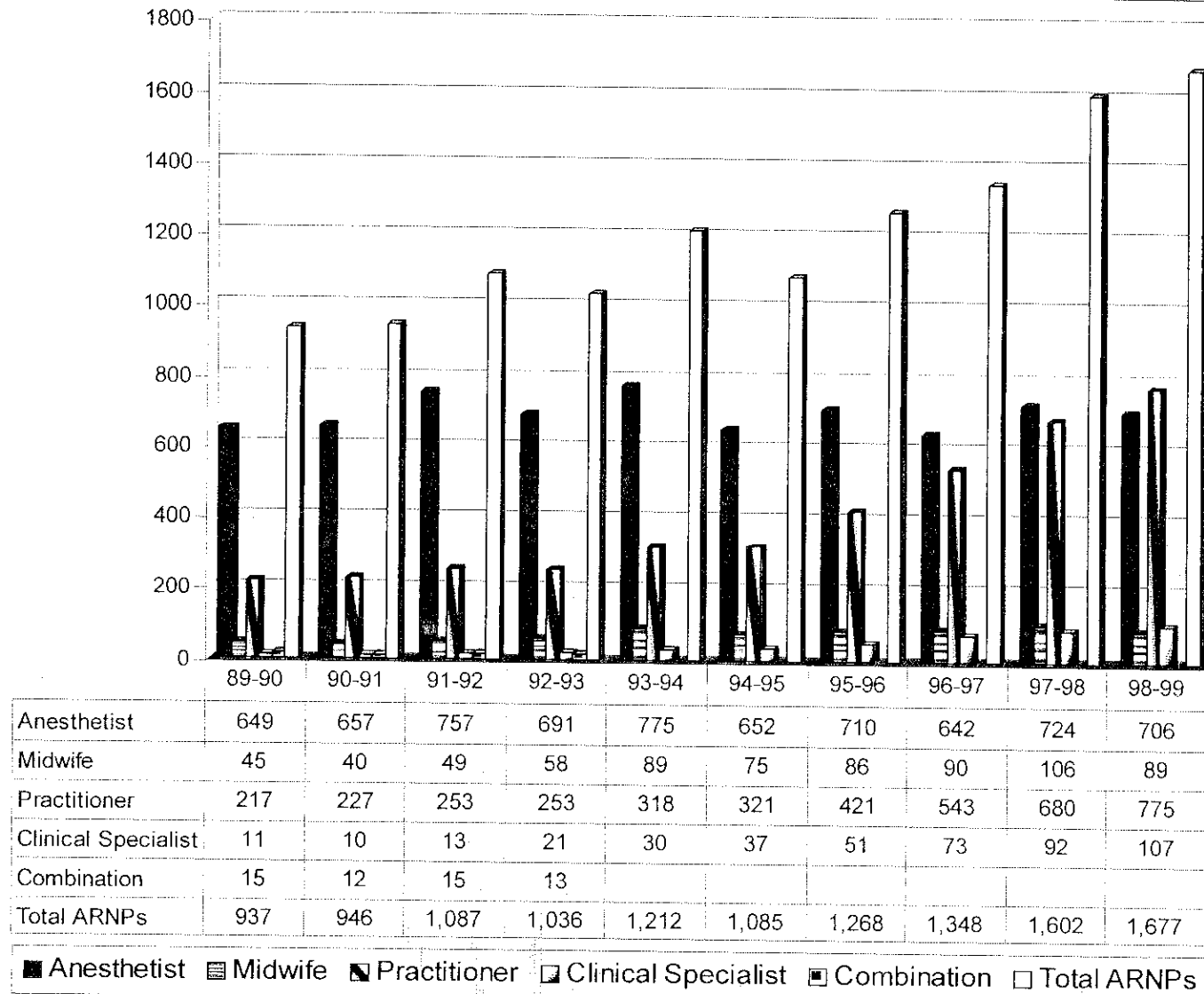
Table 1: Regulation of Nurses and Nursing Education and Practice



**Table 2: Kentucky Board of Nursing
Summary of Ten Year Comparative Data by Fiscal Year: RN and LPN Licensees**



**Table 3: Kentucky Board of Nursing
Summary of Comparative Data by Fiscal Year: ARNPs by Category**



Note: The Combination category was eliminated effective FY 1993-1994.

**Table 4: Kentucky Board of Nursing
Prelicensure Program of Nursing Graduates 1983-1999**

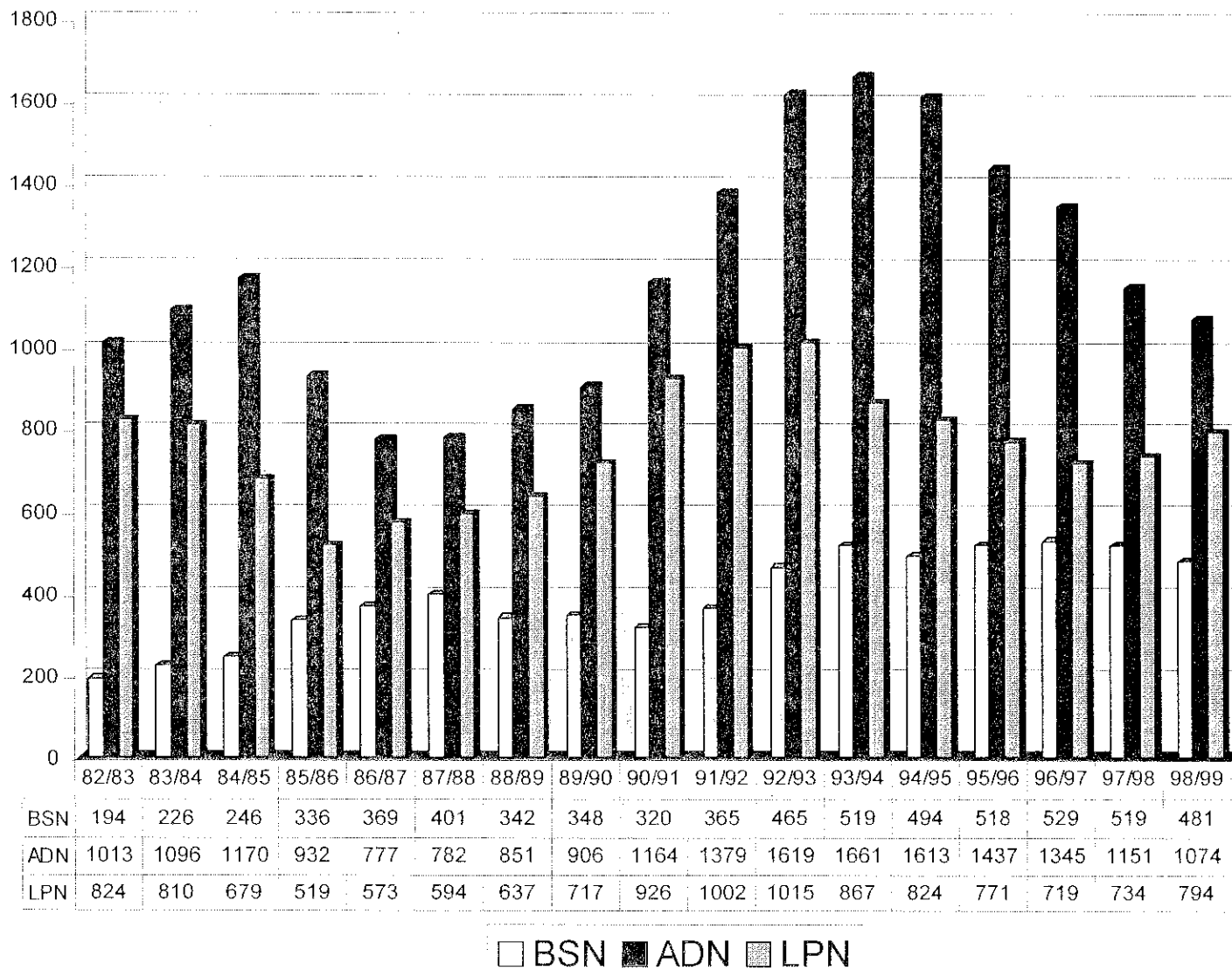
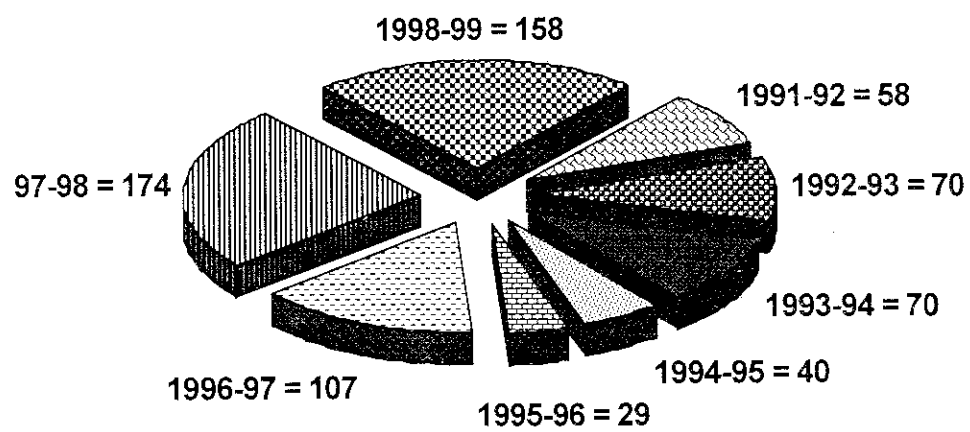
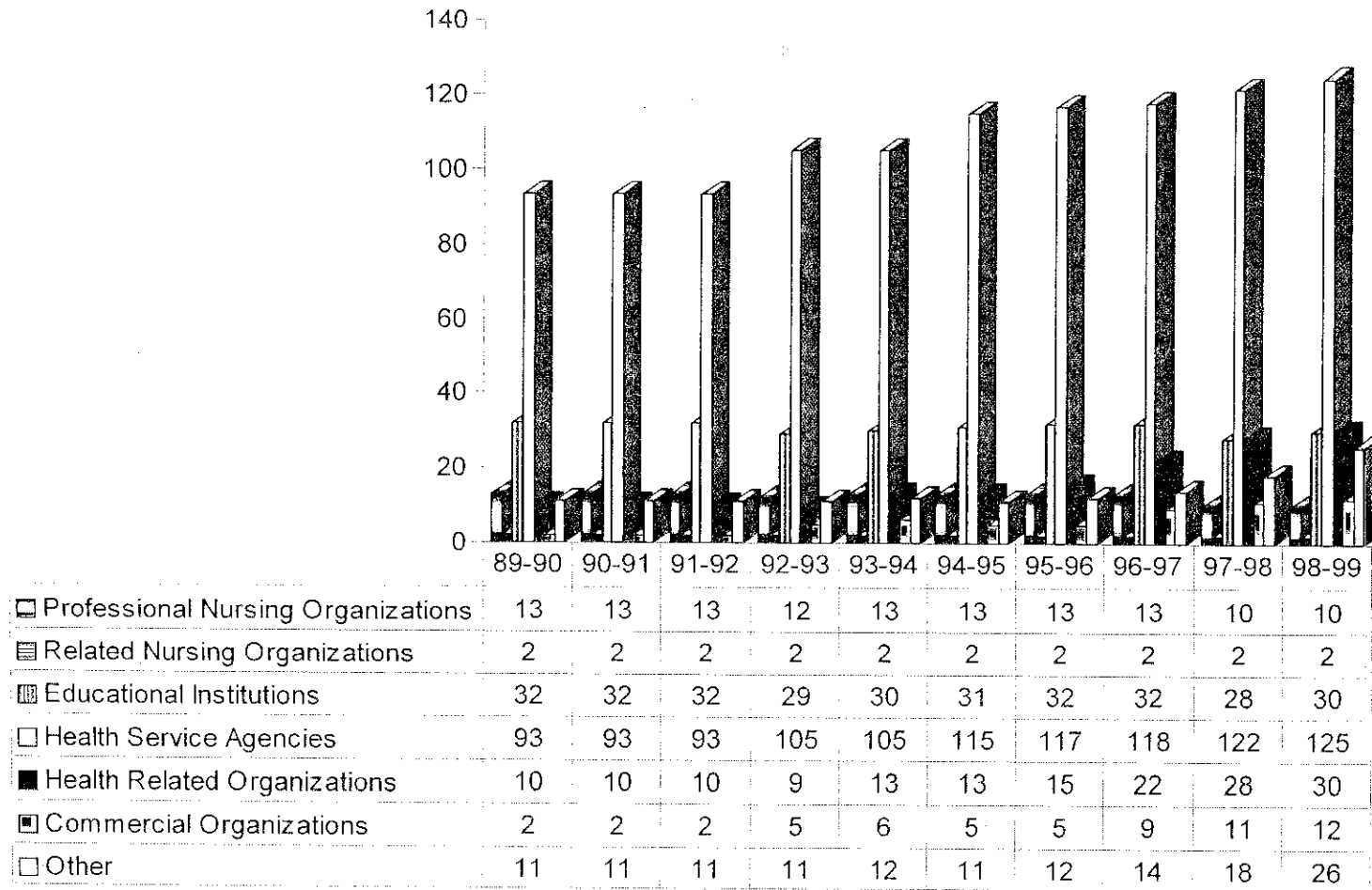


Table 5
Kentucky Nursing Incentive Scholarship Fund
Fiscal Years 1991 (Inception) to 1999: Scholarship Awards



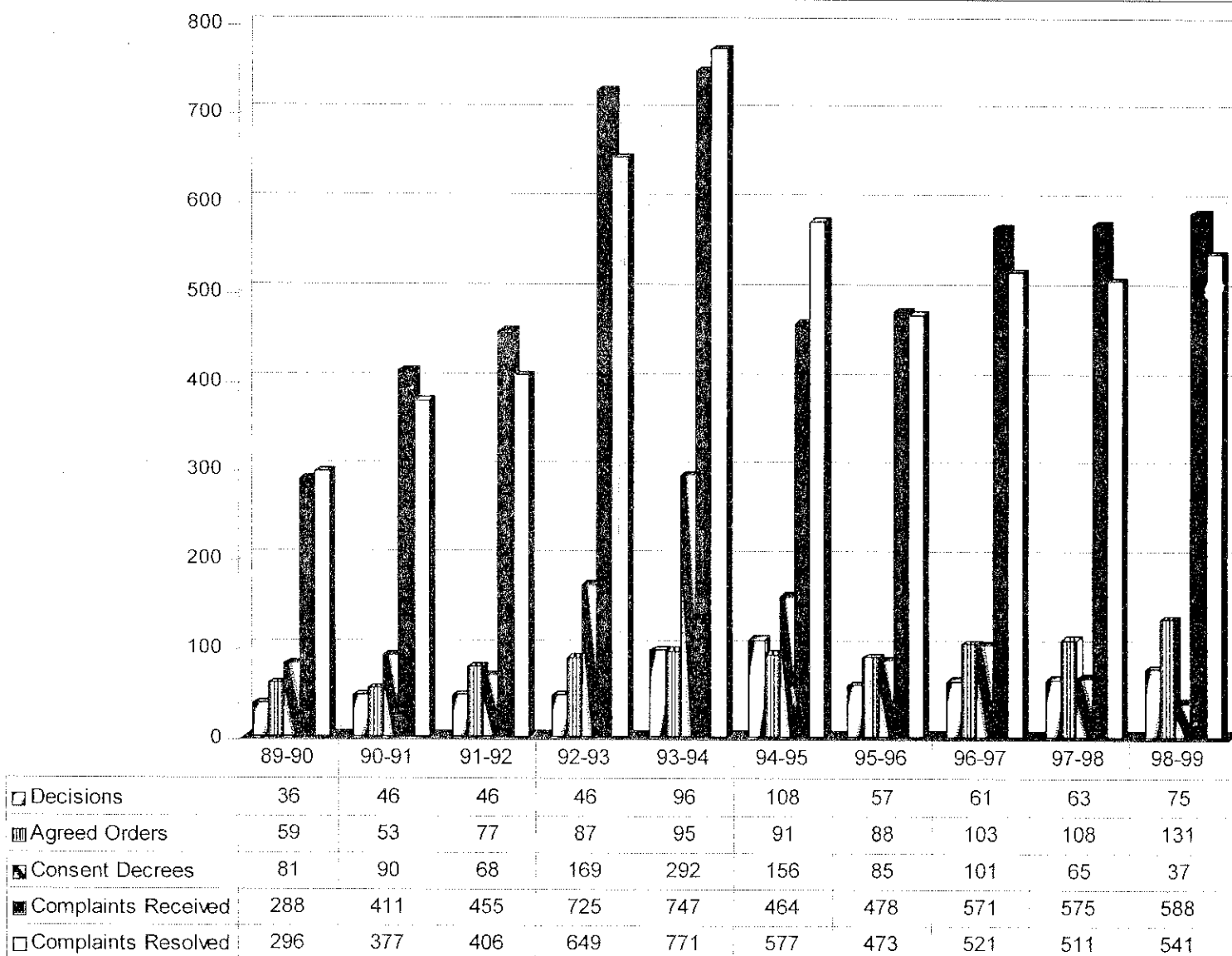
**Table 6: Kentucky Board of Nursing
Summary of Ten-Year Comparative Data by Fiscal Year
Approved Providers of Mandatory Continuing Education by Category**



**TABLE 7: KENTUCKY BOARD OF NURSING
ADVISORY OPINION STATEMENTS
CUMMULATIVE LIST (1983-1995)**

83-01	Role of the Registered Nurse/Licensed Practical Nurse in Spinal Screening for Detection of Common Abnormal/Curvatures of the Spine
83-02	Role of the Advanced Registered Nurse Practitioner, Registered Nurse, and Licensed Practical Nurse in Gynecological Cancer Detection
83/89B-03	Roles of Nurses in Intravenous Therapy Practice
84-04	Roles of Registered Nurses and Advanced Registered Nurse Practitioners in the Administration of Medication per Intraspinal Routes
84-05	The Performance of Advanced Life Support Procedures by Registered Nurses
84-06	The Performance of Arterial Puncture by Registered Nurses
84-07	Roles of Nurses in Superficial Wound Closure
84-08	Role of the Registered Nurse First Assistant
85-09	The Performance of Wound Debridement by Nurses
85-10	Roles of Nurses in the Care of Intrapartum Patients
85-11	Roles of Nurses in the Insertion and Removal of a Gastric Tube and in the Reinsertion of a Gastrostomy Tube
85-13	Roles of Registered Nurses in Psychiatric and Mental Health Nursing Practice
87-14	Roles of Nurses in the Implementation of Patient Care Orders
87-15	Roles of Nurses in the Supervision and Delegation of Nursing Acts to Unlicensed Personnel
87-16	Roles of Nurses in the Administration of Medication via Various Routes
87-17	Roles of Nurses in the Administration of "PRN" Medication
87-18	Employment of Students in Nursing
88-19	Responsibility and Accountability of Nurses for Patient Care Assignments and Nursing Care Delivery
89-20	Roles of Registered Nurses in Invasive Cardiac Procedures
90-21	Roles of Nurses in Dialysis
90-22	Roles of Nurses Who Provide "Private Duty" Nursing
90-23	The Application and Removal of a Cast or Splint by Nurses
90-24	Abandonment of Patients by Nurses
91-25	Peripheral Insertion of Central, Midclavicular and Midline Intravenous Catheters by Nurses
91-26	Roles of Nurses in the Delivery of Prehospital Emergency Medical Care via Ambulance Services
92-27	Components of Licensed Practical Nursing Practice
92-28	Roles of Nurses and Unlicensed Nursing Personnel in Endoscopic Procedures
93-29	Cardiopulmonary/Respiratory Nursing Practice
93-30	School Nursing Practice
94-31	Removal of Femoral Access Devices (Sheaths) and Use of Mechanical Compression Devices by Registered Nurses
95-32	Intravenous Administration of Medications for Conscious Sedation by Nurses

**Table 8: Kentucky Board of Nursing
Investigative and Disciplinary Actions**



Kentucky Board of Nursing Members For Fiscal Years 89-90 to 98-99

1989-90

Virginia Jenkins, RN (President)
Angela Lasley, RN (Vice President)
Patricia Maggard, LPN (Secretary)
Mauhee Edmondson, RN (Fin. Officer)
Martha Erwin, RN
Susan Hockenberger, ARNP
M. Susan Jones, RN
Wilma Jones, RN
Janice Oster, LPN
Mary Ousley, RN
Diane Payne, Citizen-at-Large
Ruth Ann Steele, LPN

1992-93

Susan Hockenberger, ARNP (President)
Roberta Scherer, RN (Vice President)
Karen Gee, LPN (Secretary)
T. Sue Milburn, RN (Financial Officer)
Kathleen Bellinger, RN
Patricia Burge, RN
Hazel Chappell, RN
Debra Finneran, RN
Melda Sue Logan, RN
Diane Payne, Citizen-at-Large
Ruth Ann Steele, LPN
Sandra Thornton, LPN

1995-96

Melda Sue Logan, RN (President)
Linda Thomas, RN (Vice President)
Sr. Margaret Ann Seasily, LPN (Secretary)
Diane Payne, Citizen-at-Large (Fin. Officer)
Michael Carr, RN
Hazel Chappell, RN
Linda DeVries, RN
Debra Finneran, RN
Nancy Kloha, ARNP
Marcia Stanhope, RN
Dorothy Thomas, LPN
Sandra Thornton, LPN
Anne Willis, RN

1998-99

Susan H. Davis, RN (President)
June Bell, RN (President Elect)
Michael Carr, RN (Secretary)
Linda DeVries, RN (Financial Officer)
Mabel Ballinger, Citizen-at-Large

1990-91

Angela Lasley, RN (President)
M. Susan Jones, RN (Vice Pres.)
Patricia Maggard, LPN (Secretary)
Virginia Jenkins, RN (Fin. Officer)
Susan Hockenberger, ARNP
Wilma Jones, RN
T. Sue Milburn, RN
Janice Oster, LPN
Mary Ousley, RN
Diane Payne, Citizen-at-Large
Roberta Scherer, RN
Ruth Ann Steele, LPN

1993-94

Roberta Scherer, RN (President)
Patricia Burge, RN (Vice President)
Sandra Thornton, LPN (Secretary)
T. Sue Milburn, RN (Fin. Officer)
Kathleen Bellinger, RN
Hazel Chappell, RN
Debra Finneran, RN
Karen Gee, LPN
Melda Sue Logan, RN
Diane Payne, Citizen-at-Large
Ruth Ann Steele, LPN
Linda Thomas, RN
Anne Willis, RN

1996-97

Linda Thomas, RN (President)
Marcia Stanhope, RN (Pres. Elect)
Sr. Margaret Ann Seasily, LPN (Sec.)
Linda DeVries, RN (Financial Officer)
June Bell, RN
Michael Carr, RN
Debra Finneran, RN
Peggy Fishburn, LPN
Susan Hockenberger, RN
Nancy Kloha, ARNP
Phyllis Morris, RN
Diane Payne, Citizen-at-Large
Dorothy Thomas, LPN
Anne Willis, RN

Phyllis Caudill-Eppenstein, LPN
Lori Davis, Citizen-at-Large
Clara Davis, RN
Peggy Fishburn, LPN
Sharon Ford, RN

1991-92

M. Susan Jones, RN (President)
Susan Hockenberger, ARNP (Vice Pres.)
Janice Oster, LPN (Secretary)
Wilma Jones, RN (Fin. Officer)
Kathleen Bellinger, RN
Patricia Burge, RN
Karen Gee, LPN
T. Sue Milburn, RN
Mary Ousley, RN
Diane Payne, Citizen-at-Large
Roberta Scherer, RN
Ruth Ann Steele, LPN

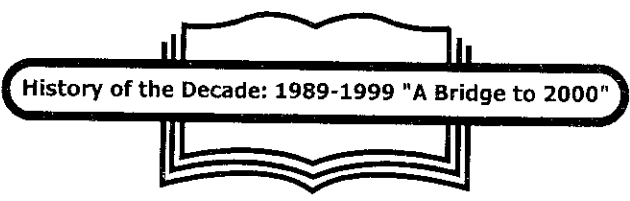
1994-95

Patricia Burge, RN (President)
Melda Sue Logan, RN (Vice Pres.)
Sandra Thornton, LPN (Secretary)
Kathleen Bellinger, RN (Fin. Officer)
Hazel Chappell, RN
Debra Finneran, RN
Karen Gee, LPN
Diane Payne, Citizen-at-Large
Sr. Margaret Ann Seasily, LPN
Marcia Stanhope, RN
Linda Thomas, RN
Sandra Tunajek, ARNP
Anne Willis, RN

1997-98

Marcia Stanhope, RN (President)
Susan Hockenberger, RN (Pres. Elect)
Sr. Margaret Ann Seasily, LPN (Sec.)
Linda DeVries, RN (Financial Officer)
Mabel Ballinger, Citizen-at-Large
June Bell, RN
Michael Carr, RN
Peggy Fishburn, LPN
Sharon Ford, RN
Nancy Held, RN
Nancy Kloha, ARNP
Phyllis Morris, RN
Diane Payne, Citizen-at-Large
Tena Payne, RN
Dorothy Thomas, LPN

Nancy Held, RN
Marcia Hobbs, RN
Elizabeth Partin, ARNP
Tena Payne, RN
Dorothy Thomas, LPN



History of the Decade: 1989-1999 "A Bridge to 2000"

Quotations from Miss Nightingale

Quotations from Miss Nightingale

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History of the Decade: 1989-1999 "A Bridge to 2000"

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History of the Decade: 1989-1999 "A Bridge to 2000"

Timeline

Kentucky Board of Nursing

Timeline: 1989-1999

1989	<ul style="list-style-type: none"> ♦ KBN 75th Anniversary celebrated (April 1989). ♦ Guidelines for use of preceptors in nursing programs issued. ♦ Requirement for nursing faculty changed. ♦ Kentucky Coalition on the Availability of Nurses established. 	<ul style="list-style-type: none"> ♦ Legislative Resolution addressing needs related to demand for nurses passed. ♦ Nursing Incentive Scholarship Fund created. ♦ AIDS education required for licenses. ♦ Death pronouncement by hospice nurses allowed. ♦ Proposal for Kentucky Nursing Practice Project finalized (unfunded).
1990		
1991	<ul style="list-style-type: none"> ♦ Persian Gulf War. Renewal process for those serving extended. 	<ul style="list-style-type: none"> ♦ Board office relocated. ♦ KRS 314 revisions include: <ul style="list-style-type: none"> • Delegation. • Medication administration components. • English language requirement for licensure. • Added Board member representing Kentucky Association of Nonprofit Homes and Services for the Aging Inc.
1992		
1993	<ul style="list-style-type: none"> ♦ Organizational chart revised. ♦ Established smoke-free office environment 	
1994		<ul style="list-style-type: none"> ♦ Computerized adaptive testing begins. Board transfers licensure examination administration to NCSBN. ♦ NISF amended to add nurses pursuing graduate education as a preference category. ♦ Kentucky Health Care Reform Bill enacted (HB 250). ♦ Board eliminates Limited License Handicap category in response to ADA concerns. ♦ Mandatory reporting required.
1995	<ul style="list-style-type: none"> ♦ Installed office security system. ♦ Installed Integrated Voice Response System for Licensure Verification. ♦ Cosponsored a Healthcare Regulation Conference with CLEAR. 	
1996		<ul style="list-style-type: none"> ♦ Practical nurse education representative and 2nd consumer representative added to Board. ♦ Advisory Council eliminated. ♦ NISF revised to allow recipients to attend out-of-state nursing schools and to eliminate requirement for sponsor. ♦ Domestic violence education requirement for licensure enacted. ♦ First U.S. Board to issue SANE credential. ♦ Prescription authority granted ARNPs with pharmacology continuing education requirement. ♦ Contracted with KPAPN to provide Peer Assistance Program for impaired nurses.
1997	<ul style="list-style-type: none"> ♦ Board supports Mutual Recognition model at NCSBN. ♦ Issued working position paper "Accountability and Responsibility of Licensees to Assure Competency." ♦ KBN Strategic Plan revised to initiate process improvement efforts. 	
1998		<ul style="list-style-type: none"> ♦ Competency Task Force formed. ♦ Practice definition amended to include implementing PA orders. ♦ Requirement for name badge identification as RN or LPN enacted. ♦ Patient safety and whistle-blower protection law passed. ♦ Began study of diversion program. ♦ Developed KBN Website.
1999	<ul style="list-style-type: none"> ♦ Began renovation of added office space. ♦ Board proposed statutory changes related to competency validation, declaratory ruling, and finger printing. ♦ Licensees surveyed regarding regulatory issues. 	