# KBN CONNECTION

KENTUCKY IS THE FIRST AND ONLY STATE TO DECRIMINALIZE MEDICAL ERRORS.

"Nurses are humans, and we are going to have human error" FALL 2024 VOL. 15, ISSUE 4, EDITION 81

# APRN COMPLIANCE CORNER

With two specific exceptions explained inside, APRNs in Kentucky may not authorize in excess of a three-day supply of any schedule Hesubstance, with no refills.

**REGULATION UPDATES** 

# RENEWAL NOTICE SEPTEMBER 15-OCTOBER 31

AVOIDING DISCIPLINARY ACTIONS







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#### KBN CONNECTION

#### **Published by the Kentucky Board of Nursing**

312 Whittington Pkwy., Ste 300 Louisville, KY 40222-5172 Phone: 800-305-2042 or 502-429-3300 Fax: 502-429-3311 Web Address: http://kbn.ky.gov

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The Kentucky Board of Nursing protects the public by development and enforcement of state laws governing the safe practice of nurses, dialysis technicians, and licensed certified professional midwives.

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#### **PUBLICATION GUIDELINES**

Articles from guest authors may be submitted for publication in the KBN Connection. Priority will be given to subject matter regarding Kentucky nurses, dialysis technicians, and licensed certified professional midwives. Articles should not exceed 1,000 words in length unless approved by the Editor. Contact KBN Connection Editor for more detailed instructions.

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Contents

5 Executive Director's Message

President's Message

6 Are you ready for a CE Audit?

10 Healing the System: Kentucky Leads the Way in Decriminalizing Medical Errors

11 **APRN Compliance Corner APRN Prescribing Guidelines** 

12 Statutory and Regulation Update

Summary of Board Action

Missing Article

2023 KBN Workforce Data

26 **Disciplinary Actions** 

30 Disciplinary Case Review

KBN Connection circulation includes 90,000 licensed nurses, nursing students, certified professional midwives and dialysis technicians in Kentucky.

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#### **STATISTICS CORNER**

As of September 1, 2024 (in-state and out of state)

APRN-CNM: 171 **APRN-CNP: 12,457 APRN-CNS: 126** APRN-CRNA: 1,739 **DT CREDENTIAL: 742** LCPM: 35 LPN: 13,207

RN: 78027 **SANE Credential AA: 449 SANE Credential PA: 41** 

**TOTAL: 106994** 

**SRNA Certification: 43887 CMA I: 578** CMA II: 0

**Medical Cannabis: 71** 



#### President's Message

#### Renewal in Nursing: A Fresh Perspective for Fall 2024

As fall arrives and the annual license renewal period begins, it brings to mind the broader concept of renewal. True renewal in nursing—both personal and professional—goes beyond self-care, lifelong learning, and professional development. It involves reconnecting with our passion for healthcare, revisiting our purpose, and finding balance amidst the demands of our profession.

Here are some ways to embrace renewal this fall:

- Reflect on your why: Take time to reflect on why you chose nursing. Revisit the motivations and values that originally drew you
  to the profession. Whether through journaling, mentorship, or revisiting patient stories, this reflection can reignite your sense of
  purpose.
- Expand your expertise: Attend workshops, earn certifications, or explore new specialties. Continuous learning not only sharpens your skills but also revitalizes your passion for the field.
- Reconnect with patient care: Patient care is the heart of nursing. Spending meaningful time with patients and truly understanding their needs reminds you of the impact you have on their lives, renewing your passion for helping others.
- Collaborate with peers: Connecting with colleagues strengthens your sense of community and helps reduce burnout. Sharing
  experiences and discussing challenges fosters encouragement and new ideas.
- Set boundaries and manage time: Learning to set boundaries between work and personal life is essential. Prioritizing tasks and learning to say "no" can help you regain control and maintain a healthy balance, allowing space for rest and personal time.
- Seek support when needed: If you're feeling overwhelmed, consider seeking guidance from a mentor or professional counselor.
   Support can provide clarity and direction.

On a personal level, renewal means revitalizing your energy and passion. Here are ways to achieve personal renewal:

- Incorporate mindfulness: Try mindfulness techniques like meditation or yoga to manage stress. Just a few minutes a day can promote mental clarity and reduce anxiety.
- Engage in hobbies: Enjoy activities outside of work, whether it's painting, reading, or gardening. These hobbies provide creative outlets and a chance to relax.
- Prioritize rest: Make rest a priority by maintaining a consistent sleep schedule and taking breaks during the day. Quality sleep is crucial for preventing burnout.
- Exercise regularly: Physical activity releases endorphins, boosting mood and energy. Even moderate exercise can enhance your mental and physical well-being.
- Unplug and recharge: Take time away from screens, especially after long shifts. Unplugging from work emails and social media allows your brain to rest and recharge.
- Spend time in nature: Being outdoors can reduce stress and provide clarity. A few moments in nature can help you feel more centered and refreshed.
- Connect with loved ones: Spending quality time with family and friends boosts emotional well-being and offers valuable support outside of work.

In the ever-evolving landscape of healthcare, renewal is an ongoing process. As we move through the fall season, let's embrace renewal in all its forms—professionally, personally, and spiritually. By doing so, we can sustain the energy and compassion that define our noble profession and continue to provide the best care for our patients.

Yours in Nursing,

Audria Denker, DNP, RN, FAADN, ANEF President, Kentucky Board of Nursing

#### **Executive Director's Message**



#### Dear Kentucky Nurses,

I hope this message finds you in good spirits. As we approach the renewal period for nursing licenses, I want to highlight an important component of your renewal application: the workforce renewal questions. These questions are pivotal for the Kentucky Board of Nursing (KBN) and other state healthcare agencies to gain a clearer picture of our nursing workforce.

#### Why Your Responses Matter:

- 1. Workforce Planning: Your responses enable us to track trends such as retirement rates, employment status, and changes in practice settings. This information is crucial for addressing staffing shortages and ensuring that resources are directed to areas with the greatest need.
- 2. **Healthcare Policy Development:** The insights you provide influence decisions at both state and local levels, impacting everything from educational programs to resource distribution in underserved areas. By sharing details about your professional status, work location, and practice environment, you contribute to the enhancement of healthcare delivery across Kentucky.
- 3. Advocacy for the Nursing Profession: Accurate workforce data strengthens our advocacy efforts. Whether it's pushing for legislative support, securing funding for nursing education, or addressing workload concerns, your input helps us advocate effectively for the nursing profession.

#### How to Complete the Workforce Questions:

As part of your renewal application, you will be asked a few brief questions about your current employment status, work environment, and future plans. These questions are designed to be quick and easy to answer, with individual responses remaining confidential. The aggregated data will help us build a comprehensive view of the nursing workforce in Kentucky.

#### Your Voice is Vital:

Each nurse's story—whether employed full-time, part-time, or in transition—is unique and valuable. By taking a few minutes to answer these questions, you help shape the future of nursing in Kentucky.

#### Thank You for Your Commitment:

The Kentucky Board of Nursing deeply appreciates your role in our healthcare system. Your insights and experience are vital for ensuring our policies and workforce strategies reflect the realities of nursing practice today.

Thank you for your unwavering dedication to providing exceptional care to the people of Kentucky. Your contributions are the cornerstone of our healthcare system, and we remain committed to supporting the nursing profession.

Sincerely,

Kuly Senteris

Kelly Jenkins MSN, RN, NE- BC

Executive Director, Kentucky Board of Nursing

Every year the KBN randomly selects nurses to participate in an annual Continuing Education (CE) Audit of the most recent earning period, November 1 to October 31. Those selected will receive an email from CE Broker and must submit CE documents via CE Broker to verify compliance with annual CE requirements. Nurses may use the CE Broker basic plan, which is provided without cost.

Nurses are only required to use CE Broker if they are selected for the CE Audit and requested to submit CE documents. Nurses may use CE Broker outside of an audit to electronically maintain CE documents, but this is not required. Additional information on the CE Audit and CE Broker is available on the KBN website at https://kbn.ky.gov/continuing-education/Pages/CE-Audit-CE-Broker.aspx

#### Compliance

During the CE Audit, documents submitted by those selected are reviewed. If the items submitted meet the CE requirements, the nurse is considered CE compliant and an email approving the submission is sent.

#### Non-Compliance

If the items submitted do not meet the requirements, the nurse will receive an email requesting additional information or documentation. Nurses who do not respond to the CE audit or cannot provide the required documentation to verify completion of the CE during the earning period are considered non-compliant and in violation of KRS 314. 073 https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=44619 and 201 KAR 20:215 https://apps.legislature.ky.gov/law/kar/titles/201/020/215/.

Nurses who are unable to provide proof of completion of their annual CE requirements, for any reason, must complete the CE immediately, and submit completion documents to the Board with a letter of explanation. If accepted, they may enter into a consent decree that will include an administrative fine. Nurses who fail to resolve the CE deficiency will result in a formal investigation.

#### Helpful CE Information



Meet your CE requirement by October 31! All nurses are required to complete continuing education requirements to renew their license. The CE earning period is from November 1 – October 31 of every year. Don't wait, complete CE before trick or treating!

Continued on page 8>>





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#### Continued from page 6>>

 Even if you are not working as a nurse when you renew your license, you are attesting you have or will complete your CE by October 31st.

A nurse who is no longer practicing may choose to retire their nursing license. Retirement of the nursing license allows the nurse to retain the title of RN; however, the nurse is not allowed to practice on the retired license. For additional information on the process, a web link has been provided

directly below. https://kbn.ky.gov/ Licensure/Pages/retire-relinquish-lapse.aspx.

> Know your CE requirements! Do not depend on someone else. Some facility requirements do not meet KBN CE requirements.

Annual CE requirements are based on the nurse's license type. To ensure that you have met the required annual CE, please review the information on the KBN website: https://kbn.ky.gov/Pages/index.aspx. Just click on the "I am a ..." tab, select your

license type, and then the continuing education tab.

3. Know your CE Provider! The KBN only accepts completion certificates from providers approved to offer nursing CE by the KBN, another state board of nursing, or one of the national nursing organizations listed in 201 KAR 20:220. https://apps.legislature.ky.gov/law/kar/titles/201/020/220/.

Some providers offer courses for other professionals that may not be acceptable for nursing CE.

4. BLS courses, equipment demonstrations, and in-service courses are not accepted!

Courses designed to provide information related to the work setting do not meet CE requirements.

- 5. Check your completion certificates! They must include the following information:
  - Your name:
  - Course title;
  - Date of completion;
  - Number of contact hours completed and if applicable number of contact hours in pharmacology;
  - The name of the provider; and
  - Who approved the provider to offer nursing CE.

If any of the required information is missing, the certificate will not be accepted.

Complete evaluations immediately!
 Completion of an evaluation is often required for CE courses.

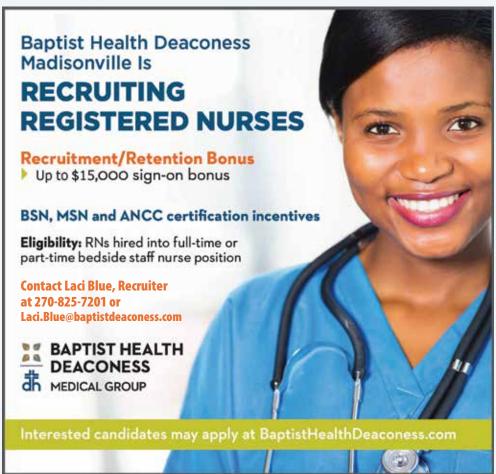
There may be a time limit for completion of an evaluation.

The date of completion of the evaluation is often considered the date of completion for the course.

Don't wait until you receive your audit notice, it will be too late.

- Save your documents! All nurses are required to maintain CE documents for at least 5 years in the event of an audit. Keep your own records, do not depend on someone else.
- 8. Keep your email contact information updated in the KBN Nurse Portal!
- Check your email including junk and spam folders for messages from KBN and CE Broker!
- 10.Stay informed! Check the KBN website, social media, and emails from the KBN for information on CE requirements.







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#### Healing the System: Kentucky Leads the Way in **Decriminalizing Medical Errors**

Kentucky is the first and only state to decriminalize medical errors. Kelly Jenkins, MSN, RN, executive director of the Kentucky Board of Nursing, told Becker's the law will provide more psychological safety to nurses.

The bill, passed in late April, gives healthcare providers legal immunity for any alleged harm or damages from health services. Immunity does not extend to gross negligence or intentional misconduct.

Ms. Jenkins said the state's nursing board and hospitals have already implemented just cultures that place safety issues on structures, not people's mistakes. But the law can add another layer of comfort, especially among those who fear persecution after RaDonda Vaught, a nurse at Vanderbilt University Medical Center in Nashville, Tenn., was convicted in 2022 for a fatal medication error.

"I know when the Vanderbilt case came out that put a lot of fear in potential nurses, as well as current nurses," said Ms. Jenkins, the former corporate compliance officer of Henderson, Ky.-based Deaconess Health System.

"Nurses are humans, and we are going to have human error," she said. "This law [will] enhance and promote internal reporting systems to encourage the voluntary reporting of errors without fear of criminal prosecution, which in turn promotes greater patient safety."

The Kentucky Hospital Association and Louisville, Ky.-based Baptist Health praised the bill's passage, adding that the legal protection can help recruit nurses, assuage fears and encourage more reporting.

#### **APRN COMPLIANCE CORNER**

#### **APRN Prescribing Guidelines**

Marina McWilliams, APRN, MSN, NP-C, APRN Investigations Branch Manager



Pursuant to KRS 314.011(8), Advanced Practice Registered Nurses (APRNs) in Kentucky may not prescribe in excess of the following limits:

Schedule II Controlled Substances - With two specific exceptions explained here, APRNs in Kentucky may not authorize in excess of a three-day supply of any Schedule II controlled substance, with no refills. The first Schedule II exception permits APRNs in Kentucky to authorize a 30-day supply of a Hydrocodone combination product, with no refills. When prescribing greater than a three-day supply of Hydrocodone combination products for the treatment of pain as an acute medical condition, APRNs must also comply with 201 KAR 20:057 § 9(14). The second Schedule II exception permits APRNs certified in psychiatric-mental health nursing who practice in a medical setting to prescribe a 30-day supply of Schedule II psychostimulants, with no refills.

Schedule III Controlled Substances - APRNs in Kentucky may not authorize in excess of a 30-day supply of any Schedule III controlled substance, with no refills.

Duplicate Same Day Controlled Substance Authorizations - For each controlled substance referenced above, an ARPN in Kentucky

may not circumvent the applicable supply limitation by issuing multiple duplicate controlled substance authorizations on the same day for the same patient, with or without a "do not fill until" instruction. 201 KAR 20:057 § 9(12) (Effective March 10, 2016).

201 KAR 20:057 § 9(10) requires a prescribing APRN to keep accurate and accessible medical records that include and document prescribed medications, including prescriber, date, type, dosage, and quantity.

KRS 314.021 explains that each nurse is individually responsible and accountable for their individual's acts based upon the nurse's education and experience. Each nurse must exercise professional and prudent judgment in determining whether the performance of a given act is within the scope of practice for which the nurse is both licensed and clinically competent to perform.

KAR 20:057(13) requires APRNs to perform a reverse KASPER review every six months. Your prescriber data may be obtained by reviewing the Prescriber Report Card at KASPERPrescriberReportCardUserGuide.pdf (ky.gov).

#### **Statutory and Regulation Update**

#### Kentucky Administrative Regulations (KAR) **Pending Regulations**

All pending regulations may be found using the search term "pending" on the Kentucky Board of Nursing website at https:// kbn.ky.gov/document-library/Pages/default.aspx

#### Comments

Written comments regarding a pending regulation may be mailed during the regulation's comment period to Regulation Comments, Kentucky Board of Nursing, 312 Whittington Parkway, Suite 300, Louisville, KY 40222, emailed to jeffrey. prather@ky.gov, or submitted online at https://secure.kentucky. gov/formservices/Nursing/PendReg. To be considered, any comments must be received by midnight of the last day of the comment period.

#### 201 KAR 20:056

This administrative regulation regards Advanced Practice Registered Nurse (APRN) licensure and certification requirements. During the 2024 Regular Session the General Assembly passed House Bill (HB) 459, which amended KRS 314.042 to provide for provisional licensure of APRNs who have not passed their national certification exams.

#### The amendments:

- · Provide that an APRN applicant who meets the regulatory requirements may request to be issued a 6-month provisional license.
- The applicant may use the title "advanced practice registered nurse applicant" and the abbreviation "APRNA".
- The applicant may function as an APRN under the mentorship of another APRN or physician, except for prescribing medications.
- The APRNA shall take and pass the national certification exam, but if the APRNA fails to take and pass the national certification exam after two attempts, the provisional license is terminated.

#### **Promulgation:**

- On May 17, 2024, the Practice Committee considered and approved changes.
- On June 18, 2024, the Board considered and approved
- On July 9, 2024, staff filed the regulation with the Legislative Research Commission (LRC).
- A public hearing on this administrative regulation was tentatively set for September 23, 2024, and written comments were due by September 30, 2024.

#### 201 KAR 20:057

This administrative regulation regards the scope and practice of APRNs.

#### The amendments:

- Update Material Incorporated by Reference (MIR); and
- · Clear up language regarding running reports and documenting queries of the electronic prescription drug monitoring program system.

#### Promulgation:

- On May 17, 2024, the Practice Committee considered and approved changes.
- On June 18, 2024, the Board considered and approved
- On August 6, 2024, staff filed the regulation with the LRC.
- A public hearing on this administrative regulation has been tentatively set for October 21, 2024, and written comments are due by October 31, 2024.

#### 201 KAR 20:215

This administrative regulation regards continuing competency requirements. During the 2024 Regular Session the General Assembly passed HB 459, which amended KRS 314.073 to include a one-time continuing education (CE) requirement on the topics of dementia and Alzheimer's.

#### The amendments:

- Include a one-time CE requirement on the topics of dementia and Alzheimer's; and
- Clears up timing requirements for other one-time CEs.

#### Promulgation:

- On May 16, 2024, the Education Committee considered and approved changes.
- On June 18, 2024, the Board considered and approved
- On July 9, 2024, staff filed the regulation with the LRC.
- · A public hearing on this administrative regulation was tentatively set for September 23, 2024, and written comments were due by September 30, 2024.

#### 201 KAR 20:230

This administrative regulation regards the renewal of licenses.

#### The amendments:

 Remove language regarding the mailing of paper renewal applications; and

 Clarify the deadline for renewal applications that are to be submitted online.

#### Promulgation:

- On May 16, 2024, the Governance Committee considered and approved changes.
- On June 18, 2024, the Board considered and approved changes.
- On July 9, 2024, staff filed the regulation with the LRC.
- A public hearing on this administrative regulation has been tentatively set for September 23, 2024, and written comments are due by September 30, 2024.

#### 201 KAR 20:320

This administrative regulation regards standards for curriculum of prelicensure registered nurse and practical nurse programs.

#### The amendments:

- Clarify that external examinations may be weighted no more than the lowest individual examination included within the course grade average;
- Require on-campus facilities for students to practice clinical skills to be observed and provided feedback prior to testing; and
- Remove implicit bias as a required curriculum subject for programs of prelicensure RN and LPN education.

#### **Promulgation:**

- On December 5, 2023, and January 11, 2024, a workgroup met to recommend amendments to the regulation.
- On January 18, 2024, the Education Committee considered and approved changes.
- On February 15, 2024, the Board considered and approved changes.
- On March 13, 2024, staff filed the regulation with the LRC.
- A public hearing was tentatively set May 21, 2024, but a hearing was not requested, and it was canceled.
- The comment period ended on May 31, 2024. Two
  comments were submitted by stakeholders regarding the
  skills evaluations by programs of nursing. Staff offered
  additional comments regarding the requirement that the
  practicum be completed withing seven weeks when the
  student has had a medical emergency.
- On June 5, 2024, counsel requested an extension until July 15, 2024, to give the Board an opportunity to review and respond to the comments.
- On June 20, 2024, the Board reviewed the comments and amended the regulation in response to the comments.
- On July 9, 2024, the statement of consideration and the amended regulation were filed with the LRC.
- On August 6, 2024, Board staff filed the LRC staff suggested amendments.
- The regulation was considered by the Administrative Regulation Review Subcommittee (ARRS) on August 13, 2024.

#### 201 KAR 20:360

This regulation regards the continuing approval and periodic evaluation of prelicensure registered nursing and licensed practical nursing programs.

#### The amendments:

- Bring the annual reporting requirements into alignment with other compact states and the National Council of State Boards of Nursing (NCSBN); and
- Make the report form more generic to account for yearly reporting without having to update the specific years subject to reporting.

#### Promulgation:

- On January 18, 2024, the Governance Committee considered and approved changes.
- On February 15, 2024, the Board considered and approved changes.
- On March 13, 2024, staff filed the regulation with the LRC.
- A public hearing was tentatively set May 21, 2024, but a hearing was not requested, and it was canceled.
- The comment period ended on May 31, 2024, and no written comments were received.
- On June 11, 2024, the ARRS considered the regulation and passed it for review by an assigned legislative committee.
- On July 30, 2024, the regulation was considered by the Interim Joint Committee on Health Services (IJCHS), and it was passed.

#### 201 KAR 20:370

This administrative regulation regards applications for licensure.

The Amendment requires a multistate licensee who changes primary state of residence to Kentucky shall apply for a multistate license in Kentucky within sixty (60) days, in accordance with Nurse Licensure Compact (NLC) rules.

#### Promulgation:

- On December 14, 2023, the Board considered and approved changes.
- On December 27, 2023, staff filed the regulation with the LRC.
- A public hearing was tentatively set March 25, 2024, and the comment period ended on March 31, 2024. A hearing was not requested, and no comments were received.
- On April 9, 2024, the ARRS considered the regulation and passed it to the IJCHS.
- On June 18, 2024, the regulation was considered by the IJCHS, and it was passed.

#### 201 KAR 20:506

This administrative regulation regards the NLC.

The Amendments update the NLC related MIR to the latest versions.

#### **Promulgation:**

• On December 14, 2023, the Board considered and approved changes.

- On December 27, 2023, staff filed the regulation with the LRC.
- A public hearing was tentatively set March 25, 2024, and the comment period ended on March 31, 2024. A hearing was not requested, and no comments were received.
- On April 9, 2024, the ARRS considered the regulation and passed it to the IJCHS.
- On June 18, 2024, the regulation was considered by the IJCHS, and it was passed.

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#### 201 KAR 20:390

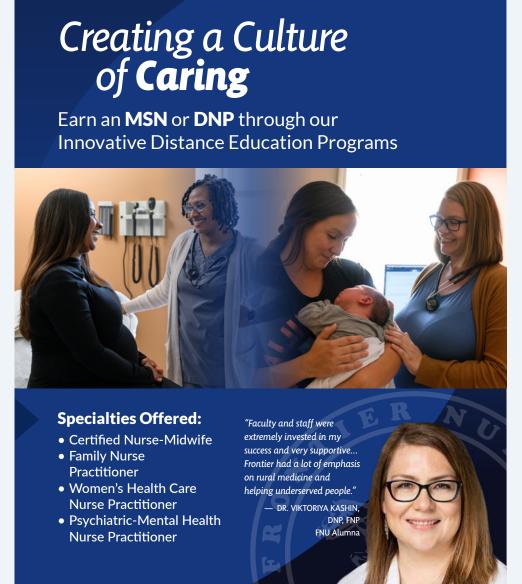
This administrative regulation regards the Nurse Incentive Scholarship Fund (NISF).

#### The amendments:

- Eliminate the collection of transcripts of award recipients, but requires proof of continued enrollment and graduation, and all award recipients will receive the same sum, conditioned upon proof of enrollment during the academic year.
- · Allow for part-time enrollment, if permitted by the program of nursing.
- Eliminate the requirement for "full time" credit hours triggers the removal of the one-year cap on NISF eligibility for students in LPN prelicensure programs.
- Clarify the priority of past recipients during the selection process.
- Clarify upon graduation, no deferral exists for recipients who enroll in another more advanced nursing program; however, recognize parttime employment will satisfy work requirements.
- Clarify recordkeeping and monitoring processes.

#### **Promulgation:**

- On May 16, 2024, the Governance Committee considered and approved changes.
- On June 18, 2024, the Board considered and approved changes.
- On July 9, 2024, staff filed the regulation with the LRC.
- A public hearing on this administrative regulation was tentatively set for September 23, 2024, and written comments were due by September 30, 2024.



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# Full Page Ad

#### SUMMARY OF BOARD ACTIONS **BOARD MEEETING – AUGUST 15, 2024**

#### STAFF RECOGNITION

Jeff Prather, General Counsel, recognized Myra Goldman, Professional Practice Support Branch Manager, for 10 years of service at KBN.

#### PRESIDENT'S REPORT

Audria Denker, Board President, mentioned that Kelly Jenkins, KBN Executive Director, was quoted in an article in Becker's Hospital Review regarding Kentucky being the first state to decriminalize medical errors.

Dr. Denker also reported that she and Kelly will be attending the NCSBN Annual Conference at the end of the month.

#### FINANCIAL OFFICER'S REPORT

• It was moved and seconded to accept the financial officer's report (FY23 yearend report), which was approved by acclamation.

FY23 Final Audit Report

Adam Gordon, CPA - from the KY Auditor of Public Accounts office - presented the final audit report for FY23. The audit was conducted at the request of KBN.

#### EXECUTIVE DIRECTOR'S REPORT

Kelly Jenkins, Executive Director, presented the Executive Director's report and included information on the following: update on Utah Summit; Building; Operations [ORBS; Laserfiche; Workforce Projection Model]; Professional Development; Personnel; Training for Board Members

• It was moved and seconded to accept the Executive Director's report, which was approved by acclamation.

Approval of 2025 KBN Meeting Calendar

It was moved and seconded to accept the 2025 KBN Meeting Calendar as presented, which was approved by acclamation.

#### GENERAL COUNSEL'S REPORT

Jeff Prather, General Counsel, presented the General Counsel's Report.

 It was moved and seconded to accept the General Counsel's report, which was approved by acclamation.

#### CREDENTIALS REVIEW PANEL

 It was moved and seconded to accept the report of the July 18, 2024 Credentials Review Panel meeting, which was approved by acclamation.

#### **ACTION ON LICENSES**

- It was moved and seconded that 35 orders, with no exceptions filed, discussed in closed session be adopted, which were approved by acclamation.
- It was moved and seconded that two (2) orders, with exceptions filed, discussed in closed session be adopted, which were approved by acclamation.

#### PERSONNEL ACTIONS

The personnel actions, including the staff training hours report, were provided for information only and discussed in closed session.

#### INFORMATION/ANNOUNCEMENTS

The following items were provided for information only:

 KBN organizational chart, updated August 7, 2024



evansville.edu/CRNA







As a registered nurse, Shoshana wanted to work where she could make a difference, in a place that felt like family. She found that welcoming, encouraging environment with Baptist Health Women's Care.

"I wanted to be welcomed. I chose Baptist Health for that — family."



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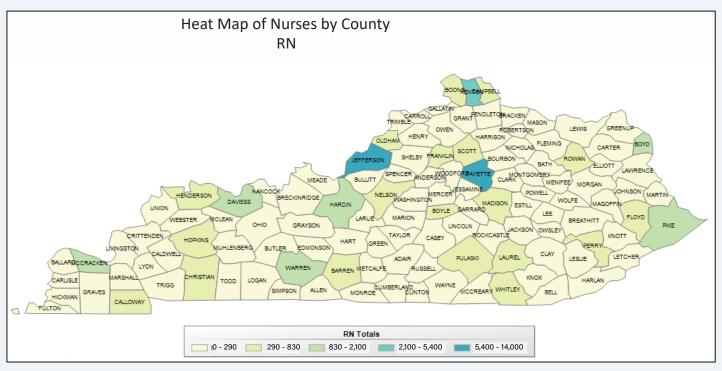
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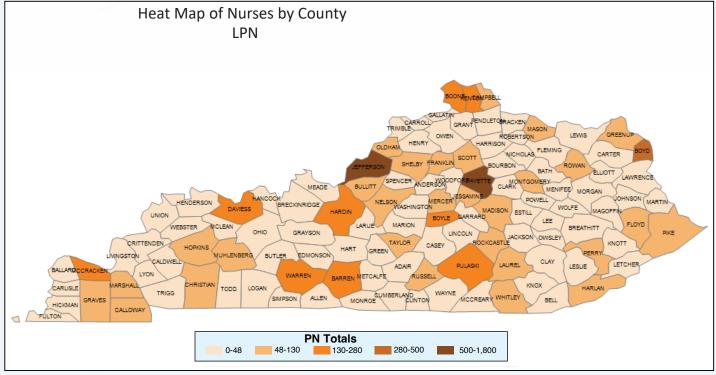
#### 2023 KBN Workforce Data

The 2023 licensure renewal process for over 100,000 licensees provided the KBN with accurate workforce data. We will be sharing some of this data in the next few issues of the KBN Connection to provide insight into the status of Kentucky's nursing workforce. As a licensee you will be required to respond to the questions when renewal rolls around again Sept. 15-October 31, 2024. Thus, the KBN will be able to acquire comparable data for future planning.

The following graphs show general demographic information about nurses in Kentucky. Future issues will look at data on school enrollments and faculty as well as specifics about where nurses practice.

You will note that there is not 100% response to the data. Nurses who license between May 1 and October 31 as new graduates, reinstatements, endorsement from other states are not required to "renew" their licenses at the next renewal cycle. The KBN in the future will be determining how we can obtain this data during the licensure renewal period.



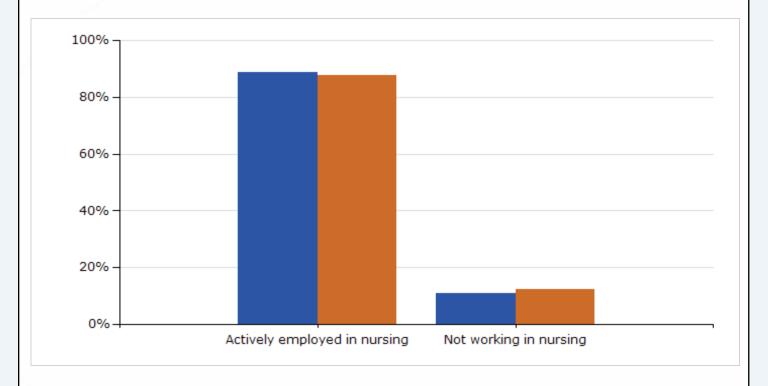


#### **Work Status**

9/15/2023 - 11/1/2023

RN respondents = 69,684 [Represents 88% of the total KENTUCKY RN workforce for the given date range] PN respondents = 11,681 [Represents 90% of the total KENTUCKY PN workforce for the given date range]

The data sample suggests that 89% of the KENTUCKY RN workforce is actively employed in nursing. The data sample suggests that 88% of the KENTUCKY PN workforce is actively employed in nursing.



#### 9/15/2023 - 11/1/2023

Work Status	RN	PN
Actively employed in nursing	61,977 (89%)	10,263 (88%)
Not working in nursing	7,707 (11%)	1,418 (12%)

Continued on page 20>>

#### OFFICIAL RENEWAL NOTICE

**Renewal Notice** 

September 15 through October 31

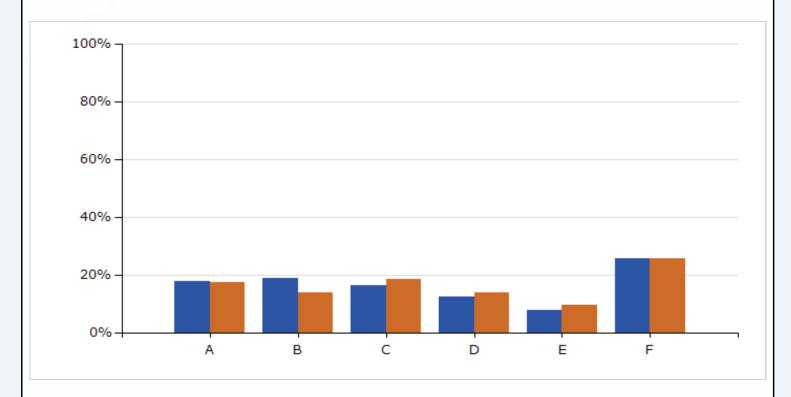
https://kbn.ky.gov/Pages/renewal.aspx

#### **Number of Years Licensed**

9/15/2023 - 11/1/2023

RN respondents = 69,691 [Represents 88% of the total KENTUCKY RN workforce for the given date range] PN respondents = 11,722 [Represents 86% of the total KENTUCKY PN workforce for the given date range]

The data sample suggests that highest number of years licensed for the KENTUCKY RN workforce is 25 and over. This range represents 26% of the overall RN sample. The data sample suggests that highest number of years licensed for the KENTUCKY PN workforce is 25 and over. This range represents 26% of the overall PN sample.



9/15/2023 - 11/1/2023

Legend	Year Range	RN	PN
А	0 - 4	12,567 (18%)	2,062 (18%)
В	5 - 9	13,294 (19%)	1,647 (14%)
С	10 - 14	11,500 (17%)	2,176 (19%)
D	15 - 19	8,689 (12%)	1,659 (14%)
Е	20 - 24	5,602 (8%)	1,156 (10%)
F	25 and over	18,039 (26%)	3,022 (26%)

<sup>\*</sup> In cases where a nurse has an RN & PN, both licenses are counted.

Continued on page 22>>



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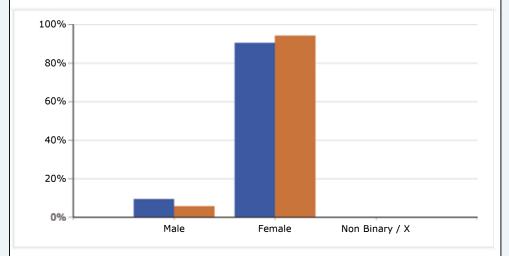




#### Gender

9/15/2023 - 11/1/2023 RN respondents = 69,691 [Represents 88% of the total KENTUCKY RN workforce for the given date range]PN respondents = 11,682 [Represents 90% of the total KENTUCKY PN workforce for the given date range]

The data sample suggests that 91% of the KENTUCKY RN workforce is female, 9% of the RN workforce is male and 0% of the RN workforce is non binary / x. The data sample suggests that 94% of the KENTUCKY PN workforce is female, 6% of the PN workforce is male and 0% of the RN workforce is non binary / x.



#### 9/15/2023 - 11/1/2023

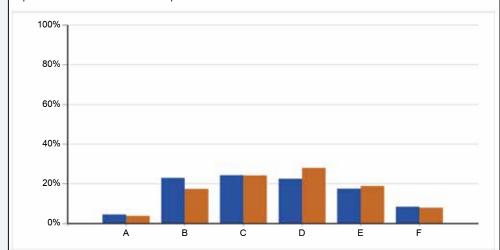
Gender	RN	PN
Male	6,608 (9%)	675 (6%)
Female	63,082 (91	11,007 (94%)
Non Binary / X	%)1 (< 1%)	0 (0%)

#### **Age Distribution**

9/15/2023 - 11/1/2023

RN respondents = 69,691 [Represents 88% of the total KENTUCKY RN workforce for the given date range] PN respondents = 11,682 [Represents 90% of the total KENTUCKY PN workforce for the given date range]

The data sample suggests that during 09/15/2023 - 11/01/2023, the top age range for the KENTUCKY RN workforce is 36 to 45. This age range represents 24% of the overall RN sample. The data sample suggests that during 09/15/2023 - 11/01/2023, the top age range for the KENTUCKY PN workforce is 46 to 55. This age range represents 28% of the overall PN sample.



#### 9/15/2023 - 11/1/2023

Legend	Age Range	RN	PN
Α	25 or younger	3,101 (4%)	437 (4%)
В	26 to 35	15,993 (23%)	2,025 (17%)
С	36 to 45	16,919 (24%)	2,827 (24%)
D	46 to 55	15,642 (22%)	3,267 (28%)
E	56 to 65	12,200 (18%)	2,201 (19%)
F	66 and older	5,836 (8%)	925 (8%)

Continued on page 24>>



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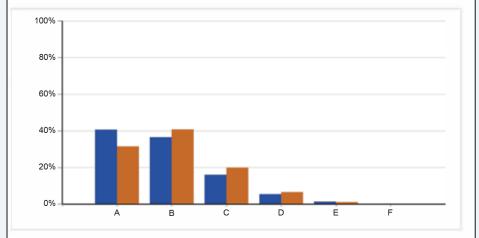
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#### Age at Licensure

9/15/2023 - 11/1/2023
RN respondents = 69,691 [Represents 88% of the total KENTUCKY RN workforce for the given date range]
PN respondents = 11,682 [Represents 90% of the total KENTUCKY PN workforce for the given date range]

The data sample suggest that during 09/15/2023 - 11/01/2023, the top age range for initial licensure for the KENTUCKY RN workforce is < 25. This age range represents 41% of the overall RN sample. The data sample suggest that during 09/15/2023 - 11/01/2023, the top age range for initial licensure for the KENTUCKY PN workforce is 26 - 35. This age range represents 41% of the overall PN sample.



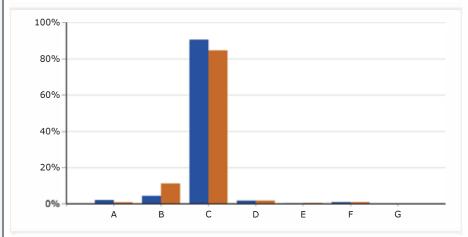
#### 9/15/2023 - 11/1/2023

Legend	Age Range	RN	PN
Α	< 25	28,294 (41%)	3,683 (32%)
В	26 - 35	25,461 (37%)	4,762 (41%)
С	36 - 45	11,154 (16%)	2,331 (20%)
D	46 - 55	3,806 (5%)	764 (7%)
E	56 - 65	890 (1%)	131 (1%)
F	66 and older	86 (< 1%)	11 (< 1%)

#### Race

9/15/2023 - 11/1/2023 RN respondents = 69,691 [Represents 88% of the total KENTUCKY RN workforce for the given date range] PN respondents = 11,682 [Represents 90% of the total KENTUCKY PN workforce for the given date range]

The data sample suggests that the top ethnicity for the KENTUCKY RN workforce is White/Caucasian. This ethnicity represents 91% of the overall RN sample. The data sample suggests that the top ethnicity for the KENTUCKY PN workforce is White/Caucasian. This ethnicity represents 85% of the overall PN sample.



#### 9/15/2023 - 11/1/2023

Legend	Demographics	RN	PN
Α	Asian	1,474 (2%)	104 (1%)
В	Black/African American	3,071 (4%)	1,338 (11%)
С	White/Caucasian	64,581 (91%)	10,138 (85%)
D	Hispanic/Latino	1,209 (2%)	211 (2%)
Е	American Indian or Alaska Native	202 (< 1%)	57 (< 1%)
F	Other	706 (1%)	115 (1%)
G	Native Hawaiian or Other Pacific Islander	75 (< 1%)	11 (< 1%)

<sup>\*</sup> Report values above might be higher than the number of respondents due to some respondents being in multiple demographics



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#### **Disciplinary Actions**

Since the publication of the last edition of the KBN Connection, the Board has taken the following actions related to disciplinary matters as authorized by the Kentucky Nursing Laws (KRS) Chapter 314. Licensure status of licensees against whom temporary action has been taken may have changed since data collection and publication. Please visit the Kentucky Board of Nursing License Validation Portal at https://kybn.boardsofnursing.org/licenselookup to confirm current licensure status of individual nurses.

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Voodall, Jessica	RN License 1128134	Louisville, KY	Eff8/7/2
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# **Human Trafficking Warning Signs**



#### **Warning Signs**

### How Hospitals Can Help 🛗



- Signs of physical abuse (burn marks, bruises, cuts)
- Pelvic or abdominal pain; appears malnourished
- Tattoos or branding
- phones and/or hotel keys; offers to pay in cash
- Caught lying about age/possession of false ID; lacks official identification documents
- Avoids social interaction and authority figures/law enforcement
- Seems to adhere to scripted or rehearsed responses in social interaction; someone always speaks for them
- Unable or unwilling to give an address or information. pertaining to parents/guardian
- Maintains sexually explicit profiles on social networking sites; over-familiar with sexual terms and practices
- Bizarre relational dynamics/unsettling behavior
- Disorientated about date, time, and place
- Appears fearful, anxious, depressed, submissive. hyper-vigilant, paranoid, or excessively hostile
- Seemingly excessive number of sexual "partners"
- Multiple or frequent pregnancies and/or abortions
- Fearful attachment to a cell phone (often used for monitoring or tracking)



#### What is Human Trafficking?

- Modern day slavery
- Exploiting a person through force, fraud or coercion
- Sex trafficking, forced labor or domestic servitude
- Human trafficking is happening everywhere around the globe to people of any age, gender, race, socioeconomic status or nationality
- Any person under the age of 18 involved in a commercial sex act



#### Identifiers of a Trafficker

- Significantly older than their female companions
- Encourages illegal activities and/or inappropriate sexual behavior
- Vague about his/her profession
- Demanding or pushy about sex
- Someone that exerts an unusual amount of control over the patient



#### How to Help a Victim of Trafficking

- Separate any companions from the patient and provide a quiet, safe place for the patient
- Attend to any physical needs of the patient; don't rush the patient
- Adopt open, non-threatening body positioning (sit at eye level, avoid touching patient unless given permission, be aware of body language, avoid crossing arms)
- Engage the patient with active listening skills, respectful and empathetic language; avoid judgment
- Educate hospital staff on the red flags and the protocol of actions to be taken
- Document suspected and confirmed trafficking using the new ICD-10 codes
- Invest community benefit dollars towards anti-trafficking initiatives
- Become acquainted with community groups/resources that help victims

#### DISCIPLINARY CASE REVIEW

Ann Tino, BSN, RN Branch Manager, Investigation Branch



Disclaimer: Although disciplinary action taken by the Board is a matter of public record, the identity of the nurses 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. Unfortunately, some of the investigations conducted by Board staff involve inappropriate boundaries between the nurse and the patient for whom care is provided. Boundaries can be violated verbally, physically, electronically or in writing, and may be sexual in nature.

The Board has substantiated cases of sexual misconduct in hospital settings that generally involved male nurses against female patients. Some of the cases even occurred in private settings or in nursing homes with minors or vulnerable adults as the victims. All the offenders referred to in this article are female nurses who were responsible for providing health care to imprisoned, male patients. The involved parties were considered cognizant at the time of the occurrences. All of the involved nurses referred to in this article were terminated from their employing agency or institution. Some examples

of inappropriate actions committed by a female nurse with an imprisoned, male patient are providing them with money, cigarettes, gifts or other contraband; accepting personal phone calls from them while not on duty; written correspondence of a personal nature; verbal sexual innuendos; and in the most extreme cases, sexual contact, ranging from fondling to intercourse.

Nurse A was a registered nurse working at a prison through a staffing agency and was reported to the Board for communicating personally with an inmate of that institution for a period of at least three (3) months. Nurse B was a licensed practical nurse working at a detention center through a staffing agency and developed a "personal" relationship with an inmate. Nurse B admitted to providing the inmate with money and cigarettes, as well as accepting personal phone calls from the inmate while she was not on duty. In addition, her actions resulted in criminal prosecution. Nurse C was



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159 St. Matthews Avenue, Suite 1 Louisville, Kentucky 40207 p 502.365.2800 • f 502.365.2801 www.eldergood.com a licensed practical nurse employed directly by a detention center and was caught "fraternizing" with an inmate for a period of at least six (6) months. She admitted to engaging in written and verbal correspondence with the inmate, as well as providing the inmate with money. The institution suspected a sexual relationship had occurred but was unable to prove it. Nurse C denied any sexual encounters with the inmate. Nurse D was a registered nurse at another detention center and was reported to the Board for engaging in a four (4) month "intimate" relationship with an inmate. Nurse D admitted to initiating sexual encounters with the inmate on at least two (2) occasions.

As noted with Nurse B, the reporting institution (the detention center) pursued criminal charges against her which resulted in a misdemeanor conviction.

Once a conviction is entered against the

nurse, it results in additional charges from the Board. KRS 314.091(1)(b) addresses any misdemeanor or felony conviction of the nurse that involves deceit, a breach of trust, or dishonesty. KRS 314.091(1) (c) specifically refers to a misdemeanor or felony conviction under KRS Chapter 510 involving sexual contact with a patient while the patient was under the care of the nurse. All these cases involve a violation of KRS 314.091(1)(d). This is a general provision of the nursing law that renders it a violation when the nurse acted negligently or willfully in a manner inconsistent with the practice of nursing. KRS 314.091(7) specifically indicates that, if the Board substantiated that sexual contact occurred between a nurse and a patient while the patient was under the care of or in a professional relationship with the nurse, the nurse's license may be revoked or suspended

with mandatory treatment of the nurse as prescribed by the Board. The nurse may be required to pay a specified amount for any mental health services for the patient which are needed as a result of the sexual contact.

Sometimes the complainant is actually the patient/inmate, as was the case involving Nurse D. For whatever reason, usually because the inappropriate relationship between the nurse and inmate has been suspected or revealed, the inmate reports the nurse to the Board before a formal complaint is submitted by the institution. Obviously, all complaints are looked at individually and substantive information must be verified and collected before pursuing a full investigation or formal charges against the nurse.

Action can range from an immediate temporary suspension of the nurse's license to revocation. Depending on the



specifics of the case and the results of any Board ordered evaluations (substance use disorder and/or mental health), further action can range from a Reprimand, the least punitive action the Board can take against a nurse's license, to Revocation. Revocation is reserved for the most egregious, heinous violations and requires the nurse to re-take the NCLEX and have a hearing before a Board panel to consider reinstatement of the nursing license. In between those disciplinary actions, a nurse's license may be placed on Limitation/Probation for a specified period of time with specific terms she must comply with to prevent suspension of the license.

The Board must ensure that the offending nurse receives any recommended treatment before she can be allowed to resume or continue practicing. Verification of compliance with any court ordered terms must also be validated. In some cases, the offending nurse is not allowed to return to a specific setting or provide care for a specific population of patients. Once again, each case is looked at individually and no 2 cases are exactly alike. Fortunately, these types of cases comprise a small percentage of cases reviewed by the Board.

As nurses, many of us have dreamed of being a nurse since we were young. We are caregivers, nurturers, and compassionate people. The boundaries themselves are clear. But our understanding of them can sometimes become confused and our inability to exercise good judgment when acting in the face of established boundaries may lead to ill-advised outcomes. Often there are deep rooted issues that have taken us down an unintended path. We must stop and think about what we are doing: is it the right thing to do; is this what you were taught in nursing school; and is the patient's well being and safety in question? As I have said before, you worked hard for your license, and you need to protect it. Think before you act.

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The full impact is unknown. There is no system in place to track antibiotic resistance globally





Without urgent action, many modern medicines could become obsolete, turning even common infections into deadly threats.

#### CAUSES OF ANTIBIOTIC RESISTANCE







Over-prescribing of antibiotics

**Patients** not taking antibiotics as prescribed

Unnecessary antibiotics used in agriculture







Poor infection control in hospitals and sanitation and clinics

Poor hygiene practices

Lack of rapid laboratory tests

# A GROWING CRISIS WORLDWIDE

In the EUROPEAN UNION, 🚤 antibiotic resistance 🖡 causes 25,000 deaths per year and 2.5m extra hospital days1





In INDIA, over 58,000 babies died in one year as a result of infection with resistant bacteria usually |passed on from their mothers2

In THAILAND, antibiotic resistance causes 38,000+ deaths per year and 3.2m hospital days3





In the UNITED STATES, 🛶 antibiotic resistance 🖡 causes 23,000+ deaths per year and >2.0m illnesses4

#### HOW CAN WE STOP IT?

#### 1. Improve labs:

Countries need medical labs to identify bacteria and choose the right drugs to treat them.





#### 2. Collect and share data:

Countries need systems to track cases and report results globally to make better policy decisions.

#### 3. Use antibiotics wisely:

To ensure antibiotics are here when we need them, they must be prescribed and taken correctly now.





#### 4. Take measures to prevent infections:

Especially in healthcare settings, good infection control practices are critical to stopping spread of resistant germs.



**Centers for Disease Control and Prevention** National Center for Emerging and Zoonotic Infectious Diseases

http://www.cdc.gov/getsmart

http://www.cdc.gov/drugresistance

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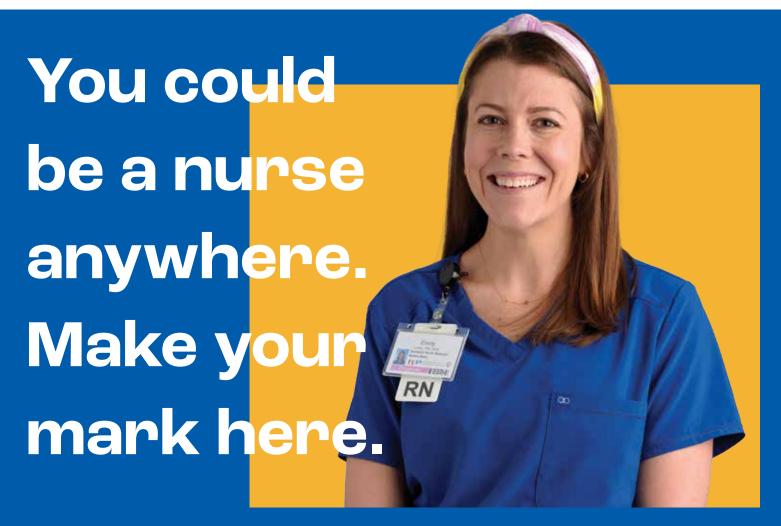
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